

PREA Facility Audit Report: Final

Name of Facility: Milwaukee Women's Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/23/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Yvonne Gorton	Date of Signature: 11/23/2021

AUDITOR INFORMATION	
Auditor name:	Gorton, Yvonne
Email:	yvonnegorton@yahoo.com
Start Date of On-Site Audit:	10/11/2021
End Date of On-Site Audit:	10/11/2021

FACILITY INFORMATION	
Facility name:	Milwaukee Women's Correctional Center
Facility physical address:	615 West Keefe Avenue, Milwaukee, Wisconsin - 53212
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Julie Ustruck Wetzel
Email Address:	Julie.UstruckWetzel@Wisconsin.gov
Telephone Number:	414-267-6102

Warden/Jail Administrator/Sheriff/Director	
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Facility PREA Compliance Manager	
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Facility Characteristics	
Designed facility capacity:	109
Current population of facility:	83
Average daily population for the past 12 months:	71
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	21-70
Facility security levels/inmate custody levels:	Minimum/Minimum Community
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	30
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	38
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	80

AGENCY INFORMATION	
Name of agency:	Wisconsin Department of Corrections
Governing authority or parent agency (if applicable):	State of Wisconsin
Physical Address:	3099 East Washington Avenue, Madison, Wisconsin - 53704
Mailing Address:	PO Box 7925, Madison, Wisconsin - 53707
Telephone number:	(608) 240-5000

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

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

AUDIT FINDINGS

Narrative:

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

Pre-Onsite Phase

A National Prison Rape Elimination Act (PREA) audit was conducted at the Milwaukee Women's Correctional Center (MWCC) on October 11, 2021, for the purpose of determining compliance with the United States Department of Justice (US DOJ) PREA standards, which became effective on August 20, 2012. The facility is located at 615 West Keefe Avenue, in Milwaukee, Wisconsin. The audit of MWCC was conducted through a contract between Great Lakes PREA Auditing and Consulting and the Wisconsin Department of Corrections (WDOC). Yvonne Gorton, USDOJ certified PREA auditor, served as lead auditor, assisted by USDOJ certified PREA auditor, Wendy Hart and support staff, Vicki Close. All three members conducted the onsite review of the facility and completed interviews of both staff and inmates. The MWCC last underwent a USDOJ certified audit in 2018. A review of the agency website revealed that the facility underwent an audit during each of the two previous audit cycles, in 2016 and 2018. The current audit was originally scheduled for June 2020 but was postponed due to concerns related to the COVID-19 pandemic. It was agreed upon, by the agency and the auditor, that the Online Audit System (OAS) would be used to conduct the audit. Identified as a barrier to the audit was the Covid-19 pandemic that occurred in 2020. The audit team would like to thank the facility, and agency staff, for their hospitality and cooperation throughout the audit process.

The Milwaukee Women's Correctional Center is one of three correctional institutions that make up the Wisconsin Women's Correctional System. MWCC is a minimum security center in the City of Milwaukee. The facility opened in 2003 and with, the Taycheedah Correctional Institution (TCI) and the Robert E. Ellsworth Correctional Center (REECC), in 2005, became part of the Wisconsin Women's Correctional System.

On 08/24/2021, lead auditor Gorton sent audit notices, in English and Spanish, to WDOC PREA Coordinator Weber, and requested that the notices be printed on bright colored paper and posted in all staff and inmate common areas by Monday, 08/31/2021, six weeks prior to the onsite review. The audit notices included a mailing address where inmates could send communications to the auditor, if they chose, and a confidentiality statement indicating that outgoing mail to the auditor would be treated as legal mail. The lead auditor requested that photos of the posted audit notices be sent as confirmation of posting. On 08/25/ 2021, WDOC PREA Coordinator Weber sent nine photos of the postings, printed on bright pink paper, and posted in various places throughout the facility. WDOC PREA Director Weber identified that the notices were posted on the door to the administration area of the facility, in the main entrance vestibule, the dining room which also serves as a visiting room and is used for volunteer activities and religious services, the bulletin board in the main hallway to the dining room, the inmate laundry, at the B wing entrance by the amenities sign-up sheets, and A/B wing phones, in the day room, in the Law Library, at the A wing entrance by the work release schedule, and at the C wing entrance by the telephones. No letters were received from inmates at the facility.

On 09/24/2012, the lead auditor sent an e-mail to WDOC PREA Director, Leigha Weber, and MWCC administration introducing herself. The correspondence included introduction of the audit team members, confirmation of date and time of arrival of the audit team at the facility, and a detailed plan for conducting the audit. The auditor identified that the team would hold a brief entrance meeting and then proceed directly to an onsite review of the facility. The auditor explained that the team would need to review all areas where inmates go, in the facility, that they would be conducting some informal interviews with both staff and inmates, during the tour, and that they would be taking many handwritten notes during the onsite review. Also identified was that auditors would need three separate rooms for conducting interviews, with both staff and inmates, with relative privacy afforded in each of those rooms, and that two of the auditors would be bringing laptops for recording interviews. The auditor revealed that the audit team expected to be able to complete the onsite portion of the audit in one day, Monday, 10/11/2021, but that, if necessary, they would return on Tuesday, 10/12/2021, to complete any unfinished tasks. It was also explained that during the course of the audit, auditors would need to interview at least 16 inmates, eight of those randomly selected, and the others selected from specialized groups, specifically:

Youthful inmates,
Inmates with disabilities,
Inmates who are Limited English Proficient,
Inmates who identify as lesbian or bisexual,
Transgender inmates,
Inmates in segregated housing for high risk of sexual victimization,
Inmates who reported a sexual abuse at the facility, and
Inmates who disclosed prior sexual victimization during risk screening.

The auditor identified that if the administration wished to provide inmate rosters prior to the first day of the audit, the audit team would have a list of inmates selected for interview ready to present when they arrived. The auditor also identified that the audit team would need to

interview both randomly selected staff and staff who fill special roles and that if a list of staff was provided, auditors could present a list of staff they wished to interview at the entrance meeting. The auditor also identified that, at the close of the audit, a brief exit meeting would be conducted. On 10/07/2021, the facility administration provided the requested inmate and staff rosters for the auditor's review. The pre-audit questionnaire was completed, in the OAS, on 09/14/2021. The auditor completed a preliminary review of the PAQ, and the materials uploaded to the OAS. Materials included policies, procedures, forms (blank and completed), training/education materials, logbook excerpts, etc.

On 09/27/2021, in e-mail correspondence exchanged between lead auditor and WDOC PREA Director, telephone interviews dates and times, for interviews of the agency head designee, Melissa Roberts, and agency PREA Director, Leigha Weber were scheduled for 10/07/2021. Those interviews were conducted as scheduled, on 10/07/2021. Also on 10/07/2021, in e-mail correspondence exchanged between the lead auditor and Agency Contract Manager, Kristine Kehoss, a virtual interview, via zoom, was scheduled for October 8/2021, and that interview was conducted, via zoom, as scheduled. The agency PREA Director also provided names and contact information for SANE/SAFE staff at Aurora Sinai Hospital and for advocacy staff at Aurora Healthcare Metro, Inc. The lead auditor conducted those interviews, via telephone. The advocate, at Aurora Healthcare Metro, Inc. indicated support services have included accompaniment through forensic, or SANE/SAFE exams, and during investigatory interviews. Advocate reported that very few calls are received from MWCC. Staff at Aurora Sinai Hospital confirmed that they do have SANE nurses on staff and that they will do forensic exams for inmates from MWCC if called to do so. They also said they do not believe they have had any requests for forensic exams from MWCC. They confirmed that there is always a SANE staff available, either on duty or on call. The auditor also contacted Just Detention International (JDI) to inquire about any MWCC compliance-related issues that have come to the organization's attention. JDI replied and indicated that a review of their database did not produce any results or information regarding MWCC.

The auditor conducted a broad web search of the facility and the agency. There were no results for information related to MWCC and litigation, DOJ involvement, federal consent decrees, or local oversight bodies.

Wisconsin state statute identifies 29 mandatory reporters that include, but are not limited to, physicians, nurses, physician's assistant, dentist, occupations and physical therapists, psychologist, a partnership, corporation or limited liability company thereof that provides health care services, a cooperative health care association (organized under statute 185.981) that directly provides services through salaried employees in its own facility and social workers, and professional counselors. As for who is required to report, any of the people listed above who have seen an adult at risk in the course of the person's professional duties, are required to report reasonable cause to believe that an at-risk adult is at imminent risk of serious bodily harm, death, sexual assault, or significant property loss inflicted by a perpetrator.

Onsite Phase

The onsite portion of the audit began at 7:00 am on Monday, 10/11/2021. The audit team wore masks and practiced social distancing to the extent possible while on site. Upon entry and processing into the administrative building, the audit team observed posted audit notices and zero tolerance posters in the main entrance vestibule. The audit team met with the Superintendent, and other administrative staff for a brief introductory meeting. The agency PREA Director, and a member of her staff, were also in attendance. After introductions were made, the auditor conducted an entrance briefing that included a discussion of the audit process, the review of the facility, goals and expectations, communications and the logistics of the audit. The Superintendent, and other staff identified the three rooms that auditors would use, upon completion of the review of the facility, for conducting interviews and performing documentation review. The small conference room, where the entrance briefing took place, served as a home base for the audit team and was one of the three interview rooms. Following the entrance meeting, interviews were conducted with several third shift officers who had just completed their shift after which the review of the facility began. The three auditors were escorted, through the facility, by the Superintendent, the Agency PREA Director and her staff.

The facility has one housing unit with three wings and an administrative wing. Located inside the housing unit part of the building are the dining room, kitchen, maintenance room, and laundries. Just inside the main building, to one side of the building, is the administrative wing. The Superintendent and Security Director have offices there, as do the Psychologist, two Social Workers, two Treatment Specialists and a Program Supervisor. There is also an area where the administrative support staff have work-space. The door to this area is always locked and inmates are only in this area with an escort. Auditors noticed PREA posters and audit notices in the staff copy/mail room that is also along this hallway. The Superintendent pointed out that a copy of the facility's coordinated response plan was also posted on the bulletin board near the copier. Returning to the main entrance vestibule, auditors were escorted through the door opposite the administrative hallway. The door opens into a large room that has multiple purposes, serving as a dining room, a room for volunteer programming, and a visiting room. Auditors noted PREA posters and audit notices posted in this area as well. The kitchen is to the back of the dining room and is open to the dining room behind a serving counter.

There is a hallway, beside the kitchen, that leads to the housing unit wings. Along this hallway, just outside the dining room, there are telephones for inmate use, and auditors noticed PREA postings beside the telephone. Also along the hallway is an inmate restroom, a property room, and the maintenance room. Farther down the hall are the facility laundry, and the inmate laundry. Both of these rooms have cameras in them and there are cameras at both ends of the hallway. Inside the maintenance room, auditors noted that there were two inmate workers and the facility maintenance staff. There are no cameras in this room and there are furnaces, water heaters, and other

large maintenance types of equipment. There is a door that leads to the outside in the back of the room. From where the maintenance staff desk is situated, there is no clear view to the back of the room. The maintenance staff said that he does not go to the back of the room if inmates are back there but observes them from the main area. Auditors noted a number of blind spots in the room, behind file cabinets, behind furnaces, and behind shelves. By standing up and walking away from his desk, the maintenance staff can observe the back of the room but he cannot see it from his work space. There are many pipes that hang from the ceiling that also obstruct the view in that room. Auditors talked with the Superintendent about potential ways to reduce the blind spots in the room. The Superintendent said that she has plans to make a small office area, for the maintenance staff, that will be inside the room, along the front wall. Her plan is for the room to have large windows that will help the staff have a better view of the whole area and will give him a work space other than just having his desk out in the middle of the room. Auditors discussed the possibility of installing a camera in that area but, when the group examined the room carefully, it did not appear that there was an ideal spot for a camera, that would give adequate coverage, because of all the items that are in the room, and cannot be moved, and because of the low hanging pipes. The Superintendent said that the door to that room is always open, during work hours, and that staff, other than the maintenance staff, frequently enter the room. She also said that the room is not on the list of places, in the facility, where unannounced rounds are required, but that she would add it to that list for greater security. At the end of the hallway is the entrance to the housing unit wings, A, B and C.

Auditors noted that staff did ring the tone the facility uses to alert inmates that male staff are entering the housing unit, and also noticed PREA postings and audit notices in all three wings. There are two bathrooms, for the three wings. The toilet stalls have privacy panels and there are individual showers in each bathroom. The Superintendent said that the inmates had informed her that the shower curtains did not provide adequate privacy so she had a second shower curtain added to each shower stall to provide the privacy they needed. There is a bank of telephones in each hallway and cameras at both ends of each hallway, and there is a control center and a Captain's office inside the housing unit. Auditors reviewed control center camera displays. Next to the control center is a small holding cell that can be observed through a window into the control center. It is a wet cell that contains a bench, sink and toilet. There is a shade on the control center window, that looks into the holding cell, that is pulled down if an inmate in the cell wants to use the toilet. The Superintendent said that the holding cell is only used when a prisoner is awaiting transfer, and only then if they need to be separated from the rest of the population, and that an inmate would only be in that cell for less than four hours. There is no segregated housing area at this facility. B wing has a computer room and a dayroom, with an exercise area behind the computer room that is visible through windows. There is a camera in the dayroom that covers the dayroom and the exercise room behind it. The day room is also used as a library. There are telephones, in the day room, for inmates use, and auditors noted that there were PREA posters and audit notices in the day room. Also on this hallway is a job center that is used as a resource room and is also used for video visits. Auditors noted a box for grievances affixed to the wall near the control center. The box was not well marked but staff identified it as a box for grievances. In A wing, there is an inmate salon that does not have a camera but is on the list of areas slated to have one installed in the near future. The superintendent said the facility is approved for 50 cameras and currently has only 47, so there are plans to have three more installed. At the end of the A wing hallway are four cells reserved as quarantine cells that can be used if an inmate tests positive for Covid-19. In C wing, there are four cameras and an exit that leads to an outside recreation yard and a walking track. There are six cameras that cover the track and the outside recreation yard. The health services office is along this hallway. Health services has two contracted staff, a nurse and an administrative support staff, and health care services are available full-time. The kitchen has three cameras and is a very open area. The dish area has camera coverage and to the back, there is a dry storage area and a loading dock that also has camera coverage. In the back of the kitchen, by the loading dock, is the stairway to the basement. The loading dock is covered by three cameras and there is a camera in the basement stairway as well. In the basement there are two storage rooms, one on either side of the stairway. Inmates only access the basement accompanied by staff and staff use the radio to alert control center that they are going to the basement with inmates. There are mirrors in the storage rooms, but no cameras, but these areas are on the list of areas where cameras will soon be installed. Besides the storage rooms, there are a mechanical room, an elevator and a tele data room in the basement. The doors to all of these rooms were locked. Just outside the facility, inside the fence, is a garden area that also has camera coverage.

Audit notices, in both English and Spanish, were posted in each of the housing units wings, on brightly colored paper, and at different heights so that a person sitting in a wheelchair could see, and read, them as easily as someone who was standing up. Also posted were PREA posters, also in both English and Spanish, describing the agency's zero tolerance policy and reporting options. Inmates are directed to report by telling any staff person, calling #777 to report to an entity inside the WDOC, by calling #888 to report to an entity outside the agency, to file a grievance, to tell a family member, friend or support person, or to write to local law enforcement. The posters advise inmates that they do not need to use their telephone PIN to call the #777 and #888 numbers. Also identified on the PREA posters is the name of an outside advocacy agency that inmates can also call for confidential support, after sexual abuse, even if they choose not to report the abuse. The PREA posters tell them that to contact the outside advocate for emotional support, they can dial #999 on the unit telephones. The posters also advise inmates that their telephone PIN is not needed to make this call and that the calls are not monitored or recorded. Auditors did note that there are locked boxes, in each housing unit, affixed to the wall, for inmates to put grievances in. Staff advised that there are only three staff who have keys to the boxes and that the grievances are retrieved, from the boxes, approximately three times per week.

Auditors conducted informal interviews with both staff and inmates as they moved throughout the facility. All of the staff who were informally interviewed said they were familiar with the agency's zero-tolerance policy and were well able to articulate the items their training covered and their responsibilities regarding the prevention, detection, and response to sexual abuse and sexual harassment in the facility. They also identified that they do observe supervisory staff making rounds through the facility. Inmates who were informally interviewed were also well familiar with the agency's zero-tolerance policy and how to report a sexual abuse or sexual harassment. One of them demonstrated the information that is printed on the back of her ID card and all of them were aware of the posters in the housing units and in

the dining room.

The facility is staffed by a Superintendent, a Security Director that is shared with (REECC), a Captain who also acts as an Assistant Security Director, and a part-time Corrections Program Supervisor. All housing unit security staff are sergeants, and there are 14 of them at the facility. The following chart illustrates the staffing pattern:

MWCC	# Of Inmates	Shift*	# Of Sergeants
Housing Unit	109	1st 2nd 3rd	3 (5 M-F) 3 2

The facility uses an electronic scheduling program to assist with planning. When a security shift vacancy occurs, overtime is hired. All supervising areas are staffed at all times. If a post cannot be filled with MWCC staff a staff member from the Milwaukee Secure Detention Facility (MSDF) or (REECC) is brought over to cover the vacancy. In addition to uniformed staff MWCC has two Social Workers, two treatment Specialists, one Employee Support Specialist, one part-time Psychiatrist, and one Psychologist. There are also full and part time health services professionals who work in the center. Uniform staff conducts periodic rounds to monitor for security and safety and random job/school checks are done on inmates who work outside the facility. Rounds are documented by the Watch Guard Pipe system and are monitored by the administration. Higher level administrative staff, including the Superintendent, make unannounced rounds and log them in a separate log book in each area where the rounds are made. Logging these rounds separately from the rest of the area activities makes it very easy to audit them. Auditors noted that there are cameras at the ends of all hallways, in the housing unit, that display on monitors in the control center. There are also cameras in the dayrooms and on the recreation yards. Staff demonstrated the views they are able to see on the monitors and auditors verified that no cameras provide a view into inmate rooms or into the bathrooms.

Inmate Interviews

Auditors were presented with updated inmate rosters that listed inmates by housing unit and also provided lists of inmates who are Limited English Proficient (LEP), have a disability, are blind, deaf or hard of hearing, have a cognitive disability, inmates who identify as LGBT or as transgender, inmates in segregated housing for risk of victimization, inmates who reported a sexual abuse and inmates who disclosed prior sexual victimization during risk screening. Based on the number of inmates housed at the facility, auditors divided the total number of inmates, on any particular list, by the number of interviews required, to choose which inmates they wished to interview. Because the facility is small, and is minimum security, auditors were not able to interview inmates from every one of the targeted groups. For example, at the time of the audit, there were no disabled inmates at the facility and no limited English Proficient (LEP) inmates. In addition, the facility does not have a segregated housing unit. For any of those groups, auditors interviewed additional randomly selected inmates to reach the total number of inmate interviews required.

In selecting for random inmate interviews, auditors divided the total number of inmates assigned to a wing of the housing unit by the required number of random inmate interviews, in this case at least eight, then divided eight by the number of housing unit wings, in this case three, and determined that they should select at least two inmates from each of the three housing unit wings. They then divided the total number of inmates, in each unit, by two, to determine how many names to count down before choosing one for interview. For example, for a wing that houses 30 inmates, auditors would divide 30 by two, then count down 15 names on the roster and choose the 15th name, and then count down 15 more names and choose that inmate for interview. When all the inmates had been chosen for both random and targeted interviews, auditors first reviewed the names of the inmates selected to determine if any of them had been chosen twice, for two different interviews, for example for a targeted inmate interview and for a random inmate interview. Where that happened, auditors returned to the random inmate selection list and replaced that inmate with the very next name on the list. Again, after all the inmates had been chosen for interview, auditors reviewed the lists to determine if the sampling was well balanced regarding race and custody levels, as indicated on the rosters. Where it wasn't, auditors again returned to the inmate lists and first replaced a previously chosen name with the name of the next appropriate person on the list. Again, returning to the inmate rosters, if the sample was still unbalanced, the auditors kept going down the list and took the very first name they came to that balanced the lists. If an inmate selected for interview was not available, auditors went to the very next name on the list that was from the same housing unit, was the same race and the same custody level.

Sixteen total inmates were interviewed. All inmates were interviewed using the appropriate protocols developed by the USDOJ and all inmates interviewed were interviewed using the random inmate protocol as well as any targeted inmate protocol that applied.

Staff Interviews

Auditors interviewed the following specialized staff as identified by the Administration:

- Superintendent
- Facility PREA Compliance Manager
- Health Services Manager
- Psychological Services Manager
- Staff Who Perform Risk Screening
- Intake Staff

Contracted Staff
Investigators
First Responders
Upper Level Security Staff who Perform Unannounced Rounds
Incident Review Team Staff
Human Resources Staff
Staff Designated to Monitor Retaliation
Volunteer
Staff Who Supervise Inmates in Segregated Housing
Advocate from Aurora Healthcare Metro, Inc.

A total of 14 specialized staff interviews were conducted as well as interviews of 12 randomly chosen staff. Because of the small size of the facility, most of the staff perform multiple roles so some of them were interviewed using more than one interview protocol. For example, the Superintendent also acts as the facility PREA Compliance Manager, as an Investigator, as a Retaliation monitor, as an incident review team member, and as a higher-level staff who conducts unannounced rounds. The randomly chosen staff were both security staff and non-security staff and represented all three shifts.. Auditor had previously interviewed the Agency Head, the Agency PREA Director and the Agency Contract Monitor during the pre-onsite portion of the audit. Auditor also conducted telephone interviews with one volunteer and the SANE/SAFE staff, at Aurora Sinai Hospital, in the post-onsite phase of the audit.

On Monday, 10/11/2021, at approximately, 5:00 pm, auditors conducted an exit briefing. In attendance were the Superintendent, the agency PREA Director and a member of her team, Lance, and the audit team. The audit team thanked the facility staff for their hospitality, preparedness and transparency, briefly discussed areas of compliance-related concern, identified compliance-related strengths and explained that the post-onsite phase may include requests for more documentation, or clarification of already provided documentation, a detailed standards analysis, possible corrective action plans, report writing, and the issuance of an interim and/or final report.

Post On-site Phase

Records Review

The auditor reviewed a variety of documents regarding both inmates and staff, gathered during the onsite portion of the audit. They included:

- Risk screens
- Inmate education records,
- Staff personnel files
- Staff training records
- Investigations of allegations of sexual abuse and sexual harassment.

There were two allegations made, in the past 12 months. Both of those were allegations of inmate-on-inmate sexual abuse. After preliminary investigation, one of the allegations was determined not to be a PREA matter. The second allegation was investigated and was determined to be unsubstantiated. Auditors reviewed investigative files and determined that the facility does conduct prompt, thorough investigations, findings are based on a preponderance of evidence, and the inmate who filed an allegation were notified properly of the outcome of the case. Investigations are documented in the agency's Sensitive Information Network Communication (SINC), an electronic database system used to keep track of investigations. Staff demonstrated for auditors how the information is entered and how the tracking is done. Staff can tell, at a glance, if the proper steps were taken, if final notices were sent, if retaliation monitoring and incident review activities were carried out and can view statistical reporting on investigations as well.

In addition to the already gathered documentation, auditor did, between the conclusion of the on-site portion of the audit and 11/19/2021, request additional information and conduct further interviews via telephone and e-mail. Auditor requested some follow-up answers to questions of various staff including the Superintendent, Agency PREA Director, and Human Resources staff, and conducted interviews of a volunteer via telephone. Communication between the auditor, the facility PCM and the agency PREA Director continued throughout the post-audit period.

AUDIT FINDINGS

Facility Characteristics:

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

The Milwaukee Women's Correctional Center (MWCC), located at 615 West Keefe Avenue, Milwaukee, WI, is one of three women's facilities that make up the Wisconsin Women's Correctional System (WWCS). The facility opened in 2003 and became part of the WWCS in 2005. It has a 109 bed, minimum security, capacity but, for the past year, has had an average daily population of 71. It is an all-adult female facility that provides Earned Release Programming (ERP) and Work Release opportunities. Approximately one-third of the population is in the Earned Release Program (ERP), another one-third are on work release, and one third of the population is minimum security general population.

The ERP allows for individuals from the community to receive programming as an alternative to revocation. It is designed to meet the needs of women who are under the care of the Department of Community Corrections and are in need of treatment in a confined, locked setting. Participants of this program complete evidence based and gender responsive programming that address substance use, trauma, anger, and coping skills, in intensive group settings and in individual counseling. They also engage in community service in and around the City of Milwaukee.

Inmates involved in the Work Release program start the program by first working at the center and participating in project crews off grounds before becoming eligible for employment in the local community. MWCC partners with employers for job placement to provide work experience and the opportunity to earn and save money and, for some, to maintain the job after release. MWCC also participates in various community service projects in collaboration with local government agencies and non-profit organizations. Programming offered at the center includes parenting, trauma survivor support, release planning, religious services and study, ServSafe Certification, obtaining a driver's license, and various leisure and educational opportunities.

The MWCC has one housing unit, a health services office, a food service area, and an administrative wing. All areas with inmate access are outfitted with video monitoring, locked doors, and mirrors. There are two inmate bathroom/shower rooms and one wet cell used as a holding cell only. There is no segregated housing at MWCC. The center has added additional cameras and upgraded existing cameras within the past few years. Additional cameras will be ordered to further enhance monitoring capabilities.

There are 25 staff employed at the facility. The facility is supervised by a superintendent, who also acts in a number of other roles, as do most staff at the center. There is also a half-time security director who is shared with Robert E. Ellsworth Correctional Center (REECC), a nearby women's correctional center, also located in the City of Milwaukee. All housing unit security staff are sergeants. The facility employs 14 sergeants and uses an electronic scheduling program to plan staffing. When a security shift vacancy occurs, overtime is hired. No posts are left unfilled. If a post cannot be filled with MWCC staff, staff from the Milwaukee Secure Detention Facility (MSDF), or from (REECC), is brought in to cover the vacancy. In addition to security staff, MWCC has two social workers, two treatment specialists, an employee support specialist, one part-time psychiatrist, and one psychologist. There are also full and part time health service staff employed at the center. Security rounds are completed by staff no less than once per hour, in the housing unit and throughout the building. Supervisory rounds are conducted by the superintendent, security director, captain or program supervisor. Unannounced rounds are conducted by the supervisors and logged in the Supervisory PREA Rounds logbook in the control center.

In the facility's 2020 Annual Report, listed as accomplishments are:

- a perimeter security upgrade project, including parking lot redesign, additional fencing, and gate installation,
- a ballistic windows project
- a door control project
- several painting projects
- the creation and opening of a job center to provide services for women nearing release
- upgrading of the facility's camera system
- increasing the amount, and types, of programming offered
- fundraising activities for staff and inmates to purchase special meals from local restaurants and to support a women's center in Waukesha, WI,
- gardening at the center that produced herbs and vegetables for use in the Food Service Department, and
- nine individuals received ServSafe Certification.

AUDIT FINDINGS**Summary of Audit Findings:**

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

Number of standards exceeded:	0
Number of standards met:	45
Number of standards not met:	0

Number of Standards Exceeded: 0

Number of Standards Met: 45

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.42, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.53, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.87, 115.88, 115.89, 115.401, 115.403

Number of Standards Not Met: 0

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72) Effective 01/11/2016 c. Agency Training Module - All Staff d. Inmate ID Card e. Brochure - Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractors f. Position Description - Agency PREA Director g. Agency Organizational Chart h. Facility Organizational Chart i. List of PREA Compliance Managers and Victim Service Coordinators, by facility, and contact information 2. Interviews <ol style="list-style-type: none"> a. Informal interviews with Inmates conducted during site review b. PREA Coordinator c. PCM 3. Site Review Observations <ol style="list-style-type: none"> a. Posters throughout the facility with the agency's zero tolerance policy printed on them <p>Findings (By Provision):</p> <p>115.11 (a) - 1</p> <p>The facility indicated, in their response to the PAQ, that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. That policy is Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72.) In Section V, (p. 4,) ED 72 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." It was noted, during the review of the facility, that posters were visible, throughout the facility, that identified that the agency has a zero-tolerance policy for sexual abuse and sexual harassment. The training module, that all staff are required to complete, was presented to auditors as documentation. On p.2, it identifies that the agency has a zero tolerance for sexual abuse and sexual harassment. An agency brochure used for training contractors and volunteers, entitled, "Sexual Abuse and Sexual Harassment In Confinement: A Guide for Volunteers and Contractors," has the words, "zero tolerance," printed on the top of the first page, and, on p.2, it includes the language, " . . . WI DOC has zero tolerance for sexual abuse and sexual harassment and report-related retaliation of offenders perpetrated by other offenders, staff, contractors, and volunteers." Educational materials given to inmates, at Intake and at Orientation, also include the agency's zero tolerance policy. As of December 19, 2018, Inmate ID cards say, on the back of the card, "WI DOC has ZERO TOLERANCE for sexual abuse, sexual harassment and retaliation related to reporting." In informal interviews conducted with inmates during the site review, inmates who were asked if they were aware of the agency's zero tolerance policy, and what they thought that meant, were familiar with the agency's zero tolerance policy and responded appropriately by saying, "it means it is never tolerated," or "it means no one can do it."</p> <p>115.11 (a) - 2</p> <p>The facility indicated, in their response to the PAQ, that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. ED 72, in Sections V through XX1, (pp. 4-19), outlines how the agency will implement their approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Required by agency policy are:</p> <p>Providing a coordinated victim-centered response to reports of sexual abuse and sexual harassment, including providing medical and mental health services to victims,</p> <p>Investigating all allegations,</p>

Providing multiple avenues for reporting allegations,
Training all staff members, contractors, and volunteers to recognize, respond to, and report sexual abuse and sexual harassment,
Providing offenders with a comprehensive orientation that details their right to be free from sexual abuse, sexual harassment, and report-related retaliation,
Collecting data to accurately track and aggregate sexual abuse and sexual harassment incidents,
Identifying core causal factors, and
Taking corrective action so as to align with a zero tolerance environment.

The agency also has in place policy requirements that prevent hiring, or promoting, anyone who has engaged in sexual abuse in a confinement facility, that 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 these activities. The agency will, by policy, also consider incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee.

115.11 (a) - 3

The facility indicated, in their response to the PAQ, that the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. Definitions are laid out in ED72, Section III, (pp. 2 - 4). Definitions listed there are related to prohibited behaviors of sexual abuse and sexual harassment as defined in the National Standards to Prevent, Detect, and Respond to Prison Rape. Terms defined on those pages include, but are not limited to, contractor, employee, PREA, PREA Compliance Manager, PREA Director, sexual abuse and sexual harassment.

115.11 (a) - 4

The facility indicated, in their response to the PAQ, that the policy includes sanctions for those found to have participated in prohibited behaviors. Identified on p. 2-3 of ED 72 are sanctions for those found to have participated in prohibited behaviors. The policy identifies that staff who are found to have violated the agency's sexual abuse and sexual harassment, and retaliation policies are subject to disciplinary sanctions up to and including termination and that termination is the presumptive sanction for a staff member who engaged in sexual abuse. By policy, offenders who have committed sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process.

115.11 (a) - 5

The facility indicated, in their response to the PAQ, that the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. ED 72 identifies as strategies and responses to reduce and prevent sexual abuse and sexual harassment of offenders:

1. Training staff to recognize signs of threatened and real sexual abuse and sexual harassment and to act as first responders in instances of actual sexual abuse,
2. Providing multiple avenues for reporting instances of sexual abuse and sexual harassment,
3. Training staff to respond to incidents of sexual abuse including offering medical and mental health care,
4. Investigating all allegations of sexual abuse and sexual harassment,
5. Maintaining hiring practices that prevent anyone who has prior adjudications for sexual abuse in a confinement setting from being hired or promoted,
6. Performing criminal background checks on all potential new hires and on existing employees,
7. Employing a PREA Director at the agency level and PREA Compliance Managers at all facilities,
8. Considering sexual safety when acquiring new buildings or substantially modifying existing buildings,
9. Requiring all agencies it contracts with for the confinement of inmates to comply with the PREA Standards,
10. Using video technology and electronic surveillance systems to enhance the safety of inmates and staff,
11. Employing adequate staffing levels in the facilities, and
12. Assessing the risk of victimization and abusiveness of each Inmate upon admission to the facility and using that information to make housing, programming and work assignments with the goal of keeping potential abusers and potential victims separate from each other.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.11 (b) - 1

The facility indicated, in their response to the PAQ, that the agency employs, or designates, an upper-level, agency-wide PREA Director who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The Wisconsin Department of Corrections (DOC) has one statewide PREA Director,

Leigha Weber, who is responsible for PREA compliance for all state correctional institutions and correctional centers. ED 72, in Section V p. 5, C, says, "the DOC shall employ or designate a PREA Director to oversee department efforts to comply with PREA standards." The facility provided a position description for Ms. Weber's position that says, ". . . this position is responsible for the direction of the Prison Rape Elimination Act (PREA) provisions in the Department." It goes on to say, "the scope of this position encompasses the entire Wisconsin Department of Corrections in which capacity it serves as the department expert on the PREA and provides oversight and consultation to department management."

115.11 (b) - 2

The facility indicated, in their response to the PAQ, that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. ED 72, in Section V p. 5, C, says, "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." The position description demonstrates that 100% of the PREA Coordinator's time is spent on assisting facilities to gain, and maintain, compliance with PREA standards. In an interview conducted via telephone, Ms. Weber, when asked if she felt that she has enough time to manage all of her PREA related responsibilities, said, "Yes, this is my job, this is what I do. PREA compliance and ensuring our facilities and agency are complying on a consistent basis are my full-time job."

115.11 (b) - 3

The facility submitted, in response to the PAQ, an organizational chart showing that the position of PREA Coordinator is an upper-level position. Ms. Weber reports to the Assistant Deputy Secretary, who reports to the Deputy Secretary, who reports to the Secretary.

A final analysis of the evidence indicates that the facility is in substantia compliance with this provision.

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

The facility indicated, in their response to the PAQ, that the facility has designated a PREA Compliance Manager (PCM). ED 72 states, in Section V, (p. 5, D), "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 the PREA standards as set forth by DOC. The facility indicated, in their response to the PAQ, that the PCM has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The facility identified Superintendent, Julie Ustruck-Wetzel as the facility PCM. Identified as her backup is Security Director, Stephen Olk. When asked, in an interview conducted onsite, if she had sufficient time to coordinate the facility's efforts to comply with the PREA standards, PCM Ustruck-Wetzel replied, "yes, I put that as a priority." A facility organizational chart, submitted by the facility in response to the PAQ, identified that the Superintendent is the upper-level position in charge of the facility and that she reports to the Warden of the Correctional Center Administration.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives, forms, files, records, etc.)

- a. Pre-Audit Questionnaire
- b. Memorandum of Agreement (MOA) between Fond du Lac County and Wisconsin Department of Corrections (WDOC) for the temporary housing of inmates
- c. MOA between Jefferson County and WDOC for the temporary housing of inmates
- d. MOA between Bayfield County and WDOC for the temporary housing of inmates
- e. MOA between Jefferson County and WDOC for the temporary housing of inmates
- f. MOA between Milwaukee House of Corrections and WDOC for the temporary housing of inmates
- g. MOA between Racine County and WDOC for the temporary housing of inmates
- h. MOA between Oneida County and WDOC for the temporary housing of inmates
- i. MOA between Forest County and WDOC for the temporary housing of inmates
- j. MOA between Ozaukee County and WDOC for the temporary housing of inmates
- k. MOA between Jefferson County and WDOC for the temporary housing of inmates
- l. MOA between Juneau County and WDOC for the temporary housing of inmates
- m. MOA between Dunn County and WDOC for the temporary housing of inmates
- n. MOA between Vernon County and WDOC for the temporary housing of inmates
- o. MOA between Sauk County and WDOC for the temporary housing of inmates
- p. MOA between Vilas County and WDOC for the temporary housing of inmates
- q. MOA between Rock County and WDOC for the temporary housing of inmates
- r. MOA between Winnebago County and WDOC for the temporary housing of inmates
- s. MOA between Marquette County and WDOC for the temporary housing of inmates
- t. Division of Adult Institutions (DAI) Policy #410.00.01 PREA Compliance Review of Contracted Facilities, Effective 04/11/2018
- u. DOC-2845 Contract Compliance Review Report - Blank
- v. DOC-2845 Contract Compliance Review Report - Racine County Jail - 2020
- w. DOC-2845 Contract Compliance Review Report - Jefferson County Jail - 2020
- x. DOC-2845 Contract Compliance Review Report - Dunn County Jail - 2020
- y. DOC-2845 Contract Compliance Review Report - Sauk County Jail - 2020
- z. DOC-2845 Contract Compliance Review Report - Oneida County Jail - 2020
- aa. DOC-2845 Contract Compliance Review Report - Vernon County Jail - 2020
- bb. DOC-2845 Contract Compliance Review Report - Vilas County Jail - 2020
- cc. DOC-2845 Contract Compliance Review Report - Winnebago County Jail - 2020
- dd. DOC-2845 Contract Compliance Review Report - Bayfield County Jail - 2020
- ee. DOC-2845 Contract Compliance Review Report - Milwaukee House of Correction -2021
- ff. DOC-2845 Contract Compliance Review Report - Oneida County Jail - 2021
- gg. DOC-2845 Contract Compliance Review Report - Fond du Lac County Jail - 2021

2. Interviews

- a. Agency's Contract Administrator

Findings (By Provision):

115.12 (a) - 1

The facility indicated, in their response to the PAQ, that the agency currently has Memorandums of Agreement, with 16 agencies, for the temporary housing of inmates. During the pre-onsite phase of the audit, the facility provided copies of all 16 MOAs. MOAs of all 16 contracted agencies were reviewed and it was noted that all of them were originally written for a one-year period, with automatic renewal for the next consecutive year, in the absence of the execution of a new or modified agreement. All 16 MOAs are currently in effect. The agencies contracted with are identified as being County Jails in

- Fond du Lac,
- Jefferson,
- Bayfield,
- Racine,

- Oneida,
- Forest,
- Sauk,
- Ozaukee,
- Dunn
- Juneau,
- Vernon,
- Vilas,
- Rock,
- Winnebago,
- Marquette counties, and
- the Milwaukee House of Correction.

All of these are other governmental agencies, and none are private entities.

115.12 (a) - 2

The facility indicated, in their response to the PAQ, that all of the above contracts require contractors to adopt and comply with PREA Standards. All 16 MOAs were reviewed, and it was noted that in Section VII, paragraph Q, in all of the MOAs, there is included the requirement that the contract agencies, "take all feasible and necessary steps to work toward full compliance and continue to do so until full compliance is achieved." The MOAs also require the contract agencies to have policies in place for responding to allegations of sexual abuse and sexual harassment, for maintaining reports and records necessary for reporting the appropriate data, and for timely completion of the Bureau of Justice Statistics Annual Survey on Sexual Victimization or its currently equivalent survey.

115.12 (a) - 3

The facility responded to the PAQ by identifying 16 MOAs for the confinement of inmates and providing copies of each of the 16 MOAs. A review of the MOAs confirmed that all of them were entered into, or renewed, since the last audit date, which was May of 2017. Of the 16 MOAs, 13 were entered into since the day of the last audit and three of them were entered into prior to that date and have been automatically renewed each year since then.

115.12 (a) - 4

The facility indicated, on the PAQ, that the agency does not contract with any agencies that do not require the contractor to adopt, and comply with, PREA standards. All MOAs were reviewed, and it was noted that the requirement to for the contracted agencies to adopt, and comply with, PREA standards is included all of them.

A final analysis of the evidence indicates that the agency is in substantial compliance with this provision.

115.12 (b) - 1

The facility indicated, in their response to the PAQ, that all of the contracts with county jails require the WDOC to monitor the contractors' compliance with PREA standards and provided copies of each MOA, as well as an agency policy, that requires the WDOC to monitor the contractors' compliance. DAI Policy # 401.00.01 requires that the Division of Adult Institutions (DAI) review its contracted facilities for the confinement of inmates to ensure compliance with the Prison Rape Elimination Act (PREA), and, in Section I, A, p. 2, requires that the contracts be monitored by the DOC annually except during the year in which the facility has scheduled a U.S. DOJ PREA audit. Section I, B and C, on the same page, specify that during U.S. DOJ PREA audit years, the final PREA audit report may replace a DOC PREA compliance review, and during non-audit years, a compliance review shall include a combination of the facility's self-report and the DOC evaluation. Reviews of each of the MOAs the WDOC holds with the identified county jails revealed that all but two of the 16 MOAs require each contracted agency to be monitored by the WDOC. In those two MOAs, in Section VII, D, 3, it says, "the DOC may decide to conduct a compliance review. This review may include an examination by of Sheriff's incident and offender records related sexual abuse or sexual harassment allegations as defined by PREA." The PREA Director explained that all new contracts entered into since January 2019 have different language. Contracts entered into since January of 2019 specify, in Section VII, Q, 4, that during years when the contractor is not audited by a US DOJ PREA auditor, the, ". . . DOC shall conduct an annual compliance review to ensure that the Sheriff is compliant with PREA standards." The facility submitted, as evidence that those reviews do take place, DOC form 4825, known as the Contract Compliance Report. The form is used to record the annual compliance review, done of the contracted agency by the WDOC, and asks the reviewer to examine the contracted agency's policies and procedures, and agency compliance with the policy requirements, regarding the prevention, detection, and response to allegations of sexual abuse and sexual harassment, opposite gender announcing, use of a uniform evidence protocol, the investigation of allegations of sexual abuse and sexual harassment, training of staff and contractors, hiring practices including background checks, the development of a an adequate staffing plan, the inmate intake process, education provided to inmates, training provided to investigators, medical and mental health services available in the facility, risk screening of inmates and the use of information gleaned during the screenings, avenues for reporting allegations of sexual abuse and sexual harassment, the provision of sexual assault service providers for confidential emotional support services related to sexual abuse or sexual harassment, reporting responsibilities of staff, the facility's written coordinated sexual abuse

response plan, retaliation monitoring and incident reviews of allegations determined to be substantiated or unsubstantiated. DAI Policy # 410.00.01 instructs staff conducting the compliance reviews to use observation or facility tour, document review, policy review, and staff and/or inmate interviews as methods for carrying out the reviews. The policy instructs the reviewer to report areas of non-compliance to the WDOC PREA Office. In an interview, the Agency Contract Administrator said that she reviews each contracted agency that is not scheduled for a US DOJ PREA audit on an annual basis. She said that her reviews include a site visit, a tour of the facility, and review of all their materials. She said she also assists the contracted agencies with creating policies, training, and investigations. Her role is that of a liaison who can provide training and technical assistance. When asked if PREA compliance results were completed for each contract entered into agreement with within the past 12 months, she responded that they were completed, or the site visits are currently scheduled. She did say that, due to the pandemic, she was not able to conduct one of the onsite visits but that she did meet with staff and administration virtually and she currently has a site visit with that agency scheduled. She also reported that the majority of the contracted agencies have already had a US DOJ PREA audit or are scheduled for one within the next year.

115.12 (b) - 2

The facility indicated, in response to the PAQ, that none of the 16 contracts with outside agencies held by the WDOC do NOT require the WDOC to monitor the contractor's compliance with PREA standards. A review of the MOAs offered as evidence proved that two of the 16 contracts do not contain language that requires the agency to monitor the contractor's compliance with PREA standards. Instead, they say that the agency may monitor that compliance. The use of the word, may, as opposed to shall, makes the compliance monitoring an option rather than a requirement. However, the agency PREA Director said, "our Office of Detention and Procurement are working to update these two contracts and obtain signature."

The facility also provided documentation verifying that the agency is indeed monitoring all of the contracted agencies' compliance with PREA. Auditor also understands that the pandemic created some delays in getting these contracts updated due to staff shortages and work slowdowns. Therefore, Auditor feels that the standard is being met.

A final analysis of the evidence indicates that the agency is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) c. Milwaukee Women's Correctional Center (MWCC) Staffing Plan 2020 d. MWCC Staffing Plan 2021 e. Shift reports from 6-10-2021, 8-21-20, 8-23-20, and 8-25-2020 f. Excerpts from Contol Center logbook g. Staff Schedule h. MWCC Staffing Plan 2020 Meeting Minutes i. WMCC Staffing Plan 2021 Meeting Minutes j. Wisconsin Department of Corrections (WIDOC) PREA Coordinator 2020 PREA Staffing Plan Annual Review Log k. DAI Policy #: 410.50.05 Prison Rape Elimination Act, Agency Staffing Plan Policy, Effective Date 05/17/2021 l. MWCC Staffing Plan 3-19-2021 m. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Section IX, D, p.6 n. Memo from Julie Ustruck-Wetzel to MWCC Staff re: Unannounced Rounds o. Excerpt from Supervisory Rounds Logbook p. MWCC Control Post Orders - 01/04/2021 q. MWCC Floor Post Orders - 01/04/2021 r. MWCC Utility Post Orders - 01/04/2021 s. MWCC Property/Transportation Post Orders - 01/04/2021 t. MWCC Hospital Vigil Post Orders - 01/04/2021 u. MWCC Work Release Post Orders - 01/04/2021 2. Interviews <ol style="list-style-type: none"> a. Superintendent b. PREA Compliance Manager (PCM) c. PREA Director d. Immediate or Higher-level Facility Staff 3. Site Review Observations <ol style="list-style-type: none"> a. Control Center Logbook <p>Findings (By Provision):</p> <p>115.13 (a) - 1</p> <p>The facility indicated, in their response to the PAQ, that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. They provided agency policy Division of Adult Institutions (DAI) #401.50.05, that says, "The Division of Adult Institutions shall ensure each facility develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates from sexual abuse." The facility also provided Executive Directive (ED) 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), which says, in section IX, A, (p. 6) says, "each facility shall develop, document and make its best efforts to comply with a staffing plan that provides for adequate levels of employees and, where applicable, video monitoring, to protect offenders against sexual abuse." ED 72 also requires that in calculating adequate staffing levels, and determining the need for video monitoring, the facilities must consider;</p> <ul style="list-style-type: none"> - generally accepted correctional practices; - any judicial, federal investigative and internal/external oversight agency findings of inadequacy; - the facility's physical plant including blind spots or areas where employees or offenders may be isolated; - the composition of the offender population; - the number of placement and security staff - institution programs occurring on a particular shift;

- the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and,
- applicable State or local laws, regulations, standards and other relevant factors.

In an interview conducted onsite, the facility PREA Compliance Manager (PCM), confirmed that the required elements listed above are taken into consideration during the annual review of the staffing plan. She also said that the facility has not had any judicial findings of inadequacy, any findings of inadequacy from federal investigative agencies, or any findings of inadequacy from any internal or external oversight agency. The agency PREA Director agreed, in an interview, and Auditor verified this with a review of the agency website. The facility submitted meeting minutes from staffing plan review meetings, from 2020 and 2021, which also verified that all 11 elements listed above are taken into consideration during the annual review of the staffing plan.

The facility submitted copies of their staffing plans dated April 2020 and March 2021. The staffing plans identify that the facility is a minimum-security prison for female inmates, that approximately one-third of the population is in the Earned Release Program, one-third is in a work release program, and the remaining one-third of the population is general population. The facility has an operating capacity of 109 and an average daily population of 71 inmates over the past year. The plan identifies that the facility is subject to staffing allocations as determined through the Wisconsin State biennial budget process and is allotted a Superintendent, a Security Director that is shared with the Robert E. Ellsworth Correctional Center (REECC), which is also located inside the city of Milwaukee, an Assistant Supervisor who also functions as an Assistant Superintendent, and a part-time Program Supervisor. The facility runs three shifts and is permitted 14 sergeants and one Security Supervisor. There are three Sergeants assigned to the 1st shift, 3 assigned to the 2nd shift, and 2 assigned to the 3rd shift. The staffing plan shows that the facility utilizes an electronic scheduling program to assist with planning and says that when a security shift vacancy occurs, overtime is hired. If a post cannot be filled with MWCC staff, staff from the Milwaukee Secure Detention Facility (MSDF) or REECC will be brought in to cover the vacancy. The facility submitted a print-out from the electronic scheduling program that shows how the scheduling is done.

The Superintendent said, in an interview, that she reviews the shift schedules to ensure that they are meeting the minimum staffing plan and that she looks at daily schedules to ensure that they are not leaving any area unsafe. She said that except during exigent circumstances, i.e., the COVID-19 pandemic, the facility does not deviate from the staffing plan and that the plan identifies how overtime is hired in the event of a staff shortage. She said, "first, overtime is offered to staff who wish to volunteer for overtime. If not enough staff volunteer to cover the shortage, any remaining needed hours of work are ordered using a rotating ordered overtime process." However, the COVID-19 pandemic did result in some deviations from the staffing plan due to illness of staff, as well as some modifications in operations, due to illness of both staff and inmates. All deviations were highly unusual and were listed on shift reports that were reviewed by Auditors.

The staffing plan identifies that, in addition to uniformed staff, MWCC has two social workers, two treatment specialists, one contracted work release coordinator, one part-time psychiatrist and one full-time psychologist on staff. In addition, there are several full and part-time health services professionals on staff.

115.13 (a) – 2

The facility indicated, in response to the PAQ, that the average daily number of inmates, over the past year, has been 71.

115.13 (a) – 3

The facility indicated, in response to the PAQ, that the average daily number of inmates on which the staffing plan was predicated is 71.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (b) - 1

The facility indicated, in response to the PAQ, that, under normal circumstances, the facility does not deviate from the staffing plan. However, the COVID-19 pandemic, experienced in 2020 and 2021, caused some staff shortages and some modifications in operations, due to illness of both staff and inmates. These deviations were highly unusual and were documented on shift reports provided by the facility. Deviations were clearly noted on the shift reports and the reasons for the deviations, as well as in the Control logbook, all of which were presented to auditors for review. The facility also submitted a print-out from the agency's electronic scheduling assistant that also showed the deviations and the reasons for them. The facility indicated, on the PAQ, that some modification in inmate movement was implemented to ensure that inmates were adequately supervised and monitored during the pandemic.

115.13 (b) - 2

The facility indicated, in response to the PAQ, that some deviations from the staffing plan did occur, over the past year, due to the COVID-19 pandemic, that caused some staff shortages where staff were ill. The facility presented shift reports that demonstrated the deviations, as well as logbook excerpts that identified the deviations and the reasons for them. A shift report dated August 25, 2020, did show a staff shortage. When asked about that, the Superintendent explained that, on that date, there was one staff assigned who had been pulled from another institution, and both the Superintendent and the

Captain were present at the facility, and available if needed, but were not technically assigned as security staff. Thus, adequate supervision was available at the facility and the deviation from the staffing plan was documented. The superintendent also submitted additional shift reports for two dates in September and two in October that were randomly chosen by the Auditor. Those shift reports showed no deviations from the staffing plan.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (c) - 1

The facility indicated, in their response to the PAQ, that the agency, in collaboration with the PREA Director, does review the staffing plan, at least annually, to see whether adjustments are needed to:

- the staffing plan,
- the deployment of monitoring technology, or
- the allocation of resources.

Agency policy DAI #: 410.50.05, 410 Prison Rape Elimination Act, effective date, 05/17/2021, requires, in Section II, A, (p. 2), not less than once per year, each facility to assess, determine and document whether adjustments are needed to each of the three items listed above. Paragraph B, of the same section, requires that the staffing plan be reviewed by the agency PREA Director. The agency PREA Director said, in an interview conducted via telephone, that she reviews all facility staffing plans.

She said, "we have a yearly process in which I ask them to update staffing plans and we consult about it after they have updated it, and I review it and make sure it makes sense from a PREA perspective. I make adjustments if necessary and both the PCM and I sign it."

Submitted as evidence were meeting minutes from MWCC staffing plan planning sessions, for both 2020 and 2021, detailing items of discussion included in the reviews of the staffing plans. Those considerations include whether adjustments are needed to the staffing plan, the deployment of monitoring technology, or the allocation of resources to commit to the staffing plan to ensure compliance with the staffing plan.

Also submitted was a spreadsheet, used by the Agency PREA Director, to keep track of facility staffing plan annual reviews.

The spreadsheet shows an entry for each of the Agency's facilities, the date of the most recent annual review, and the facility participants to the review. The data dates back to 2015 and shows the date of the most recent annual review of the staffing plan, for the MWCC, as 03/19/2021, with the facility PCM and the Superintendent, as participants to the review. The facility also provided a copy of the staffing plan, dated March 19, 2021, that has the signatures of both the facility Superintendent and PCM, as well as that of the agency PREA Director.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (d) - 1

The facility indicated, in their response to the PAQ, that the facility requires intermediate-or higher-level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Agency policy ED 72 requires, in Section IX D, (p.6), that supervisory staff conduct and document unannounced rounds, on all shifts, to identify and deter employee sexual abuse and sexual harassment. In addition, the facility provided, as evidence of the requirement, a memo, dated January 13, 2020, from the facility Superintendent to the MWCC Supervisory Staff, outlining the requirement that each full-time supervisor conduct a minimum of three unannounced rounds per month to identify and deter staff sexual abuse and sexual harassment. According to the memo, the requirement is for rounds to take place on all three shifts. The facility also requires that each part-time supervisor conduct a minimum of two unannounced rounds per month to identify and deter staff sexual abuse and sexual harassment. These rounds are required to take place during first and second shift. Auditors interviewed three supervisory staff who said they do make unannounced rounds as required. The Security Captain said he makes unannounced rounds, "every day that I'm here, on different shifts. At least once I come in on third shift, during night hours." He went on to say that it can be difficult to, "sneak in," but that he does have keys so he can enter the institution unannounced, can enter any time, and has the ability to flex his hours so that he can come in on weekends as well. The Security Director said that he makes unannounced rounds once or twice weekly. Because his position is shared with another facility, he is not at MWCC full-time but does make unannounced rounds while he is there. The Superintendent verified that she also makes unannounced rounds.

115.13 (d) - 2

The facility indicated, on the PAQ, that the facility documents unannounced rounds and provided an excerpt of a logbook where unannounced rounds are logged. In interviews, all three supervisory staff who said, in interviews, that they are responsible for conducting unannounced rounds verified that they do document the unannounced rounds they make. During the onsite review of the facility, auditors were able to view this logbook in the Control Center and noted that the unannounced rounds are logged in a separate logbook from the regular assignment logbook. Keeping the logbook of unannounced rounds separate made them easy to verify. Auditors also noted the signatures of the three supervisory staff who said they do

conduct unannounced rounds.

115.13 (d) - 3

The facility indicated, in their response to the PAQ, that unannounced rounds do, over time, cover all three shifts.

Supervisory staff who were interviewed also verified that they make rounds on all three shifts, and their signatures were noted, on all three shifts, in a logbook that is used to document unannounced rounds.

115.13 (d) - 4

The facility indicated, in their response to the PAQ, that the facility does prohibit staff from alerting other staff when unannounced rounds are taking place. Agency policy ED 72 says, in Section IX D, (p.6), "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." The Superintendent said, in an interview, "it's in the uniform post orders that they are not to do it, and it's a small place so it would be easy to catch. We have radios so we would hear them." The Security Director, when asked how he ensures that staff do not alert other staff that unannounced rounds are taking place said, "I change up my pattern. It's hard to do in a small place when there are few points of entry, and they have to let you go in everywhere. But I try to change my pattern, or not create a pattern. I come in at varying times and I just do my best."

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.14	Youthful inmates
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) c. Division of Adult Institutions Policy#: 302.00.20 Placement of Juveniles in Adult Correctional Sites, Effective Date 02/22/2021 d. Print-out from Agency's electronic database identifying Inmates Under 25 Years of Age at Milwaukee Women's Correctional Center, dated 08/23/2021 e. Wisconsin Department of Corrections website 2. Interviews <ol style="list-style-type: none"> a. PREA Compliance Manager b. PREA Director 3. Site Review Observations Facility Review <p>Findings (By Provision):</p> <p>115.14 (a) - 1 The facility indicated, in their response to the PAQ, that the Division of Adult Institutions/Milwaukee Women's Correctional Center does not house inmates under the age of 18 and that inmates under the age of 18 years old are supervised by the Wisconsin Division of Juvenile Corrections. Offered as evidence was a memo, dated, December 19, 2016, from the then Administrator of the Division of Adult Institutions (DAI), advising that the Wisconsin Department of Corrections (WDOC) had, for the purpose of achieving compliance with the Prison Rape Elimination Act, moved all youthful inmates out of adult institutions to Division of Juvenile Corrections (DJC) facilities. The memo identified that going forward, all inmates under the age of 18 would be housed in DJC facilities and none would be housed in DAI facilities. Both the PREA Director and the Superintendent verified that no inmates under the age of 18 are housed at the MWCC. They presented a roster of youthful inmates, those between the ages of 18 and 25, who are housed at MWCC, demonstrating that there are no juvenile offenders housed at MWCC.</p> <p>Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: PREA (ED 72), in Section XIII C, (p.10), prohibits placing youthful offenders in housing units where they have sight, sound or physical contact with adult offenders through use of shared dayrooms or other common areas, shower areas or sleeping quarters. Auditors verified that the WIDOC does not place inmates under the age of 18 in adult facilities through a review of the agency website. According to the website, the agency currently operates two juvenile facilities, one for males and one for females.</p> <p>115.14 (a) - 2, 3, and 4 The facility indicated, in their response to the PAQ, that there are no inmates under the age of 18 housed at the MWCC. Auditors verified this in interviews with the Superintendent.</p> <p>115.14 (a) - 5 and 6 The facility indicated, in their response to the PAQ, that, in the past 12 months, there have been no inmates under the age of 18 housed at the MWCC.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>115.14 (b) - 1 and 2 The facility indicated, in their response to the PAQ, that the MWCC does not house inmates under the age of 18. The Superintendent verified that no inmates under the age of 18 are housed at the facility.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p>	

115.14 (c) - 1

The facility indicated, in their response to the PAQ, that the MWCC does not house inmates under the age of 18. The Superintendent verified that no inmates under the age of 18 are housed at the facility.

115.14 (c) - 2

The facility indicated, in their response to the PAQ, that, in the past 12 months, there have been no inmates placed in isolation to separate them from adult inmates because the MWCC does not house youthful inmates.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Executive Directive (ED) 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), Effective 01/11/2016 c. Division of Adult Institutions (DAI) Policy # 500.70.20 Clinical Observation, Effective 07/13/2021 d. DAI Policy #: 306.16.01 Use of Body Cameras, Effective 05/06/2019 e. DAI Policy #: 306.07.04 Use of Force - Documentation and Video Recording, Effective 11/08/2020 f. DAI Policy #: 306.17.02 Searches of Inmates, Effective 12/21/2020 g. Search Logs h. DOC 124 Person Searched Nonroutine UA Report i. DAI Policy #: 500.70.27 Transgender Inmates, Effective 07/19/2021 j. Pre-Service Training Examples (3) k. Agency Searches Lesson, Effective 04/20/2020 2. Interviews <ol style="list-style-type: none"> a. Random Staff b. Random Inmates c. Transgender Inmates 3. Site Review Observations <ol style="list-style-type: none"> a. Facility Review <p>Findings (By Provision):</p> <p>115.15 (a) - 1 The facility indicated, in their response to the PAQ, that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. Executive Directive 72 Sexual Harassment and Sexual Abuse in Confinement (PREA) (ED 72), in Section X, B, (p. 6), stipulates, "facilities shall not permit cross-gender strip or body cavity searches except in exigent circumstances or when performed by medical practitioners." Division of Adult Institutions (DAI), Policy #306.17.20 Searches of Inmates, in Section I, C, says that staff directly observing the inmate, during a strip search, are required to be the same sex as the inmate and that a second staff participating in the search shall only observe the staff performing the strip search. A total of 20 inmates, including one transgender inmate, were formally interviewed and all of them confirmed that cross-gender strip or cross-gender visual body cavity searches are not allowed, and are not performed, at the facility. All 20 of them confirmed that they had never been subjected to cross-gender strip or visual body searches at this facility. Twelve random staff were interviewed, during the onsite phase of the audit, and they also confirmed that no cross-gender strip or cross-gender visual body searches are conducted at the facility except in exigent circumstances. None of the staff interviewed could recall a time when cross-gender strip, or visual body searches, had been conducted.</p> <p>115.15 (a) - 2 The facility reported, in their response to the PAQ, that, in the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates as zero.</p> <p>115.15 (a) - 3 The facility reported, in their response to the PAQ, the number of cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff as zero.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.15 (b) - 1 The facility indicated, in their response to the PAQ, that cross-gender pat-down searches of female inmates, absent exigent circumstances, are prohibited. They offered, as evidence, agency policies ED 72 and DAI Policy #306.17.02, both of which prohibit pat-down searches of female inmates by male staff absent exigent circumstances. They also said that there is</p>

always female staff on duty and that staff have access to both a walk through and handheld metal detector at all times. All 12 random staff who were interviewed said that cross-gender pat-down searches are prohibited.

115.15 (b) - 2

The facility indicated, in their response to the PAQ, that the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities to comply with this provision. All 12 staff who were interviewed said that inmates are never denied access to programming or out-of-cell opportunities because there are always female staff on duty and because there is always the availability of both a walk through and a handheld metal detector. All 20 female inmates who were formally interviewed said that they had never been denied access to programming or out-of-cell opportunities for lack of female staff available to perform pat-down searches. They all said that there are always female staff on duty.

115.15 (b) - 3 and 4

The facility indicated, in their response to the PAQ, that the number of pat-down searches of female inmates conducted by male staff, and the number of pat-down searches of female inmates conducted by male staff absent exigent circumstances, in the past 12 months, was zero.

DAI Policy #306.17.02 requires that all inmate searches be documented. Documentation of searches is to be kept in locations designated by the Warden/designee. Documentation of exigent circumstances where cross-gender pat-down searches of female inmates by male staff are conducted are to be maintained, and documentation of exigent circumstances where cross-gender strip, body cavity or body contents searches are performed is required to be maintained as well. All records are required, by agency policy, to be readily accessible for audit purposes. The facility did provide a log of searches conducted at the facility. The log gives the name of the inmate who was searched, the name and gender of the staff performing the search, and the type of search that was conducted, i.e., pat-down, walk through metal detector or wand. Auditor noted that none of the male staff, listed in the logs, performed pat-down searches but used a wand instead.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15. (c) - 1 and 2

The facility indicated, in response to the PAQ, that facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. Documentation provided by the facility included two DOC-142 forms showing that strip-searches of two female inmates, by the same female staff, were conducted due to reports of possible contraband having been introduced into the facility. Auditors cross-referenced the name of the staff conducting the strip-searches to ascertain that the staff was indeed female. The facility also provided a DOC-1523 form that documents all staff searches conducted at the facility. The log covered the period from 10/28/2020 to 06/08/2021. This log records the date of the search, the type of search conducted, the reason for the search, the signature of the staff performing the search, and the gender of the staff performing the search. Auditors noted that, on three occasions, a male staff who had filled out the log identified the type of search performed as, "Kitchen," rather than as pat, wand, or strip. Auditors requested that the facility provide a similar log for dates between 06/08/2021 and the date of the audit, and it was provided upon request. That log was properly filled out on all pages.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.15 (d) - 1

The facility indicated, in their response to the PAQ, that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera). ED 72 says, in Section IX, E, (p.6), "in order to enable offenders to shower, perform bodily functions and change clothing without nonmedical 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." All of the 20 inmates who were interviewed said that they are never naked in front of male staff and all confirmed that they have the opportunity to shower, change their clothes and use the toilet without being viewed by male staff. During the onsite review of the facility, Auditor noted that all the showers in the facility are individual stalls, that there are no cameras in any of the housing unit bathrooms, that cameras do not point into the cells, and that male staff do not go into the bathrooms. Auditors also noted that each shower stall has two shower curtains. The Superintendent explained that a second shower curtain was added to each shower stall because one did not always give enough privacy. In addition, the toilets are in stalls that have doors on them that allow for staff to view feet under the door but not the person using the toilet. Bathrooms have glass blocks on one wall so that movement can be seen inside the bathroom, for security purposes, but that inmates using the bathroom still have

privacy.

115.15 (d) - 2

The facility indicated, in their response to the PAQ, that policies and procedures do require staff of the opposite gender to announce their presence when entering an inmate housing unit. ED 72 says, in Section IX, E, (p.6), "in order to enable offenders to shower, perform bodily functions and change clothing without nonmedical 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." Of 20 inmates formally interviewed, two of them said male staff do not announce their presence when entering the housing area. The other 18 said that male staff use a doorbell to announce when they are entering the housing area.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.15 (e) - 1

The facility indicated, in their response to the PAQ, that the agency does have a policy that prohibits searching, or physically examining, a transgender or intersex offender for the sole purpose of determining the offender's genital status. DAI Policy #306.17.02, Section II, D, (p. 3) also outlines this prohibition. Each of the 12 staff who were randomly selected for interview confirmed that they were aware of these agency policies.

115.15 (e) - 2

The facility indicated, in their response to the PAQ, the number of searches conducted at the facility, in the past 12 months, was zero. A transgender inmate who was interviewed confirmed that he has never been subjected to a strip search for the sole purpose of determining his genital status.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.15 (f) - 1

The facility indicated, in their response to the PAQ, that 100% of the security staff were trained on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner. They submitted the training completion records of three staff as evidence and the lesson plan outlining the training the staff had completed. Auditor requested additional copies of staff training completion to be able to view the training completions of the security staff who were randomly chosen for interview. The facility provided the requested documentation. A lesson plan was also submitted as documentation that contained instructions for how to conduct cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner. Of the 12 staff who were randomly selected for interview, all of them verified they had received the training and were able to accurately describe the training they received. Security staff reported that they had the training in the officers' academy.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Executive Directive (ED) 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), Effective 01/11/2016 c. Agency ASL In Person Contract d. Agency ASL Video Contract e. Division of Adult Institution (DAI) #: 300.00.35 Americans with Disabilities Act, Effective 09/14/2020 f. Agency Handbook Large Print g. DAI Policy #:300.00.61 Language Assistance for Limited English Proficiency Inmates (LEP), Effective 01/01/2015 h. Written Foreign Language Translation Services Contract i. Agency Posted Language Policy Notice j. In-Person Interpretation Services for Foreign Language Contract k. Statewide Telephone Interpretation Services Contract l. Agency Handbook Addendum – Spanish m. Agency Inmate Handbook – Spanish n. Emotional Support and Advocacy Services, #999, Poster – Spanish 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Random Staff 3. Site Review Observations <ol style="list-style-type: none"> a. PREA signage throughout the facility (English and Spanish) <p>Findings: (By Provision)</p> <p>115.16 (a) - 1</p> <p>The facility indicated, in their response to the PAQ, that the agency has established procedures to provide disabled inmates 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. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72), says, in Section XI, B, (p.4), that offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Division of Adult Institutions (DAI) Policy #300.00.35, in Section I, Paragraph A, requires all facilities to establish a process for inmates with qualified disabilities to request accommodations for access to programs, services, and activities. Paragraph C, of the same policy, outlines that individuals with disabilities may not be excluded from participation in, or be denied the benefits of, DAI services, programs or activities on the basis of their disabilities, and that all DAI programs, services and activities shall be readily accessible to, and useable by, individuals with disabilities. The same policy requires facilities to make reasonable accommodations for individuals with disabilities except where doing so would result in a fundamental alteration in the nature of the program, would threaten or destroy the historic significance of an historic property, or result in undue financial and administrative burdens. Section II, paragraph F says that inmate access to adaptive hearing devices for telephone calls must be equivalent to access to telephone calls by hearing inmates and allows for inmates using adaptive devices for phone calls to be allowed up to three times the amount of time usually permitted for phone calls. This policy also requires facilities to develop procedures to ensure visual alarms, or manual means of notifying deaf or hard of hearing inmates, are in place for such things as emergencies, counts, and announcements whenever, and wherever, the inmate is authorized to be in the facility. Accommodations that must be made may include a qualified sign language interpreter or other auxiliary aids, services, and devices.</p> <p>The facility provided, as evidence, copies of contracts the agency has entered into to provide video remote interpreting (VRI) services for American Sign Language (ASL) and in person interpretation services for ASL. A narrated video with PREA Education is available for inmates who are visually impaired. Auditors were able to view this video on YouTube. There are videos designed for both male and female inmates. The agency head said, in an interview, ". . . we identify them at intake . . . and they are also evaluated on an ongoing basis, and disability coordinators at each facility assess needs and make</p>

accommodations." At the time of the onsite portion of the audit, the facility did not house any disabled inmates. In interviews with randomly chosen staff, all 12 of them were aware of the services available for interpretation and the agency's policies regarding inmates who are disabled.

A final review of the evidence indicates that the facility is in substantial compliance with this provision.

115.16 (b)

The facility indicated, in their response to the PAQ, that the agency has established procedures to provide equal opportunities, to inmates who are limited English proficient (LEP), to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. ED 72 says, in Section XI, B, (p.4), that offenders with disabilities or who have LEP 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. DAI policy #300.00.61 Language Assistance for Limited English Proficiency (LEP) outlines procedures that ensure LEP inmates in DAI facilities are not precluded from accessing or participating in important programs or proceedings, including those that may affect the duration and condition of their classification or confinement, have meaningful access to important vital documents, are afforded language assistance at no cost, receive meaningful access to medical, dental and mental health services, are not subjected to retaliation for requesting language assistance, and are permitted to communicate verbally and in writing in languages other than English. This policy also requires the posting of important items such as visiting room rules, surveillance notices, security warnings, facility regulations, policies, procedures, unit rules, and inmate discipline information in the lobby, visiting area, intake/reception area, waiting rooms of medical and mental health service units, mailrooms, property rooms, libraries, housing areas and school and program areas. It also requires staff to obtain from inmates at intake, their self-identified primary language and to ensure that the information is recorded in the department's computerized database. The policy requires staff to initiate provision of language assistance when there is a question of an inmate's ability to use the English language in reading, writing or speaking, and requires staff to provide specific documents, including a PREA pamphlet, in both Spanish and English. The facility presented, as documentation, the inmate handbook and the PREA Pamphlet, printed in both Spanish and English, and auditors were able to observe PREA information posted, throughout the facility, in both English and Spanish. The facility also provided the agency's Language Policy Notice, printed in both English and Spanish, that auditors observed posted in the facility. Also provided as documentation were copies of contracts that the agency has entered into to provide in person interpretation services for foreign languages, written foreign language translation services, and statewide telephone interpretation services. The facility did not, at the time of the onsite portion of the audit, house any inmates who were LEP.

A final analysis of the evidence indicates that is in substantial compliance with this provision.

115.16 (c) - 1

The facility indicated, in their response to the PAQ, that agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants 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 or the investigation of the inmate's allegations. ED 72, in Section XVI, A, paragraph A, no. 4, (p. 13) prohibits relying on offender translators, offender readers or other types of offender assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise safety, the performance of first responder's duties, or the investigation of allegations. Twelve staff were randomly selected for interview and all but two of them were familiar with the translation services that are available at the facility. None of the 12 staff randomly selected for interview were aware of any instance, at the facility, where one inmate was allowed to translate for another when making an allegation of sexual abuse or sexual harassment.

115.16 (c) - 2

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

115.16 (c) - 3

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

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective

action to take.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections (WDOC) Executive Directive (ED) 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), c. DOC Library # 201.100.0042 Police Contact, Arrest, and Conviction Policy for Current Employees, Effective 08/15/2016 d. Agency Background Check Procedure, Effective 11/26/2018 e. Form DOC-1098D Background Check Authorization (Blank), Effective 02/2021 f. Human Resources Policy Number: 200.30.507, Effective 08/04/2020 g. Form DOC-1098R Candidate Reference Check (Blank), Effective 10/2020 h. Human Resources Fingerprint Procedure, Effective 11/26/2018 i. Milwaukee Women’s Correctional Center (MWCC) Contractor Tracking j. MWCC Volunteers Background Check Log k. Division of Adult Institutions (DAI) Policy #: 309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns, Effective 02/10/2014 l. Form DOC – 2674 DAI Volunteer Application (Blank), Effective 09/2018 2. Interviews <ol style="list-style-type: none"> a. Human Resources Staff <p>Findings (By Provision):</p> <p>115.17 (a)</p> <p>The facility indicated, in their response to the PAQ, that agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:</p> <ol style="list-style-type: none"> (1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution: (2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse: or (3) has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section. <p>Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement (PREA),(ED 72) in section VI, paragraph A, 1, (p. 4), prohibits the hiring or promoting of anyone who has engaged in sexual abuse in a confinement facility, anyone who has been convicted of engaging, or attempting to engage in, non-consensual sexual activity in the community, or anyone who has been civilly or administratively adjudicated to have engaged in activity described above. Department of Corrections (DOC) Library # 201.100.0042 Police Contact, Arrest, and Conviction Policy for Current Employees says, in section VIII, no. 1, (p. 7), that the DOC will not hire or promote an applicant for a position which may have contact with inmates, offenders or juveniles based on the following PREA standards: 1) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention, 2) Convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. 3) Civilly or administratively adjudicated to have engaged in the activity described in (1) or (2) above.</p> <p>The facility's Human Resource function is located at the Taycheedah Correctional Institution, in Fond du Lac, and, during the on-site portion of the audit, the Human Resources Administrator there provided a copy of the application packet for one of the three persons hired at MWCC in the past year. The forms that document the application process and criminal background check were reviewed by Auditors who noted that both the background check authorization forms asks the candidate for employment, and the candidate reference check forms ask the person providing the reference, if the applicant has ever been:</p> <ol style="list-style-type: none"> a. engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution or place of detention, b. 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, c. civilly or administratively adjudicated to have engaged in the activities described above.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (b)

The facility indicated, in their response to the PAQ, that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. ED 72, Sexual Abuse and Sexual Harassment in Confinement (PREA), in Section VI, A, 1, (p. 4), says that the DOC shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee. Auditor's review of the sample application for employment packet that was provided, during the on-site portion of the audit, reflected that the Candidate Reference Check form used asks, in question 10, if the person providing the reference has any knowledge of the candidate ever engaging in any incident of workplace sexual abuse or sexual harassment while employed by their company. When the Human Resources Administrator was asked if the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates, she replied, "yes we do. The potential employee, or the employee who has applied for a promotion, answers a question on the application form and if they move further into the interview process, we ask for references and the person giving the reference is asked that question." A review of the application packet confirmed her response.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (c) - 1

The facility indicated, in their response to the PAQ, that before hiring any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. ED72 says , in section VI, A, 3, (p. 5), that prior to hiring new staff and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a criminal background records check. Paragraph a, of the same section, says that the DOC shall make its best effort to obtain (and, when requested, provide) reference information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment, or any resignation during a pending investigation of a sexual abuse allegation.

The facility provided a Fingerprint Procedures document that identified that the facilities are responsible for ensuring fingerprints are completed and cleared prior to allowing unescorted access for any new hires, contractors, volunteers, etc. who will be on DOC premises. It also provided a Background Check Procedure that provides guidance on conducting both criminal and non-criminal background checks for applicants, contractors performing work similar to department employees and persons considered for an internship or job shadow. This document identifies that Bureau of Human Resources staff is responsible for conducting and reviewing background checks and that no applicant, contractor or person considered for an internship or job shadow may begin working until a background check has been completed and is approved for hire. The facility provided DOC Human Resources Policy #200.30.507 Employment References – Guidelines for Obtaining and Providing References, that outlines when background checks are to be completed and describes the methods used, and identifies, in Section III, that the agency also requires a criminal background check to be completed when a current employee is moving to a position which has significantly different duties than his or her current position.

This policy also identifies, in Section VII, 4, (p. 5), that, in accordance with PREA standards, if a candidate lists a prior confinement entity as a current or past employer on their resume (e.g. federal or state prison, county or local jail), best efforts shall be made to contact the entity as a reference, even if the employee does not list them as a reference. The policy identifies that the Reference Check Form DOC-1098R should be used, for obtaining reference checks, to ensure the proper PREA questions are asked. The facility provided a blank DOC-1098R Candidate Reference Check form that shows that questions 10 through 12 are additional questions, for positions that may have contact with inmates or juvenile offenders, that ask if the candidate has ever been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention, if it has ever been determined that the candidate has ever engaged in any incident of sexual abuse or sexual harassment while employed by the former employer, or if the candidate resigned during a pending investigation of an allegation of sexual abuse or sexual harassment prior to an investigation being completed.

115.17 (c) - 2

The facility indicated, in their response to the PAQ, that, in the past 12 months the number of persons hired who may have contact with inmates who have had criminal background record checks was three. Auditors reviewed one of those employment files and determined that the requisite criminal background records check had been done.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (d) - 1

The facility indicated, in their response to the PAQ, that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. ED 72, in Section VI, A, 3, (p.5) identifies that prior to hiring new staff members and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a criminal background records check. ED 72 identifies, in Section III, (p.2), that the term, "employee," means any staff member, contractor or volunteer who performs work inside of a DOC operated facility so that all required criminal background, and employee reference checks, are required of contractors who may have contact with inmates as well.

During the pre-onsite phase of the audit, the facility offered documentation including a data base printout entitled, "Contractor Tracking." This document records the name of the Contractor/Vendor Company, the individual contractor's date of birth, the date the completed form, DOC-1098 Background Check Authorization, was submitted by the contractor, the date the background check was completed, the date the individual was approved for entry into a facility, and the facility they were approved to enter. This record covers a period from April of 2020 to August of 2021. The facility provided a similar database printout that records the date background checks were completed for facility volunteers. Also provided was a Background Check Procedure, dated 11/26/2018, that identifies that the Bureau of Human Resources staff is responsible for conducting and reviewing background checks for applicants, employees, persons considered for internships or job shadow and contractors who are hired to perform work similar to department employees, (for example agency nurses or IT staff). The facility also provided form DOC-2674, dated 09/2018, that is a Volunteer Application and clearly states that applicants are subject to a background check and may be rejected for admission to the facility by the Security Director. The Human Resources Administrator said, in an interview, "we do criminal record background checks for promotions, and for all contractors as well as for new DOC employees and contractors."

115.17 (d) - 2

The facility identifies, in their response to the PAQ, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates as four and explained that contractors came into the facility to complete two major projects and to provide routine maintenance.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (e)

The facility indicated, in their response to the PAQ, that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. ED 72 says, in Section VI, A, 3b, (p. 5), "the DOC shall conduct a criminal background record check every five years for current employees." DOC Library #201.100.0042 Police Contact, Arrest, and Conviction Policy for Current Employees, says, in Section VIII, (p.7), that, "to maintain compliance with the Prison Rape Elimination Act (PREA) the Department shall conduct background checks either by running fingerprints or processing a criminal background check at least once every five years on current employees who may have contact with inmates, juveniles or offenders." The same policy, in the next paragraph, makes the same requirement for current contractors who may have contact with inmates, juveniles or offenders. An agency procedure, submitted during the pre-onsite phase of the audit, entitled Background Check Procedure, dated 11/26/2018, says, "to maintain compliance with PREA as well the (sic) FBI's CJIS security policies, fingerprints must be retaken at least once every five years." Auditor interviewed the Human Resources Administrator, during the onsite portion of the audit, who, when asked what system the facility presently has in place to conduct criminal record background checks of current employees and contractors who may have contact with inmates said, "we do the fingerprint machine that is done through the Department of Justice." When asked if the fingerprint checks are done every five years, she confirmed that they are.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (f and g)

The facility submitted, as documentation that it does 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees, the DOC-1098D Background Check Authorization form, that requires all applicants to answer whether they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention, if they have ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied, threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, and if they have ever been civilly or administratively adjudicated to have engaged in any of these activities. Auditor reviewed the sample background check authorization submitted during the onsite phase of the audit and noted that the applicant had answered

those exact questions.

ED 42, Police Contact, Arrest, and Conviction Policy for Current Employees imposes a continuing duty to report by saying, in Section VI, Paragraph A, that employees who fail to disclose police contact, arrests and/or criminal convictions, fail to provide accurate details regarding criminal convictions or fail to cooperate in the background check process, including being fingerprinted, may be subject to disciplinary action up to and including discharge. The Human Resources Administrator said, in an interview conducted onsite, "it states that on our applications, and it is on their background check form that they would use for any position they interview for."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (h)

ED 72 requires, in Section VI, A, 3a, (p. 5), that the DOC provide reference information on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation. The Human Resources Director said, in an interview conducted onsite, "yes, we do, for substantiated allegations. For unsubstantiated and unfounded allegations, we are not required to."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>he following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Superintendent 3. Site Review Observations <ol style="list-style-type: none"> a. Facility Review (including Control Center for access to camera monitoring system) <p>Findings (By Provision):</p> <p>115.18 (a) The facility indicated, in response to the PAQ, that the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit that was conducted in June of 2017. The agency head said in an interview conducted via telephone, that when designing, acquiring, or planning substantial modifications to facilities, the agency works, "in consultation with facility and agency leadership, looking at staffing plans, incidences at similar facilities, always evaluating that we have sound correctional standards and practices. We have a few facilities we are working on lately, . . . upgrading, remodeling, everywhere. We have a robust partnership with Workforce Development and are putting in job centers at facilities." She identified that MWCC may have a job center in the future.</p> <p>A final analysis indicates that the facility is in substantial compliance with this provision.</p> <p>115.18 (b) The facility indicated, in their response to the PAQ, that the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit in June of 2017. The PREA Compliance Manager, who is also the facility Superintendent, said in an interview conducted onsite, that the facility updated digital cameras and added some cameras we well as changing from analog to digital. She said, "we've addressed any areas of concern, cameras outside of bathrooms, down where we would find inmates congregating more, making sure we have no blind spots." She also said that the facility is approved for 50 cameras, and they currently have 47, so she has plans to add cameras in the salon, the basement, and the sergeants' office. Auditors noted, during the onsite review of the facility, that the facility, both inside and outside, has excellent camera coverage.</p> <p>A final analysis indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action A final analysis indicates that the facility is substantially compliant with this standard. There is no corrective action to take.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72), Effective 01/11/2016 c. Division of Adult Institutions (DAI) Policy #: 306.00.14 Protection, Gathering and Preservation of Evidence, Effective 10/16/2018 d. DAI Policy #: 300.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse, Effective 04/01/2017 e. Agency Healthcare Manual Reference f. Aurora Healing and Advocacy Document - printout from Aurora Sinai Hospital website g. Agency Inmate Handbook Excerpt h. Memo of Understanding between Wisconsin Department of Corrections (WDOC) and Aurora Health Care Metro, Inc., Effective 08/19/2019 i. Notice of support Services Workshop for WDOC Victim Services Coordinators, Dated 04/04/2018 j. WDOC PREA Victim Accompaniment Guide, Dated 04/2020 k. Agency Victim Service Coordinators' Guide, Dated 04/2020 l. Certificate of Completion of Support Services Workshop, dated 04/2018 m. Form DOC-2767 Sexual Abuse Incident Victim Services Coordinator Response Checklist, Dated 09/2018 n. Agency Law Enforcement Compliance Request, 2019 2. Interviews <ol style="list-style-type: none"> a. Random Sample of Staff b. Facility PREA Compliance Manager (PCM) c. SANE/SAFE Staff d. Facility Nurse Manager e. Advocacy Staff at Aurora Metro Health, Inc. f. Inmate Who Reported Sexual Abuse <p>Findings: (By Provision)</p> <p>115.21 (a) - 1 The facility indicated, in their response to the PAQ that the facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct. Executive Directive 72: Sexual Abuse and Sexual Harassment in Confinement: PREA (ED 72), in Section, XVII, A (p.15), says, "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."</p> <p>115.21 (a) - 2 The facility indicated, in their response to the PAQ, that the facility is not responsible for conducting criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). ED 72, Section XVII, B, (p.15), says, "allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement." The facility identified the City of Milwaukee as the local law enforcement agency designated to investigate allegations of sexual abuse that involve potentially criminal behavior.</p> <p>115.21 (a) - 3 The facility indicated, in their response to the PAQ that the City of Milwaukee Police Department is the local law enforcement agency designated to investigate allegations of sexual abuse that involve potentially criminal behavior.</p> <p>115.21 (a) - 4 The facility indicated, in their response to the PAQ, that when conducting a sexual abuse investigation, investigators follow a uniform evidence protocol. The evidence protocol followed is outlined in (DAI) Policy #306.00.14 Protection, Gathering and Preservation of Evidence, in section I, paragraphs, A through D, (p. 2 and 3), in section II, paragraphs A through E, (p. 3), and section III, paragraphs A through I, (pps. 3 through 6). Auditor noted that the policy, is Section I, B, (pp.2-6) is highly detailed and outlines the entire process, including securing and protecting the scene and the collection, preservation and</p>

logging of evidence. All of the random staff who were interviewed were well familiar with the agency's protocol for obtaining useable physical evidence and all of them knew who the facility's investigators were. However, few of them, if any, made the distinction between victims and suspected perpetrators in discussing how they might be able to collect useable evidence.

The majority of them said they would ask, or instruct, both victims and suspected perpetrators, if identified, not to do anything to destroy potential evidence, such as change clothes, shower, brush teeth, or use the bathroom. Even when prompted, most of them did not identify that they would request these actions of victims and require them of suspected perpetrators. Staff do have pocket cards, with this information on them, and some of them did use the cards during the interviews but, even then, the majority did not make the distinction between victims and suspected perpetrators. Auditor was able to verify that the information is in the policy, on their pocket cards, and in the PREA training staff receive but staff, at least in interviews, did not seem to have quick recall of that information. Auditor recognizes that the facility had only two allegations, in the past year, and that, because of the size and composition of the inmate population, staff have little opportunity to actually put this uniform protocol into practice which, likely, figures into why they consistently overlooked this subtle, but important, difference in their interviews. Therefore, Auditor recommended that the Superintendent provide a reminder to staff, either in an annual refresher or in an e-mail to all staff. The Superintendent did provide an e-mail reminder to staff, and also provided a copy to the Auditor, before the Interim report was submitted.

Final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (b) - 1

The facility indicated, in their response to the PAQ, that the protocol is not developmentally appropriate for youth. The facility does not house youthful offenders so there is no requirement for the protocol to be developmentally appropriate for youth. The auditor was able to verify through facility records and staff interviews that there were no youth housed at Milwaukee Women's Correctional Center (MWCC) during the 12-month review period.

115.21 (b) - 2

The facility indicated, in their response to the PAQ, that the protocol was not adapted from, or otherwise based on, the most recent edition of the DOJ 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. Instead, the facility indicated, on the PAQ, that, "the Wisconsin Department of Corrections (DOC) healthcare clinicians do not conduct SANE examinations. Inmates alleging sexual abuse are transported to a local community hospital for treatment and evidence collection. As such, DOC does not implement a forensic medical examination protocol, which is developmentally appropriate or based upon, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative source. Rather, DOC conforms to healthcare standards in the, "Standards for Health Services in Prisons (2014 ed). (2019). Chicago, Illinois: National Commission on Correctional Health Care."

Final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (c) - 1

The facility indicated, in their response to the PAQ, that the facility offers all inmates who experience sexual abuse access to forensic medical examinations. ED 72, in Section XVI, B, (p.14), identifies that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and that those forensic medical examinations will be performed by Sexual Assault Nurse Examiners (SANEs) where possible. The facility Prea Compliance Manager (PCM) identified, during an onsite interview, that Aurora Sinai Hospital employs SANEs, both scheduled and on-call, that a SANE is always available, and that the facility will transport any alleged victim who requires a forensic exam to the hospital. She also said that they have not needed this service in the past year.

115.21 (c) - 2

The facility indicated, in their response to the PAQ, that the facility does not offer all inmates who experience sexual abuse access to forensic medical examinations onsite because the facility does not conduct forensic exams. This information was verified during an onsite interview with the facility Nurse Manager who verified that the facility does not conduct forensic exams but would send victims to Aurora Sinai Hospital where the service is available.

115.21 (c) - 3

The facility indicated, in their response to the PAQ, that the agency does offer all inmates who experience sexual abuse access to forensic medical examinations at an outside facility. DAI Policy #: 500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse, identified, in Section III, C, (p.4) that when it is determined evidentiarily or medically appropriate by health care staff in consultation with the SANE, staff will send the alleged victim to the designated Emergency Room (ER) for the SANE to conduct an evidentiary exam. The policy goes on to say that an alleged victim cannot refuse to be transported to the ER but may refuse to be evaluated once at the ER. A telephone interview, with staff at Aurora Sinai

Hospital, conducted during the pre-onsite phase of the audit, confirmed that the hospital will conduct SANE exams for MWCC upon request. Staff there reported that there are multiple SANES on staff, either scheduled or on call. Victims enter the hospital through the ER, where any medical needs are attended to, and then they are routed to the clinic where staff provide information on available services and offer a forensic exam and an advocate to accompany the alleged victim through the exam. Also available to alleged victims are medical treatment prophylaxis for sexually transmitted infections, HIV prophylaxis, and Plan B contraception. The staff was not familiar with MWCC and said she did not believe they see a lot of victims from that facility. She said that other settings of confinement, in the City of Milwaukee, likely bring more inmates in for forensic exams.

115.21 (c) - 4

The facility indicated, in their response to the PAQ, that forensic medical examinations are offered without financial cost to the victim. ED 72, Section XVI, B, 3, (p.14), identifies that, “. . . 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.”

The Inmate Handbook also identifies that inmates have the right to receive free medical and mental health care following an incident of sexual abuse or sexual harassment and this was verified by facility staff.

115.21 (c) - 5

The facility indicated, in their response to the PAQ, that, where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiner (SANEs). ED 72, Section XVI, B, 3, (p.14), identifies that, “. . . all victims shall be offered access to forensic medical examinations, whether on-site or at an outside facility, . . . where evidentiary or medically appropriate.” DAI Policy #: 500.30.19 Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse, identifies, in Section III, C, (p.) that when it is determined evidentiarily or medically appropriate by health care staff in consultation with the SANE, staff will send the alleged victim to the designated ER for the SANE to conduct an evidentiary exam. In an interview with staff at Aurora Sinai Hospital Forensic Nursing Services, conducted via telephone during the pre-onsite phase of the audit, staff there verified that a SANE is always available because there is always a SANE, either scheduled or on call.

115.21 (c) - 6

The facility indicated, in their response to the PAQ, that when SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. Ed 72 says, in Section XVI, B, 3, (.14) that if SANEs cannot be made available, the examination can be performed by other qualified medical practitioners.

115.21 (c) - 7, 8, 9 and 10

The facility indicated, in their response to the PAQ, that the facility documents efforts to provide SANEs or SAFEs. The facility also indicated, in their response to the PAQ, that the number of forensic medical exam conducted, during the past 12 months, is zero, that the number of exams performed by SANEs/SAFEs, during the past 12 months is zero, and the number of exams performed by qualified medical practitioners, during the past 12 months is zero. Thus, no documentation of efforts to provide SANEs was available for review.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (d) - 1

The facility indicated, in their response to the PAQ, that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. ED 72 says, in Section XVI, B, 4, (p. 14), that the facility shall attempt to make an advocate from a local sexual assault service provider (SASP) available to accompany and support victims through a forensic medical examination process and investigatory interviews. It also says that if the victim requests the service, the SASP shall also provide emotional support, crisis intervention, information, and referrals.

The facility provided, as documentation, a Memorandum of Understanding (MOU), dated 08/19/2019, between the Wisconsin Department of Corrections (WDOC) and Aurora Health Care Metro, Inc., identifying that Aurora Health Care Metro, Inc., will provide services such as an advocate to accompany and support victims of sexual abuse through a forensic medical examination and investigatory processes, emotional support, crisis intervention, information and referral to victims of sexual abuse in confinement at MWCC. Auditor called the hotline number provided and talked with staff who confirmed that the services identified in the MOU are provided upon request for inmates housed at MWCC. Staff said that few calls are received from MWCC and that she was not aware of any calls that were received in the past year from MWCC. She also said that the agency serves the public, as well as a number of other correctional institutions, in the Milwaukee area, and that the staff is trained and qualified to serve in this role.

In an interview conducted onsite, the facility PCM verified that the advocacy agency the facility uses is Aurora Health Care Metro, Inc., that the DOC has an MOU with them, and that they can call them if they have an inmate victim who requests the services provided by Aurora Health Care Metro, Inc. She also said that MWCC has not had that situation arise.

115.21 (d) - 2

The facility indicated, in their response to the PAQ, that the facility's attempts to make a victim advocate from a rape crisis center available either in person or by other means, are documented. ED 72 requires, in Section XVI, B, 4, (p. 14), that the facility's efforts to secure services from a local SASP be documented. The services available at Aurora Health Care Metro, Inc., have not been requested, by any inmates at MWCC, in at least the past 12 months. This was confirmed in an interview with the facility PCM.

115.21 (d) - 3

The facility indicated, in their response to the PAQ, that if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. ED 72 says, in Section XVI, B, 4, (p.14) that if a SASP 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. The facility submitted, as verification of staff who are appropriately trained to service in this role, a Notice of Support Services Workshop for DOC Victim Services Coordinators, a DOC PREA Victim Accompaniment Guide, and an Agency Victim Service Coordinator's Guide, all of which are used as training materials. They also submitted a Certificate of Completion for Lisa Syrrakos, a Social Worker who is identified, in a MWCC organizational chart as being assigned as the Victim Services Coordinator at MWCC. In an interview, the facility PCM said that the organization that DOC has an MOU with, is a 24-hour operation and that there is always someone available so the facility is always able to rely on the outside organization should the need for the service arise. Only one inmate, at MWCC, had made an allegation of sexual abuse, in the past year, and that inmate was interviewed onsite. She said that she was offered the opportunity to call someone and that she chose to call her cousin to talk about the incident. She said that she was offered access to both medical and mental health treatment but that the incident was such that she was not in need of either of those services.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (e)

The facility indicated, in their response to the PAQ, that, if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

ED 72, says, in Section XVI, B, 4, (p.14) 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. It goes on to say that if a SASP 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. The facility reports that this service has not been requested, at MWCC, but they submitted a form DOC-2767 Sexual Abuse Incident Victim Services Coordinator Response Checklist that the facility Victim Services Coordinator would use to document this service if they were called upon to provide it. Aurora Healthcare Metro, Inc, provides advocacy services to inmates and will accompany an inmate through investigatory interviews if that service is requested. The facility Superintendent verified this as did staff at Aurora Healthcare Metro, Inc.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (f)

The facility indicated, in their response to the PAQ, the agency does conduct administrative administrations of sexual abuse but does not conduct criminal investigations. Allegations of sexual abuse that may involve criminal behavior are referred to local law enforcement, in this case the City of Milwaukee Police Department, and the agency has requested that the responsible agency follow the requirement of paragraphs 115.21 (a) through (e) of the standards. Presented as documentation of this request was a copy of a letter, sent by DOC Secretary, Kevin Carr, to law enforcement agencies used by the DOC to investigate allegations of sexual assault, in DOC facilities of confinement, requesting that they comply with the requirements of Standard 115.21 (a) through (e). The letter is dated March 11, 2019.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (h)

The facility Superintendent identified that a qualified advocate is available through Aurora Healthcare Metro Inc., and that there is a Social Worker on staff, at the facility, who is also qualified to serve in that role. Sample training materials used for training staff to act as advocates, and a certificate of completion of the training by the facility Social Worker were provided.

The Superintendent also said that they have not had any requests for advocacy services, in the past 12 months, and that an advocate is always available from Aurora Healthcare Metro, Inc.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this provision. There is no corrective action to take.

115.22	Policies to ensure referrals of allegations for investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1441 770" style="list-style-type: none"> 1. Documentation: <ol style="list-style-type: none"> a. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), Effective 01/11/2016 b. Pre-audit Questionnaire (PAQ) c. Administrative Investigations – 12 Month Period – Milwaukee Women’s Correctional Center (MWCC) d. SINC Closed Investigations e. Division of Adult Institutions (DAI) Policy #303.000.05 Law Enforcement Referrals, Effective 02/22/2021 f. Wisconsin Department of Corrections (WIDOC) Web site g. Law Enforcement Referral Evidence Log Example 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Investigative Staff <p data-bbox="240 860 483 887">Findings (By Provision):</p> <p data-bbox="240 918 379 945">115.22 (a) - 1</p> <p data-bbox="240 949 1489 1043">The facility indicated, in their response to the PAQ, that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct.) They said that all reports of sexual misconduct are documented and tracked for appropriate response. Those that meet the definitions of sexual abuse or sexual harassment transition to an administrative investigation. The facility makes a referral to law enforcement for criminal conduct when indicated. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72) says, in Section XVII, A, (p.15), that the agency will ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment. The Agency Head said, in a telephone interview conducted during the pre-on-site phase of the audit, “Executive Directive 72 requires it of all allegations, and we have a recently created office of internal affairs and it has a focus of serious misconduct. Supervisory misconduct was the original focus, but we moved PREA investigators over to that office as well. The head of that office is a former law enforcement officer and a former PREA Director.” When asked to describe how an administrative or criminal investigation is completed, she said, “We conduct parallel investigations, refer to law enforcement and work in concert with them. Our investigators are specially trained with PREA investigator training and an investigation committee takes the lead on investigations. It’s incredibly specialized. Each facility has a Training Captain and an Investigative Captain, and they take the lead on these issues at the facility level.” The facility submitted a computerized database print out that shows that there were two allegations investigated in the past 12 months, one for sexual harassment and one for an allegation of sexual abuse.</p> <p data-bbox="240 1545 368 1572">115.22 (a) 2</p> <p data-bbox="240 1576 1473 1706">The facility indicated, on the PAQ that, in the past 12 months, two allegations of sexual abuse and sexual harassment were received. A third allegation was received but it did not meet the purview of PREA. The facility submitted a computerized database printout that shows when the cases were created, the type of incident that led to the investigations and the disposition of each. Both of the allegations were determined to be unsubstantiated.</p> <p data-bbox="240 1738 379 1765">115.22 (a) - 3</p> <p data-bbox="240 1769 1481 1899">The facility reported, on the PAQ, that in the past 12 months, the number of allegations resulting in an administrative investigation was two. The database printouts submitted by the facility, detailing the allegations and resultant investigations, showed that the sexual abuse allegation was referred to local law enforcement but, after review, they declined to investigate so the allegation was referred back to the facility where an administrative investigation of the allegation was conducted.</p> <p data-bbox="240 1930 379 1957">115.22 (a) - 4</p> <p data-bbox="240 1962 1489 2092">The facility reported, on the PAQ, that in the past 12 months, the number of allegations referred for criminal investigation was one. One of the two allegations made, in the past 12 months was for sexual abuse. The facility reported that the case was referred to local law enforcement but, based on their preliminary review, they declined to investigate and referred the allegation back to the facility for an administrative investigation.</p> <p data-bbox="240 2123 379 2150">115.22 (a) - 5</p>

The facility reported, on the PAQ, that during the last 12 months of the two allegations that were made, one of sexual abuse and one of sexual harassment, both investigations were completed. The computerized database printout indicated that the two cases were closed in April of 2021.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.22 (b) - 1

The facility indicated, in their response to the PAQ, that the agency's policy requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. ED 72, in Section XVII, B, (p. 15), that allegations of sexual abuse or sexual harassment that involve potential criminal behavior will be referred for investigation to local law enforcement and that all such referrals will be documented. DAI Policy #303.00.05, Law Enforcement Referrals, identifies a variety of offenses that the Warden/designee shall refer to Law Enforcement for investigation. On that list is, "Sexual abuse per Executive Directive 72, Staff sexual assault of an offender per Executive Directive 16A, and Sexual assault per Wisconsin Statutes s. 940.225." This policy also identifies that the Superintendent may also refer, to law enforcement, "any other incident deemed appropriate." A facility investigator said, in an interview conducted onsite, "any allegation of sexual abuse is referred, and we wait for law enforcement to determine if they are going to investigate. We refer immediately, if it is sexual abuse, and wait for them to decide."

115.22 (b) - 2

The facility indicated, in their response to the PAQ, that the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The facility offered, as documentation, a printout of a page found on the Agency web site that details the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation. In addition, auditors reviewed the Agency web site and were able to determine that the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website.

115.22 (b) - 3

The facility indicated, in their response to the PAQ, that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. Referrals are documented in SINC, a computerized database used by the agency, and a sample printout was offered as documentation. Evident on the document was an entry identifying when an allegation was referred to local law enforcement. The printout clearly shows the date of the referral and the name of the staff, at Milwaukee District 5 Police Department, that the referral was made to. ED 72, in Section XVII, B, (p. 15) requires that all referrals to law enforcement be documented.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.22 (c) - 1

The facility indicated, in their response to the PAQ, that information published on the agency website, regarding investigations of allegations of sexual abuse and sexual harassment refers the reader to ED 72 where the responsibilities of both parties are listed. The website identifies that the agency PREA Office educates and trains offenders, staff, and community partners regarding PREA, reviews and conducts administrative investigations of sexual abuse and sexual harassment allegations, provides technical assistance and interpretation of PREA standards, coordinates PREA compliance and auditing, and collects and analyzes data. It also identifies that local law enforcement agencies investigate allegations of sexual abuse when the alleged conduct involves potentially criminal behavior.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA), Effective 02/11/2016 c. Agency Training Pre-Service Curriculum d. Agency Training Module for All Staff e. Taycheedah Correctional Institution Sexual Misconduct and Harassment Brochure, 2021 f. Agency Newsletter Spring 2018 g. Agency Newsletter Spring 2019 h. Agency Newsletter Fall 2019 i. Agency Newsletter Spring 2020 j. Agency Newsletter Fall 2020 k. Agency Training Module 2019 Refresher l. Agency Training Module 2017 Refresher m. Form DOC-2397 Agency Orientation Checklist (Centers Ony), Rev. 4/2019 n. Agency 1558 Employment ttement of Acknowledgment o. PREA All Staff Training for Audits 20210831-090528 2. Interviews <ol style="list-style-type: none"> a. Random Sample of Staff 3. Site Review Observations <ol style="list-style-type: none"> a. PREA Posters <p>Findings (By Provision):</p> <p>115.31 (a) 1 - 10</p> <p>The facility indicated, in their response to the PAQ, that the agency trains all employees who may have contact with inmates on the agency's zero-tolerance policy for sexual abuse and sexual harassment. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72), in Section XI, A, 1, (p. 7), requires the agency to train all employees who may have contact with prisoners on:</p> <ol style="list-style-type: none"> a. the department's zero-tolerance policy for sexual abuse and sexual harassment, b. how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, c. the right of inmates to be free from sexual abuse and sexual harassment, d. the right of inmates 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 inmates, i. how to communicate professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates, and k. how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p>The policy goes on to say, "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." " Staff are required to acknowledge and certify to the DOC through signature or electronic verification, that they understand the training they received."</p> <p>The facility provided a copy of a DOC Correctional Officer Pre-service Program that outlines training given at the Officer's Academy. This training is required prior to new Correctional Officers working inside any of the agency's facilities. The Auditor reviewed the program and identified that PREA training is a part of the pre-service training program. The facility also</p>

provided screen shots of the required online module all staff are required to complete. The module is narrated and knowledge checks are spaced throughout; understanding is assessed, at the end, in the form of a "final exam." Trainees are informed that they must achieve a score of 80% or higher. Receipt of training is tracked electronically. The auditor reviewed the entire module and ascertained that all the items listed above were included in the training. Twelve staff were randomly chosen for interview, during the onsite phase of the audit, and all twelve of them were able to articulate the training they received and were able to identify the above components of the training. The facility submitted database printouts of staff training completions prior to the onsite phase of the audit. During the onsite phase of the audit, Auditors requested three additional training records of employees who were randomly selected for interview onsite. All of the samples provided demonstrated that the staff properly completed the training and were able to pass the knowledge quiz included in the training. Auditors also noted posters, with PREA information printed on them, throughout the facility and staff also showed auditors pocket cards, provided by the facility, that have PREA information on them that staff can use as reminders throughout their work time.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.31 (b) 1 and 2

The facility indicated, in their response to the PAQ, that training is tailored to the gender of the inmates at the facility. ED 72 identifies, in Section XI, A, 1, (p.7), that the agency will train all new staff members, that all staff members shall receive training every two years, and that 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. The policy identifies topics staff will be trained on, including all topics listed in 115.31 (a) 1 – 10, as well as "instruction tailored to male and female offenders." Auditor reviewed the training module all staff are required to complete and ascertained that the training is gender neutral and is applicable to working with both male and female inmates. In addition, the facility provided a brochure that is used as additional training for male staff who are reassigned from working in a male facility to a female facility, entitled, "Sexual Misconduct and Harassment Brochure." The brochure is designed to be used in training all staff, contractors and volunteers who work, and provide volunteer services, in a women's correctional facility.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.31 (c) - 2 and 3

The facility indicated, in their response to the PAQ, that, between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. ED 72 requires, in section XI, A, 1, (p.7), that all staff members receive training every two years and that in years during which staff members do not receive training, the DOC will provide refresher information on current sexual abuse and sexual harassment policies. The facility provided copies of training modules employees are required to complete every two years as well as newsletters, sent from the PREA office to staff, which contain the refresher information. The facility indicated that the refresher information was provided online via myDOC, the PREA page, by e-mail or by classroom instruction. Samples provided included refresher information given to staff in Spring 2018, Spring and Fall 2019, and Spring and Fall 2020. All 12 random staff who were interviewed were able to ascertain they do receive the PREA training every two years and the refresher information in the in-between years. The facility submitted database printouts of staff training completions prior to the onsite phase of the audit. During the onsite phase of the audit, Auditors requested three additional training records of employees who were randomly selected for interview onsite. All of the samples provided demonstrated that the staff properly completed the training and were able to pass the knowledge quiz included in the training.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.31 (d) - 1

The facility indicated, in their response to the PAQ, that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. ED 72 identifies, in Section XI, A, 1, (p. 7), that, "each staff member shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received." The facility submitted form DOC-1558 Employment Statement of Acknowledgement, where a list of agency policies that staff are required to read, understand and abide by is available. At the bottom of the list is an employee statement, that employees are required to sign, that affirms that the employee has read all the agency policies listed on the form and that they do understand what they read and that they understand that the signed acknowledgement becomes a part of their personnel file. One of the policies, listed on the form, is Executive Directive 72 – Sexual Abuse and Sexual Harassment in Confinement (PREA). Auditor requested copies of this form from a sample of the personnel files of specialized staff and staff who were randomly chosen for interview. All of the requested documents were provided and reviewed, and all of them had the appropriate signatures on them. The facility also provided a printout from an agency computerized databased used to record staff training completions. Auditor compared the names of staff listed on the

printout to the staff listing provided by the facility to determine that all facility staff had completed the proper training. The training is delivered online and is structured so that the person completing the training is required to complete knowledge tests, and a quiz at the end of the training, in order to complete the training.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Executive Directive 72 - Sexual Abuse and Sexual Harassment in Confinement: (PREA), c. Agency Brochure, Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractors d. Division of Adult Institutions Policy #: 309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns, Effective 05/17/2019 e. Agency Volunteer Orientation Presentation, DAI Volunteer, Pastoral Visitor, Program Guest & Intern Orientation f. Agency Contractor & Volunteer Training. Dated 02/2018 g. Agency Volunteer Manual, Dated 05/2019 h. Sample Form DOC-2786, Contractor Statement of Acknowledgment (3) i. Form DOC-2809, Sample Volunteer Training Records, (3) j. Form DOC-2809, Volunteer Orientation Roster Attendance Record, Dated 02/2018, (Blank) k. Memo to DOC DL DAI Volunteer Coordinators, Dated 02/2018 l. Form DOC-2086, Contractor Statement of Acknowledgment in English and Spanish, Dated 05/2016, (Blank) 2. Interviews <ol style="list-style-type: none"> a. Volunteer or Contractors Who Have Contact with Inmates 3. Site Review Observations <ol style="list-style-type: none"> a. PREA Posters <p>Findings (By Provision):</p> <p>115.32 (a) - 1 and 2</p> <p>The facility indicated, in their response to the PAQ, that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. DAI Policy #: 309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns, specifies, in Section VI, A, (p.) 10, that Volunteers are required to complete an orientation prior to facility entry and inmate interaction, based upon type, frequency and level of inmate contact. It identifies as minimum expectations for all DAI volunteers, a full orientation for any volunteer entering any DAI facility five or more times per year, or a brief orientation, for any volunteer, entering any facility four or fewer times per year. The policy also identifies that the full orientation should be provided by facility staff and should include a thorough review of the standardized Volunteer Manual (POC-0079) and requires that volunteer training provided be documented in the appropriate agency computerized database. The brief orientation is required to include a review of the standardized brief orientation Form (POC-0080) and can be conducted by phone or e-mail. The policy also requires that all DAI volunteers be required to undergo orientation once per calendar year to maintain active status and that the facility is to require each volunteer to sign a DOC-2809 to verify their attendance at the volunteer orientation.</p> <p>The facility presented materials used to train volunteers and contractors before they have contact with inmates. The documentation included the Agency Volunteer Orientation Guide, form POC – 0080 that instructs volunteers to carefully review the DOC pamphlet regarding the Federal Prison Rape Elimination Act of 2003 (PRREA), and advises them that the DOC has a zero-tolerance standard for sexual abuse and sexual harassment, that inmates cannot legally consent to any sexual contact, and that volunteers are obligated to immediately report any information (including suspicion) about inmate victimization, retaliation or neglect. Other training materials included a brochure entitled, "Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractors," an orientation guide entitled, "DAI Volunteer, Pastoral Visitor, Program Guest & Intern Orientation," and a contractor and volunteer training module. Auditor reviewed these materials and noted that they do contain training on the agency's zero-tolerance policy and on the Prison Rape Elimination Act (PREA). The pamphlet, "Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractors," contains information on responsibilities of reporting any knowledge, suspicion or information about sexual</p>

abuse or sexual harassment, retaliation against a victim or reporter, and violation of responsibilities that may have contributed to an incident or retaliation. The training materials contain definitions of sexual abuse and sexual harassment and describe, "red flags," that may indicate abuse. They also provide different avenues for reporting sexual abuse or sexual harassment.

The facility indicated, in their response to the PAQ, that 121 volunteers who may have contact with inmates have been trained in agency policies and procedures regarding sexual abuse and sexual harassment. Auditor interviewed a volunteer, via telephone, who indicated that she volunteers, in the facility, approximately once per month. She said that she had received PREA training, prior to interacting with inmates inside the facility. The facility provided documentation of her training prior to her beginning her volunteer service at the facility.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.32 (b) - 1 and 2

The facility indicated, in their response to the PAQ, that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. DAI Policy #: 309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns, specifies, in Section VI, A, (p.) 10, that Volunteers are required to complete an orientation prior to facility entry and inmate interaction, based upon type, frequency and level of inmate contact. It identifies as minimum expectations for all DAI volunteers, a full orientation for any volunteer entering any DAI facility five or more times per year, or a brief orientation, for any volunteer, entering any facility four or fewer times per year. Contracted employees, who come into the facility to perform short-term jobs, such as those who work inside the facility when electronic monitoring systems are upgraded or new cameras are installed, are required to complete a brief orientation. Contracted employees, such as the health care staff who work there full-time, are required to complete the same computer-based training, including achieving a passing score on a knowledge quiz, that regular agency employees are required to complete. Auditors interviewed two contracted medical staff who verified that they received the same, computer based PREA education that all agency employees who are assigned to the facility are required to complete. In addition, the facility presented a copy of an agency computerized data base that records staff training completions and both contracted employees' names appeared on the list of staff who completed PREA training. Both of them were very familiar with the agency's zero-tolerance policy and provided appropriate responses to interview questions regarding the prevention, detection, and reporting of actual or suspected sexual abuse. The facility submitted documentation of brief orientations provided to contractors who came into the facility to conduct short-term jobs that had the signatures of the contracted employees on them verifying that they had received the training and understood it. Those employees came from local contractors such as a glass company and Johnson Controls, Inc.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.32.(c) - 1

The facility indicated, in their response to the PAQ, that the agency maintains documentation confirming that volunteers and contractors understand the training they receive. The facility presented documentation of training provided to contracted employees and to volunteers. Form DOC-2786, Contractor Statement of Acknowledgment, was presented for three contractors, all of whom were in the facility to work on short-term jobs, who signed the statement verifying that they had received orientation that covered the agency's zero tolerance policy regarding sexual abuse and sexual harassment, their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures, based on the services they provide and the level of contact they have with inmates. The contracted employees had signed the forms to indicate receipt of the training and as their acknowledgment that they understood the training they received. The facility presented a copy of an agency computerized data base that records staff training completions and both of the full-time contracted employees' names appeared on the list of staff who completed staff PREA training that is computer based and requires the passing of a knowledge quiz for completion. The agency also presented Volunteer Orientation Roster Attendance Records that showed the date of the Volunteer Orientation, the printed name of the volunteers in attendance and a signature, from each volunteer, acknowledging that they did complete the training and did understand the training they received. A memo dated March 02, 2018, that contains instructions on how to document the orientations was also presented. The memo was generated by the agency's Religious Practices Coordinator and outlines the process for entering volunteer orientation documentation into a SharePoint database. The memo instructs facility staff to have each volunteer sign the form and to scan the completed DOC-2809 into the electronic group folder where the information can be reviewed and retrieved when needed.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.33	Inmate education
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="240 331 852 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="240 362 683 389">a. Inmate PREA Education Facilitator Guide <li data-bbox="240 394 568 421">b. Agency Handbook Addendum <li data-bbox="240 425 539 452">c. Agency ID Card Statement <li data-bbox="240 456 1267 483">d. Division of Adult Institutions (DAI) Policy #: 410.20.01 Inmate PREA Education, Effective 05/17/2021 <li data-bbox="240 488 529 515">e. Agency Inmate Handbook <li data-bbox="240 519 529 546">f. Agency Video References <li data-bbox="240 551 1337 577">g. Executive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72) Effective 01/11/201 <li data-bbox="240 582 986 609">h. Agency Handbook Addendum Spanish, Form POC-41BS, Date 07/2016 <li data-bbox="240 613 622 640">i. Agency Inmate Handbook, Spanish <li data-bbox="240 645 517 672">j. Agency Audio Reference <li data-bbox="240 676 523 703">k. Agency Braille Reference <li data-bbox="240 707 743 734">l. Agency Inmate Acknowledgment, Date 10/2017 <li data-bbox="240 739 833 766">m. Agency Inmate Acknowledgment Spanish, Date 10/2017 <li data-bbox="240 770 1477 797">n. Milwaukee Women's Correctional Center Education Example, OTRT 480- Acknowledgment Receipt of PREA Information <li data-bbox="240 801 414 828">o. PREA Posters <li data-bbox="240 945 379 972">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="240 976 386 1003">a. Intake Staff <li data-bbox="240 1008 549 1034">b. Random Sample of Inmates <li data-bbox="240 1128 529 1155">3. Site Review Observations <ol style="list-style-type: none"> <li data-bbox="240 1160 1066 1187">a. Sexual Abuse and Sexual Harassment Reporting Posters (English and Spanish) <li data-bbox="240 1191 414 1218">b. PREA Posters <p data-bbox="240 1308 485 1335">Findings (By Provision):</p> <p data-bbox="240 1424 379 1451">115.33 (a) - 1</p> <p data-bbox="240 1456 1477 1720">The facility indicated, in their response to the PAQ, that inmates receive information, at time of intake, about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Division of Adult Institutions (DAI) Policy #410.20.01, in Section 1, (p.1), requires that, upon arrival at an intake facility, each inmate receive Inmate PREA Education, including viewing a video entitled, "Sexual Abuse and Sexual Harassment Prevention and Intervention," and an agency handbook addendum with local sexual assault service provider contact information. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72), in Section XI, B, 1, (p. 8), says that 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 and suspicions.</p> <p data-bbox="240 1751 1493 2145">Presented as documentation of information inmates receive at intake was POC-0041C, an Inmate and PREA Education Facilitator Guide. The Facilitator Guide calls for inmates to be informed on the agency's zero tolerance policy on sexual abuse and sexual harassment, to be given definitions of sexual abuse and sexual harassment, to have the facility's cross-gender announcement procedure explained to them, and to have the facility Victim Services Coordinator identified with contact information. The facility also presented the agency inmate handbook and POC-41B, an agency handbook addendum entitled, "Sexual Abuse in Confinement A Resource for Offenders. This handbook addendum lists a telephone number for a local sexual assault service provider. The agency also provided a list of versions of the video, "Sexual Abuse and Sexual Harassment Prevention and Intervention," that are available, including videos suited for male inmates in English, Spanish and with English subtitles, and for females, in English, Spanish and with English Subtitles. The list presented identifies that facilities play the appropriate video(s) depending on the audience's needs. The Auditor view the video for female inmates in English, on YouTube. In addition to the material presented at intake, as of December 19, 2018, the agency's zero tolerance statement and reporting methods are printed on the back of new, or reprinted, inmate identification cards.</p>

115.33 (a) - 2

The facility indicated, in their response to the PAQ, that the number of inmates admitted, in the past 12 months, who were given the above information, at intake, as 103. Auditor interviewed the facility Victim Services Coordinator, who is also the facility Intake staff, and she verified that she does give all incoming inmates information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. She explained that she shows the agency PREA video, gives the inmates a Red Book with PREA information, and documents the intake for each inmate present. All eight of the inmates who were randomly chosen for interview were able to recall that they had received the printed information, and had viewed the video, soon after they arrived at the facility. Some of them identified that they had received the information at intake and some of them thought they had received the information at orientation. They all also said that they had been informed about their right to not be sexually abused or sexually harassed, and all could articulate how they would make a report of sexual abuse or sexual harassment, for themselves or someone else, if they needed to.

A final analysis of the evidence indicates the facility is substantially compliant with this provision.

115.33 (b) - 1

The facility indicated, in their response to the PAQ, that 86 inmates were admitted during the past 12 months, whose length of stay in the facility was for 30 days or more, who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake. The facility reports that 100% of inmates who were admitted during the past 12 months, whose length of stay in the facility was for 30 days or more, received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents with 30 days of intake. An interview was conducted with Intake Staff, who also conducts orientation, who said that she ensures that inmates have received orientation within a week or two of their arrival at the facility by conducting orientation every Wednesday, although she was not always able to do that during the pandemic due to required quarantine periods. She also said she can query the Wisconsin Integrated Computerized System (WICS), to ensure that all inmates have received orientation. She said that, in addition to all the required information presented to inmates, she also draws their attention to postings with PREA information that are placed throughout the facility for quick reference if they need them. She said that she presents the required information at intake, that the Superintendent participates in orientation and that inmates at the facility are well informed. Auditor reviewed orientation documentation for 15 inmates who were interviewed during the onsite phase of the audit. Of the 15, two were not provided orientation within 30 days of intake. When the auditor inquired as to why this might have happened staff said that, due to the pandemic, and its effects on both staff and inmates, some of the orientations may have been outside of the 30-day time frame.

A final analysis of the evidence indicates the facility is substantially compliant with this provision.

115.33 © - 1, 2, and 3

The facility indicated, in their response to the PAQ, that 100% of inmates were educated within 30 days of intake. However, Auditor found that two of 15 inmate education records did not bear this out. Of the two that were not educated within 30 days of intake, one received orientation within 35 days of arrival at the facility and one received orientation within approximately five months of intake. Again, this happened during the pandemic and the time lapse was due to the effects of the pandemic on both staff and inmates. The facility reported that all inmates have now received orientation and there is no longer a delay in inmates receiving orientation. Auditor noted that all of the records reviewed where inmates arrived during 2021 also showed that inmate orientation was provided within 30 days of intake and on the records where orientation was delayed, the arrivals, at the facility, were during the summer months of 2020, which was a time when the pandemic was having a large effect on facilities.

115.33 © - 4

The facility indicated, in their response to the PAQ, that agency policy does require that inmates who are transferred from one facility to another be educated regarding 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, to the extent that the policies and procedures of the new facility differ from those of the previous facility. ED 72 says, in Section XI, B, 3, (p. 8), that, "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." DAI Policy #: 410.20.01, Inmate PREA Education, says, in Section II, A, (p.2), "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."

A final analysis of the evidence indicates the facility is substantially compliant with this provision.

115.33 (d) – 1

The facility indicated, in their response to the PAQ, that inmate PREA education is available in formats accessible to all inmates, including those are limited English proficient. ED 72 says, in Section XI, B, §, (p.8), that offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 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. DAI Policy #:410.20.01 Inmate PREA Education says, in Section III, A, 1, 2 and 3, (p. 2-3), that inmates with disabilities or who have limited English proficiency shall be provided with access to interpreters or alternate formats to assist them with comprehension of the information. Identified by the policy as alternate formats of education are Spanish versions of the Inmate Handbook and the Handbook Addendum that provides contact information for emotional counseling, both of which were provided by the facility as examples, and Spanish and subtitled versions of the PREA education video, which Auditor verified are available on YouTube. There were no inmates, at the facility during the onsite phase of the audit who do not speak English or who have Limited English Proficiency.

115.33 (d) - 2

The facility indicated, in their response to the PAQ that inmate PREA education is available in formats accessible to all inmates, including those who are deaf. Presented as inmate education materials suitable for inmates who are deaf was the printed inmate handbook and a list of videos with subtitles that are available on YouTube, one of which Auditor viewed. There were no inmates at the facility, during the onsite phase of the audit, who are deaf or hard of hearing.

115.33 (d) - 3

The facility indicated, in their response to the PAQ, that inmate PREA education is available in formats accessible to all inmates, including those who are visually impaired. Auditor confirmed that the PREA video is narrated and delivers information in a manner suitable for inmates who are visually impaired. In addition, a Braille version of the inmate handbook is available, by request, from the agency's PREA office. Auditor viewed this Braille version at an earlier audit, of another facility, and PREA Director verified that it is still available. There were no inmates, at the facility during the onsite phase of the audit, who are visually impaired.

115.33 (d) – 4 and 5

The facility indicated, in their response to the PAQ, that PREA Information is available in written materials printed in both Spanish and English and on video with closed caption. Intake Staff verified that inmate PREA education materials given at intake are explained verbally and that orientation includes presentations given by multiple staff who ask appropriate questions to determine if inmates understood the information presented. There were no inmates at the facility, during the onsite phase of the audit, who are disabled. However, several inmates randomly chosen for interview said that inmates have the availability to have an appointment, on short notice, with a Social Worker, or Treatment Specialist, who will provide multiple services, including explaining PREA information.

A final analysis of the evidence indicates the facility is substantially compliant with this provision.

115.33 € - 1

The agency indicated, in their response to the PAQ, that they do maintain documentation of inmate participation in PREA education sessions on the Wisconsin Integrated Computerized System (WICS). Intake Staff document inmate receipt of intake materials there and Social Work staff document inmate participation in Orientation in the same manner. The facility presented three randomly chosen Acknowledgment of Receipt of/Access to Information Prison Rape Elimination Act (PREA) Education forms signed by inmates upon receipt of orientation. In addition, auditor asked staff to provide the same

documentation for inmates who were randomly chosen for interview during the audit and the staff complied. In interviews with randomly chosen inmates, all eight of them acknowledged that they had received information about the appropriate PREA education.

A final analysis of the evidence indicates the facility is substantially compliant with this provision.

115.33 (f) - 1

The facility indicated, in their response to the PAQ, that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. Auditors noted, during the site review, that information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, and on the back of every inmate's ID card. Auditors noted PREA posters near the telephones, in every housing unit, in the Dining Room, and in classrooms and other places that inmates frequent.

A final analysis of the evidence indicates the facility is substantially compliant with this provision.

Corrective Action.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.34	Specialized training: Investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 304 1026 331">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 362 1382 770" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72), Effective Date, 01/11/2016 c. Agency Investigation Training Outline d. Agency Investigation Training Module e. Agency Investigation Resource Guide f. List of Agency Trained Investigators 2. Interviews <ol style="list-style-type: none"> a. Investigative Staff <p data-bbox="240 860 483 887">Findings (By Provision):</p> <p data-bbox="240 918 379 945">115.34 (a) - 1</p> <p data-bbox="240 976 1485 1402">The facility indicated, in their response to the PAQ, that agency policy requires that investigators be trained in conducting sexual abuse investigations in confinement settings. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XI, A, 4, (p. 8), that 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 facility presented a copy of their investigator training module. Auditor reviewed the module and determined that it does cover investigation of sexual abuse allegations made in confinement settings. Two facility investigators were interviewed who confirmed receipt of training specific to conducting sexual abuse investigations in confinement settings. They said that the training they received was part of a 40-hour investigator training that devoted two days to specifically investigations of sexual abuse. Both of them verified that the training covered 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.</p> <p data-bbox="240 1433 1270 1460">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1550 347 1576">115.34 (b)</p> <p data-bbox="240 1585 1477 1841">The facility indicated, in their response to the PAQ, that the specialized investigative training they received includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administration action or prosecution referral. Auditor reviewed the training module provided by the facility. Unit 1, of the module, is entitled, "Sexual Abuse and Sexual Harassment in Confinement, " and it provides definitions, information on vulnerable populations, techniques for interviewing victims, evidence protocol, information on forensic examinations, evidentiary standard for administrative investigations, and proper use of Miranda and Garrity warnings. Investigative staff who were interviewed verified having received this training.</p> <p data-bbox="240 1872 1270 1899">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1989 432 2016">115.34 © - 1 and 2</p> <p data-bbox="240 2024 1489 2150">The facility indicated, in their response to the PAQ, that the agency maintains documentation showing that investigators have completed the required training. ED 72, in section XI, paragraph A, No. 4, (p.8), requires the agency to maintain documentation of the training completions. The facility provided a computerized database printout that the agency uses to ensure that investigators at the Milwaukee Women's Correctional Center have completed the appropriate training. The</p>

printout lists all investigators, for the agency, by institution. Auditor noted that the names of staff, at MWCC, who are tasked with conducting investigations of sexual abuse and sexual harassment are on the list of trained investigators.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.35	Specialized training: Medical and mental health care
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1386 703" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA), (ED 72), Effective Date 01/11/2016 c. Agency Healthcare Training Module d. Database Printout - PREA Healthcare Staff Training for Audits 2. Interviews <ol style="list-style-type: none"> a. Medical Health Staff b. Mental Health Staff <p data-bbox="240 792 477 819">Findings (By Provision)</p> <p data-bbox="240 851 379 878">115.35 (a) - 1</p> <p data-bbox="240 887 1485 1276">The facility indicated, in their response to the PAQ, that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in Section XI, A, 5, (p.8), requires all medical and mental health care practitioners, who work regularly in agency facilities, to be trained on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how, and to whom, to report allegations or suspicions of sexual abuse and sexual harassment. The facility submitted screenshots of the online module all Wisconsin Department of Corrections healthcare employees are required to complete upon hire and in yearly trainings. Understanding of the training is assessed, at the end of the module, in the form of a quiz. Receipt of the training is tracked electronically. Auditor reviewed the module and found that the training does cover the topics required by agency policy. The facility presented a database printout that lists medical and mental health staff who have received the training. Auditor determined that both medical and mental health staff, at the facility, have been properly trained.</p> <p data-bbox="240 1308 379 1335">115.35 (a) - 2</p> <p data-bbox="240 1344 1474 1536">The facility indicated, in their response to the PAQ, that one medical staff completed the required training and presented a computerized database printout verifying that. That person was interviewed and confirmed that she had completed the required training for health care workers. The facility's mental health staff include two Social Workers, two Treatment Specialists, a Program Supervisor, and a psychologist. The facility provided appropriate training records for all medical and mental health care staff. The facility Psychologist was interviewed, and she verified that she has received the appropriate training. She was well able to describe the components included in the training.</p> <p data-bbox="240 1568 384 1594">115.35 (a) – 3</p> <p data-bbox="240 1603 1469 1697">The facility indicated, in their response to the PAQ, that 100 percent of all medical and mental health care practitioners who work regularly at this facility have received the training required by agency policy. The facility presented documentation verifying that 100% of Health Care Staff, at the facility, have received the training required by agency policy.</p> <p data-bbox="240 1729 1270 1756">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1845 384 1872">115.35 (b) – 1</p> <p data-bbox="240 1881 1433 1935">The facility indicated, in their response to the PAQ, that the medical staff, at the facility do not conduct forensic medical exams. If a forensic exam is needed, the facility will transfer an inmate to Aurora Sinai Hospital for that service.</p> <p data-bbox="240 1966 1270 1993">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 2083 379 2110">1151.35 © - 1</p> <p data-bbox="240 2119 1430 2145">The facility indicated, in their response to the PAQ, that the agency maintains documentation showing that medical and</p>

mental health practitioners have completed the required training. Presented as documentation of appropriate staff training was a computerized database printout verifying that the one medical staff employed at the facility had received the proper training and that the two Social Workers, two Treatment Specialists and the Psychologist had all received the required training.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.35 (d) - 1

The facility indicated, in their response to the PAQ, that medical and mental health care practitioners also receive the training mandated for employees under 115.31 or for contractors and volunteers under 115.32. The facility presented training documentation that demonstrated that medical staff and treatment specialists receive training mandated for employees by 115.31.

115.35 (d) - 2

The facility has one contracted healthcare staff, a Nurse who is employed at the facility full-time. That person is required to complete the annual training that all staff complete and she is required to complete the PREA training for medical and mental health care staff. An interview with her verified that she has received both trainings, as required, and documentation provided by the facility confirmed that those trainings were completed.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72), Effective Date, 01/11/2016 c. Division of Adult Institutions (DAI) Policy #: 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization d. PREA Screening Tool – Adult Female Facility e. PREA Rescreening – Adult Female Facility f. WICS Screening Warning 2. Interviews <ol style="list-style-type: none"> a. Staff Responsible for Risk Screening b. Random Sample of Inmates c. PREA Director d. PREA Compliance Manager (PCM) <p>Findings: (By Provision)</p> <p>115.41 (a) - 1</p> <p>The facility indicated, in their response to the PAQ, that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 7), says, in Section XII, A, (p. 8), "Offenders shall be assessed during an initial screening within 72 hours of arrival at the facility, and again upon transfer to another facility, for risk of being sexually abused by other offenders or sexually abusive toward other offenders." Two staff who perform risk screening were interviewed, a psychologist and a social worker. The social worker indicated that she is the staff, at Milwaukee Women's Correctional Center (MWCC), who is primarily responsible for performing screening of inmates upon intake to the facility. The psychologist said that she acts as a backup screener for times when the primary screening staff is away from the facility. She estimated that she conducts approximately 5% of screening done at the facility. Both of them said that all inmates are screened, upon admission to the facility, within 72 of admission.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>115.41 (b) - 1</p> <p>The facility indicated, in their response to the PAQ, that the agency policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. DAI Policy# 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization says, in Section I, A, (p. 3), "inmates shall be screened within 72 hours of admission to any DAI facility for risk of being sexually abused by other inmates or sexually abusive towards other inmates." All of the inmates who were interviewed remembered having been screened, by staff, upon arrival at the facility. Some thought it had happened during intake and some thought it was part of orientation, but they all remembered it as having happened soon after their arrival at the facility.</p> <p>115.41 (b) – 2</p> <p>The facility indicates, in their response to the PAQ, that the number of inmates, whose length of stay at the facility was for 72 hours or more, and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility, within the past 12 months, was 102. The facility provided sample copies of risk screens and, upon Auditor's request, provided completed screens for inmates who were randomly chosen for interview. Auditors verified that their risk screening was completed within 72 hours of their admission to the facility. All 20 inmates who were interviewed said they were asked questions about things like whether they had ever been incarcerated before, whether they had ever been sexually abused, if they identified with being lesbian, bisexual or transgender, and if they felt safe at the facility. All of them recalled that interview having taken place soon after their arrival at the facility.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p>

115.41 c and d

The facility indicated, in their response to the PAQ, that the risk assessment is conducted using an objective screening tool. Submitted as documentation was Form DOC-2781A, dated 09/2017, entitled PREA Screening Tool Adult Female Facility.

The screening is divided into two sections. Section A involves an inmate interview to obtain information. Inmates are asked their age, height, weight, all questions that can be verified by the screener. Section A also includes questions about the inmates' own perception of themselves and their safety, including whether they consider themselves gay or bisexual, and if others think they are gay or bisexual, if they are transgender or have an intersex condition, if they have ever been the victim of unwanted or abusive sexual contact in the community, if they have ever been the victim of unwanted or abusive sexual contact while confined, if they have ever had sexual contact in confinement with someone without their consent or because they forced, coerced or threatened them, and if they have any concerns about their safety in this particular facility.

Section B, of the objective screening tool, is comprised of a records review. Staff review inmate records to answer questions regarding whether the inmate has a mental illness, developmental limitation or physical disability that might make them vulnerable in a confinement setting, if the inmate is serving a first prison sentence and has been confined for less than one year, if the inmate has any convictions for violent offenses or sexual offenses, if the inmate has a history of previous sexual victimization while confined or has ever been the perpetrator in a substantiated sexual abuse case while confined, and if the inmate has ever received a conduct report for either sexual assault, or physical assault, while confined. The assessment tool has at the top of the page, instructions to staff completing the screening. It tells them what information to read to inmates, as they conduct interviews with them. The tool has a scoring mechanism, based on inmate answers, which calculates an objective number score denoting the inmates' risk of victimization or abusiveness. The assessment tool is automated through the Wisconsin Integrated Corrections System (WICS), a computerized agency database. It asks all inmates the same questions and each response has a numeric value assigned to it. The numbers are totaled, for each part of the assessment, which allows a determination to be made if the offender is at risk of either victimization (ROV) or abusiveness (ROA).

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (e)

The facility indicated in their response to the PAQ, that the initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. The screening tool, and the completed screens reviewed by auditors, showed that the screening does ask, in section A, question 7, if the inmate has ever had sexual contact in confinement with someone without their consent or because the inmate forced, coerced or threatened them. Section B, the Record Review section, asks, in question 3, if the inmate has had any convictions for violent offenses, in question 4 if the inmate has had any convictions for sexual offenses, and, in question 6, if the inmate has ever been the perpetrator in a substantiated sexual abuse case while confined or if the inmate ever received a conduct report for sexual assault while confined.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (f) - 1

The facility indicated, in their response to the PAQ, that agency policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. ED 72 requires, in Section XII, D, (p. 8), that, in addition to the initial screening, within 30 days of arrival, the facility will reassess inmates' risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the initial screening was completed. DAI Policy#: 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization requires, in Section I, B, that, within 30 days of admission, inmates shall be rescreened to determine if additional, relevant risk factors are present. The risk screening instrument includes the 30-day reassessment on the same form for ease of conducting the reassessment, with the previous information at the ready, to enable staff to easily note any changes. The Social Worker who was interviewed said, and auditor confirmed, that most of the reassessments are conducted somewhat earlier than at 30 days. Of the 15 screens that were reviewed, all of them demonstrated that the reassessment was conducted within 30 days of the initial screening.

115.41 (f) - 2

The facility indicated, in their response to the PAQ, that the number of inmates entering the facility within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake is 86. Three of the 20 inmates interviewed said they did not recall being asked these questions a second time.

The vast majority of them did remember being asked these questions a second time and said they were asked by the social worker.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (g)

The facility indicated, in their response to the PAQ, that the policy requires that an inmate's risk level be reassessed 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. ED 72 says, in Section XII, D, (p. 8) that after the initial and follow-up screens are completed, an offender's risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. DAI Policy #: 410.30.01 says, in Section I, C, (p. 3), "an inmate may be referred for a follow-up rescreening by any staff member if and when:

1. The inmate is the alleged victim or suspect of sexual abuse;
2. The inmate discloses identification as lesbian, gay, bisexual, transgender or intersex and their identification was not revealed during the last screening;
3. The inmate discloses a past unwanted or abusive sexual experience(s) while confined and the experience(s) was not revealed during the last screening;
4. The inmate requests a rescreening;
5. The inmate is referred for a rescreening by facility staff; or
6. Additional information is received that bears on an inmate's risk of sexual victimization or abusiveness."

The facility provided a sample rescreening example showing that an inmate was rescreened after she made an allegation of sexual abuse.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (h)

The facility indicated, in their response to the PAQ, that agency policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability. ED 72, in Section XII, A, (p. 8), states that offenders will not be disciplined for refusing to answer or for failing to disclose information regarding the assessment questions. In addition, the screening instrument itself includes a paragraph that staff conducting the screening are required to read to the inmate being interviewed. Included in those statements is one that informs inmates that they are not required to answer any of the questions, and that, if they wish, they may answer some, but not all the questions. Staff who were interviewed verified that inmates are not disciplined, in any way, for refusing to respond to, or for not disclosing complete information related to any of the questions. Of the 20 total inmates who were interviewed, all of them were aware that they would not be disciplined for refusing to answer questions or for not disclosing complete information.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (i)

The facility indicated, in their response to the PAQ, that the agency has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. ED 72, in Section XII, F, (p. 9), requires appropriate controls to be placed on the dissemination of information gleaned in initial and follow-up screenings of inmates to ensure that sensitive information is not exploited to the offender's detriment by employees or other offenders. It limits any information related to sexual victimization or abusiveness occurring in an institutional setting to medical and mental health practitioners and to other employees, as necessary, to make housing, program, and work assignments, or as otherwise required by law. The PREA Director said, in an interview, "we have a risk screening policy and in that it indicates that only those who have a need to know have access. Our technology group controls information in our inmate record keeping data base. There is a screen people have to pass through to get to actual raw data. People are reminded that if they are going to proceed, they have to have a need to know, and we can query reports to see if people are actually those who need to know. We don't limit the sharing of who is at risk of vulnerability of abusiveness. We include that in their special handling within WICS, so they know if someone falls into one of those particular categories but their answers to those specific questions is protected." The facility PREA Compliance Manager, when asked who has access to an inmate's risk assessment within the facility, said, "it's all within WICS system and the role you play at the center. I have full access as Superintendent and PCM. It's basically limited to people who need to know." The facility submitted, as evidence, a screen shot of the warning that anyone attempting to access intake screens, on WICS, will see and must agree to, in order to

proceed with their query. The warning tells anyone attempting to access the information that the information is sensitive, private, highly confidential and may include protected health information. It also says that the information must only be accessed if there is a valid business reason and informs the user that selecting, "Agree" affirms that they have a valid business reason to view the information and that they agree to the terms of use.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1489 1016" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72), Effective Date 01/11/2016 c. Division of Adult Institutions (DAI) Policy#: 325.00.04 Inmate Drivers – Licensed Vehicles, Effective Date, 06/07/2021 d. DAI Policy#: 306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization, Effective Date, 11/01/2017 e. Special Handling Summary, Risk Screen Housing Example f. Department of Corrections (DOC), DOC-2570, Inmate Office Review, (Blank) Dated 10/2019 g. Completed DOC-2570 forms h. DAI Policy #: 500.70.27 Transgender Inmates, Effective Date, 07/19/2021 2. Interviews <ol style="list-style-type: none"> a. PREA Compliance Manger b. Staff Responsible Risk Screening c. Transgender/Intersex Inmates d. PREA Coordinator 3. Site Review Observations <ol style="list-style-type: none"> a. Shower Stalls <p data-bbox="240 1111 483 1137">Findings: (By Provision)</p> <p data-bbox="240 1171 347 1198">115.42 (a)</p> <p data-bbox="240 1205 1477 1626">The facility indicated, in their response to the PAQ, that the agency/facility uses information from the risk screening required by Standard 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72), in Section XIII, A, (p. 10), requires that information obtained from the initial, or follow up screening, be used to inform housing, bed, work, education and programming assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Two staff who conduct risk screening verified, in onsite interviews, that the WICS computer program will not allow them to assign inmates who are at risk of victimization and risk of abusiveness in the same room. The facility submitted, as evidence, a sample Special Handling Summary used to determine bed assignment for an inmate who, in this case, is considered a PREA risk. This is a computer-generated form that identifies that the inmate named on the form requires a particular bed assignment based on their PREA risk, in this case, risk of victimization. . Two staff who participate in risk screening verified that WICS will not allow the assigning of inmates, into the same room, who have incompatible risk screening scores.</p> <p data-bbox="240 1659 1493 1888">In an interview onsite, the PCM said that the facility mainly uses information from risk screening for housing/bed assignments. She said, "the computer will not allow us to place ROA and ROV together." She went on to say, "roommate housing is the biggest thing, and we look at job placements as well. We have a camera in the vehicles, and I would not place an ROA as a driver. Using off-site reviews, we review inmates if they are work release and eligible for work in the community, within 30 days of arriving here. If they are going into programming like community services, we have to approve if they can go out into the community without staff supervision. We do this before they go into the community and we can pull them back, if necessary, without having to do another review."</p> <p data-bbox="240 1921 1489 2145">Division of Adult Institutions (DAI) Policy #: 325.00.04 Inmate Drivers – Licensed Vehicles, in Section II, E, (p. 2), identifies that, "potential victim issues, including an inmate's risk of sexual abusiveness as determined by the PREA risk screening tool," be part of the criteria used when screening inmates for whether they are appropriate for consideration as an authorized operator of State-owned vehicles." The same policy, in Section III, 3, (p. 3), says that to be considered to operate State owned vehicles, inmates must, "be categorized, based upon the PREA risk screening tool, as having no risk or, if anything, a risk of victimization." It goes on to say, " If an inmate who has a risk of abusiveness is the best candidate to operate a state vehicle, the facility shall document the ways in which potential risk to others will be mitigated. Unsupervised contact between</p>

those at risk of abusiveness and those at risk of victimization in DOC property is prohibited.” Auditors also noted, in their review of the facility, that camera coverage, in the small facility, is excellent and that classrooms, and program rooms, have either a camera in the room or large windows into the classrooms for adequate supervision.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (b)

The facility indicated, in their response to the PAQ, that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. Agency policy, ED 72, requires, in Section XIII, A, (p.10), that individualized determinations be made regarding the safety of each inmate, using information obtained from the initial or follow-up screening. The staff uses information from risk screening to make housing assignments, as demonstrated by the facility PREA Compliance Manager (PCM) and Control Center staff. In addition, individual decisions regarding programming are made for each inmate, and information from risk screening is considered when making job assignments. The PCM said that each inmate is reviewed before being assigned to a job so that inmates at high risk of victimization and inmates at risk of being abusive will not be assigned together and will not be transported to a work site, in the same van, at the same time. The facility submitted form DOC-2570 Inmate Offsite Review, used to determine the inmate's appropriateness for a specific job assignment. The PCM said that the reviews are conducted prior to making the job assignment and Auditor noted that one of the requirements, listed on the form, is a review of the inmate's, "PREA status." The facility also submitted two completed DOC 2570 forms, for inmates who were being considered for offsite activity.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (c)

The facility indicated, in their response to the PAQ, that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. ED 72, in section XIII, paragraph E, No. 2, (p. 11) requires staff to consider on a case-by-case basis, housing and programming assignments for transgender or intersex offenders. The placement should be one that ensures the offender's health and safety and whether the placement would present management or security problems. DAI Policy # 500.70.27, Transgender Inmates, requires, in Section II, B, (p. 3), that facility and housing assignments, for transgender and intersex inmates, be made on a case-by-case basis considering the inmate's health and safety as well as potential programming, management and security concerns. It also requires that an inmate's own views regarding safety shall be given careful consideration. The facility currently houses one transgender inmate. That inmate was interviewed, and said that he was asked for his input, regarding where he should be placed at both intake into the DOC system, and at the facility. He said that he felt his own views regarding safety were carefully considered by staff in making his housing and bed assignment, and that he was asked if he felt safe in his current facility and bed assignment. Auditor who interviewed him also asked if he feels safe, where he is, and he confirmed that he does. He also said, and staff confirmed, that he has the ability to meet with a psychologist at least every two weeks, if he chooses to discuss his personal safety. The facility submitted the DOC-2570 used to determine the transgender inmates housing, program and work assignments.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (d)

The facility indicated, in their response to the PAQ, that placement and programming assignments for each transgender or intersex inmate are to be reassessed at least twice each year to review any threats to safety experienced by the inmate. The facility submitted a DOC-2570 form, used to review the inmate's placement programming assignments, for the one transgender inmate housed at the facility. The information reveals that the inmate has only been at the facility since June of 2021, thus, a second review is not due until December 2021. However, the staff Psychologist, verified in an onsite interview, that she maintains continued contact, at least twice monthly if the inmate requests it, and reassesses housing, programming and work assignments of all inmates regularly. The one transgender inmate housed at the facility verified that he has regular access to meetings with mental health staff, most often upon request.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (e)

The facility indicated, in their response to the PAQ, that a transgender or intersex inmate's own views with respect to his or her own safety are given serious consideration when making facility and housing placement decisions and programming assignments. ED 72, in Section XIII, E, 2, (p.11) requires staff to give serious consideration of the transgender or intersex

offender's view of their own safety with respect to housing, programming and job assignments. The one transgender inmate currently housed at the facility was interviewed and said that he has ready access to meetings with psychological staff, that he was interviewed by psychological staff and asked about his views of his own safety, and that he feels confident his views were given serious consideration when his housing assignment was made. He also said he feels safe in his current housing situation.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (f)

The facility indicated, in the response to the PAQ, that transgender and intersex inmates are given the opportunity to shower separately from other inmates. All the inmate showers, at the facility, are individual shower stalls with shower curtains, so all inmates can shower separately. There are no communal shower rooms at the facility. In addition, the PCM explained that inmates felt that the shower curtains did not always provide adequate privacy so two shower curtains were hung at each shower stall, to provide adequate coverage and privacy for inmates. Auditors noted this during the onsite review of the facility. The transgender inmate, in an interview, said he has no problem showering separately from other inmates because all the showers are individual stalls and he also said that he was told that he could shower at a time when other inmates are not allowed to shower, if he chooses to do that.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (g)

The facility indicated, in their response to the PAQ, that the agency does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates. Agency policy requires, in section XIII, paragraph E, no. 1, (p. 11), that lesbian, gay, bisexual, transgender or intersex offenders shall not be placed in dedicated facilities, wings or unit solely on the basis of such identification or status. The Milwaukee Women's Correctional Facility (MWCC) does not have dedicated housing units, or wings, for housing gay, bisexual, transgender or intersex inmates. Both the PREA Director, and the PCM, confirmed in interviews, that the facility is not subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The agency PREA Director said, in an interview conducted by telephone, "We make case by case determinations as to where the most appropriate location is but we're lacking because we haven't made the decision to house in accordance with gender identity. We are in the throes of that right now and my goal is to have a policy and procedure in place." The one transgender inmate housed at the facility said that he was asked about his own views about his safety and that he meets with psychological staff regularly to discuss his placement. He feels safe in his current housing situation.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.43	Protective Custody
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72) Effective Date 01/11/2016 b. Division of Adult Institutions (DAI) Policy# 401.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization c. DAI Policy #: 306.05.01 Protective Confinement, Effective Date 07/01/2018 d. Form DOC-30 Review of Inmate in Restrictive Housing, Dated 02/2019 2. Interviews <ol style="list-style-type: none"> a. Superintendent 3. Site Review Observations <ol style="list-style-type: none"> a. Short-term Holding Cell <p>Findings: (By Provision):</p> <p>115.43 (a) – 1</p> <p>The facility indicated, in their response to the PAQ, that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72), in Section XIII, B, 1 (p. 10), says that offenders at high risk for sexual victimization shall not be separated from the general population unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. It also says that if an assessment cannot be conducted immediately, the facility may separate the offender involuntarily from the general population for less than 24 hours while completing the assessment. DAI policy #306.00.72 Screening for Risk of Abusiveness and Risk of Victimization says, in Section II, I, (p. 4), that inmates at high risk of victimization will not be involuntarily separated from the general population unless an assessment of all viable alternatives has been made and none have been identified. The facility superintendent was interviewed and verified that inmates at risk of victimization will not be involuntarily separated from the general population. During the onsite review of the facility, the superintendent said that the facility does not have a segregation unit. Auditors were shown to a temporary holding cell where, according to the superintendent, an inmate could be housed while awaiting a transfer to another facility, for four hours or less. She also said that instead of placing an inmate in segregated housing, she could make housing unit changes, move them around in the facility or to different wings so that they could not mingle in the bathrooms or hallways and keep them separate that way. The holding cell was located right beside the Control Center and there is a view from the Control Center into the holding cell for supervision and security purposes. An inmate housed in this cell will be brought out by staff to use the bathroom.</p> <p>115.43 (a) – 2</p> <p>The facility indicated, in their response to the PAQ, that the number of inmates who were separated from the general population involuntarily, in the past 12 months, was zero. The superintendent verified this during the onsite review of the facility.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>115.43 (b) - 1</p> <p>The facility indicated, in their response to the PAQ, that inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations. Executive Directive #72, in Section XIII, B, (p.10) identifies that if an inmate is involuntarily segregated from the general population they will have access to programs, privileges, education or work opportunities to the extent possible and that if the facility does find it necessary to limit access to these</p>	

things, for safety reasons, they will document the opportunities limited and the reason. There is no segregated housing unit at the facility.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

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

The facility indicated, in their response to the PAQ, that in the past 12 months, the number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while waiting alternative placement was zero. The facility does not have a segregation housing unit. The facility is a small facility that operates as a Correctional Center. Inmates housed there are there to be involved in work opportunities in the local community or in the Earned Release Program. Many of them are within a short time period of being released and are either minimum or medium security.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1032 297">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="240 331 852 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="240 365 531 392">a. Agency Inmate Handbook <li data-bbox="240 398 616 425">b. Agency Inmate Handbook Spanish <li data-bbox="240 432 1402 459">c. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), Effective Date 01/11/2016 <li data-bbox="240 465 541 492">d. Agency Third Party Poster <li data-bbox="240 499 501 526">e. PREA Posters English <li data-bbox="240 533 501 560">f. PREA Posters Spanish <li data-bbox="240 645 379 672">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="240 678 517 705">a. Random Sample of Staff <li data-bbox="240 712 549 739">b. Random Sample of Inmates <li data-bbox="240 745 628 772">c. PREA Compliance Manager (PCM) <li data-bbox="240 857 528 884">3. Site Review Observations <ol style="list-style-type: none"> <li data-bbox="240 891 855 918">a. PREA signage throughout the facility English and Spanish <p data-bbox="240 1066 483 1093">Findings (By Provision):</p> <p data-bbox="240 1126 347 1153">115.51 (a)</p> <p data-bbox="240 1160 1485 1384">The facility indicated, in their response to the PAQ, that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72), in Section XIV, A, (p.11), says that the agency will provide multiple ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="240 1417 1485 1608">The agency provided, copies of handbooks that are given to inmates, printed in both English and Spanish, which contain the reporting information on page 10. Reporting methods outlined there include to tell any staff person, send a request to any staff person, call the PREA reporting hotline, tell a family member, friend or outside support person so they can report on the inmate's behalf, file a complaint, or contact local law enforcement. On page 11, the handbook tells inmates that they can dial #777 to make a report, without using their PIN, to someone inside the DOC. The handbook identifies this as a hotline number that is only monitored during business hours so, if they prefer not to tell a staff, there will be a delay in responding.</p> <p data-bbox="240 1619 1485 2112">They also provided copies of postings, in English and Spanish, which are made available to inmates in the facility, and identify the multiple ways they can report an incident of sexual abuse or sexual harassment. Information on the posters tells inmates that they can tell any staff person, report in writing, to any staff person, that they can call #777, an internal reporting line that does not require an inmate PIN, they can file a grievance, report to a family member, friend or support person who can report for them, or they can report by writing to local law enforcement. Auditors saw these postings, in numerous places throughout the facility. In the housing units they were appropriately posted near the telephones so that the numbers are readily available to anyone needing to make a telephone call to report an incident. All 20 of the inmates who were interviewed, during the onsite portion of the audit, were easily able to articulate how they could make a report of sexual abuse or sexual harassment. All of them were familiar with the reporting line, #777, the other methods of reporting, that inmates can report, to any staff, verbally or in writing, that they can report to a friend, or family member, who can report for them, that they can file a grievance or write to local law enforcement. Auditors tested telephones, in the housing units and in other locations in the facility and were able to access the reporting services identified on the posters. The agency PREA Director provided feedback showing that the calls had been received and reported appropriately. All 12 of the random staff who were interviewed were familiar with the #777 number and identified that it was available to inmates to make reports of sexual abuse and sexual harassment.</p>

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.51 (b) - 1

The facility indicated, in their response to the PAQ, that the agency provides 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. ED 72, in Section XIV, A, requires the agency to provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. The agency provided, copies of handbooks that are given to inmates, printed in both English and Spanish, which contain the reporting information. The handbook, on page 11, outlines how to use the #888 number. It tells inmates that they can dial #888 if they choose to remain anonymous and that they do not need to use their PIN. It also tells them that this is a hotline that is monitored by an agency outside of DOC but that the report will be sent back to the agency. The facility provided copies of postings, in English and Spanish, which are made available to inmates in the facility, that identify how they can report an incident of sexual abuse or sexual harassment, to an outside agency.

Information on the posters tells inmates that they can call #888, an external reporting line that does not require an inmate PIN. Auditors saw these postings, in numerous places throughout the facility, printed in both English and Spanish. In the housing units they were appropriately posted near the telephones so that the numbers are readily available to anyone needing to make a telephone call to report an incident. All of the inmates who were interviewed, during the onsite portion of the audit, were easily able to articulate how they could make a report of sexual abuse or sexual harassment to an entity, or office that is not part of the agency. All of them were familiar with the reporting line, #888. Auditors tested telephones, in the housing units and in other locations in the facility and were able to access the reporting services identified on the posters. The agency PREA Director provided feedback showing that the calls had been received and reported appropriately. All 12 of the random staff who were interviewed were familiar with the #888 number and identified that it was available to inmates to make reports of sexual abuse and sexual harassment to an entity that is not part of the agency.

115.51 (b) - 2

The agency indicated, in their response to the PAQ, that the Wisconsin Department of Corrections does not detain inmates solely for civil immigration purposes. They also provided a printout, from the official website of the Department of Homeland Security, which shows how Detention Facilities can be located.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.51 © 1 and 2

The facility indicated, in their response to the PAQ, that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. ED 72, in Section XIV, C, 1, (p.11) says that employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports; and immediately report. The facility submitted a copy of an Incident Report used to report an allegation of sexual abuse as an example of how reports are documented. All 12 of the random staff who were interviewed were well aware that inmates can report an incident of sexual abuse or sexual harassment verbally, in writing, anonymously and from third parties. All of them said they would treat all allegations the same, regardless of how they were reported, that they would immediately report all allegations to their supervisor and document them in an Incident Report. All 20 inmates, who were interviewed, acknowledged that they were aware they could make reports to staff, either in person or in writing, and that they could have a friend or relative make the report for them.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.51 (d) 1 and 2

The facility indicated, in their response to the PAQ, that the agency provides a method for staff to privately report sexual abuse and asexual harassment of inmates. Section XIV C, 3, (p.12) of ED 72, identifies that the agency shall provide a method for employees to privately report sexual abuse and sexual harassment of offenders. The facility identified on the PAQ, that staff are informed of this in ED 72 which they are required to read and sign indicating that they have read, and understood, the ED. The facility provided copies of form DOC-1558, Statement of Acknowledgment, requested by the Auditor, for staff who were interviewed. The form identifies that employees of the DOC are required to read, understand and abide by all DOC policies and procedures. The form includes a checklist of Executive Directives, including Executive Directive 72, and check boxes indicating that they have read, and understand, all the policies that they have checked boxes for. The employee's signature is required on the bottom of the form and employees are instructed to submit the signed statement to the Human Resources office to be kept permanently in their personnel/staff file. All 12 staff who were randomly chosen for interview were aware of ways to privately report sexual abuse and sexual harassment of inmates. They said that

they would report directly to the Warden, to the Security Director, or to the PREA Director in Madison.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.52	Exhaustion of administrative remedies
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1490 703" style="list-style-type: none"> <li data-bbox="240 331 852 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 362 1490 555" style="list-style-type: none"> <li data-bbox="240 362 512 389">a. Pre-Audit Questionnaire <li data-bbox="240 394 1437 456">b. Division of Adult Institutions (DAI) Policy #: 310.00.01 Inmate Complaints Regarding Staff Misconduct, Effective Date, 04/01/2018 <li data-bbox="240 461 1107 488">c. Agency Administrative Code Chapter 310 Complaint Procedures, Dated March 2018 <li data-bbox="240 492 1490 519">d. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72), Effective date, 01/11/2016 <li data-bbox="240 524 448 551">e. Inmate Handbook <li data-bbox="240 645 371 672">2. Interviews <ol data-bbox="240 676 647 703" style="list-style-type: none"> <li data-bbox="240 676 647 703">a. Inmate who Reported a Sexual Abuse <p data-bbox="240 792 483 819">Findings (By Provision):</p> <p data-bbox="240 909 347 936">115.52 (a)</p> <p data-bbox="240 940 1490 1469">The facility indicated, in their response to the PAQ, that the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse by saying that, "all inmates may report sexual abuse or sexual harassment through the grievance process. However, all complaints alleging sexual abuse or sexual harassment are routed to facility leadership for review and action; the administrative complaint process stops." Wisconsin State Statute, Chapter DOC 310, requires that inmates in institutions be afforded a process by which grievances may be, "expeditiously raised, investigated, and decided." In DOC 310.08, PREA Complaint Procedure, the statute says that complaints filed under this section will be referred for a PREA investigation and that DOC policy must address the requirements that investigations regarding allegations of sexual abuse or sexual harassment be completed within established time frames. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72), Section XV, (p.12), says that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System shall be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. Division of Adult Institutions (DAI) Policy #310.00.01 Inmate Complaints Regarding Staff Misconduct outlines the agency procedure for processing administrative complaints regarding staff misconduct by saying, in Section 1, A, (p.1), that such complaints will be handled according to the provisions of ED 72 to ensure an investigation by facility or law enforcement is not impeded. Paragraph B identifies that if an inmate alleges staff sexual misconduct, the Inmate Complaint Examiner shall not interview the complaining inmate, or anyone else, but instead shall immediately refer the complaint to the Warden/designee to ensure processing in compliance with ED 72.</p> <p data-bbox="240 1500 1265 1527">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1617 432 1644">115.52 (b) 1 and 2</p> <p data-bbox="240 1648 1490 1944">The facility indicated, in their response to the PAQ, that agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Agency policy, ED 72, in Section XI, A, (p. 12) says that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System will be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. The policy requires that time limits not be imposed on when an offender may submit a complaint regarding an allegation of sexual abuse or sexual harassment. The facility indicated, in their response to the PAQ, that agency policy does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. ED 72 says, in paragraph B, that the complaint process shall not include a mandatory informal resolution requirement.</p> <p data-bbox="240 1975 1265 2002">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 2092 395 2119">5.52 © 1 and 2</p> <p data-bbox="240 2123 1442 2150">The facility indicated, in their response to the PAQ, that the agency's policy and procedure allows an inmate to submit a</p>

grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. ED 72 says, in Section XI, C, (p. 12), that offenders who allege sexual abuse or sexual harassment may submit a complaint without submitting it to an employee who is the subject of the complaint and that such a complaint is not referred to an employee who is the subject of the complaint. Agency Administrative Code Chapter 310, in Section 310.08 PREA complaint procedure, (p.2), identifies that, "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. The inmate may use an alternative method of filing, including submission of the complaint directly to the warden."

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.52 (d) -1

The facility indicated, in their response to the PAQ, that the agency's policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. ED 72 requires, in Section XV, (p. 12), that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint System be immediately redirected and referred for sexual abuse and/or sexual harassment investigation and that inmates 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.

115.52 (d) - 3, 4, 5, 6, and 7

The facility indicated, in their response to the PAQ, that there were no grievances filed, in the past 12 months, that alleged sexual abuse.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.52 (e) 1

The facility indicated, in their response to the PAQ, that agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. ED 72, in Section XV, D, (p. 13), says that third parties, including fellow offenders, employees, family members, attorneys and outside advocates, shall be permitted to assist an offender in filing complaints related to allegations of sexual abuse or sexual harassment and that any such complaint filed is treated the same way that any other report of sexual abuse is treated and is immediately referred for investigation. The facility reports that there were no grievances filed, in the past 12 months, that alleged sexual abuse.

115.52 € -

The facility indicated, in their response to the PAQ, that agency policy and procedure requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. Although agency policy does not actually make that requirement, the PREA Director explained that if the third-party complaint is to continue through the complaint system, the agency may request that the alleged victim agree for the complaint to continue being processed, and, if the inmate doesn't want the grievance to be processed, then the decision to decline processing would be documented. She went on to say, "regardless of the source, all allegations of sexual misconduct are removed from our grievance system and routed for immediate action. We don't give a victim the opportunity to say, "no thanks, I don't want Inmate Smith's grievance on my behalf to continue any farther." It will continue in our system until it's remedied/investigated.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.52 (f) – 1 - 6

The facility indicated, in their response to the PAQ, that the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse and that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. ED 72, in Section XV, E (p.13), says that if an offender believes that he or she is subject to a substantial risk of imminent sexual abuse, they can report that to any employee who is not the subject of the allegation. Staff are then required to forward that report immediately to facility leadership for immediate corrective action. Paragraph E goes on to say that facility leadership will provide an initial response within 48 hours and issue a final decision within 5 days. The facility indicated, in their response to the PAQ, that the number of emergency grievances alleging substantial risk of

imminent sexual abuse that were filed in the past 12 months is zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

15.52 (g) – 1 and 2

The facility indicated, in their response to the PAQ, that the agency does have a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. Agency policy, ED 72, in Section XV, F, (p. 13) says that the DOC may discipline an offender for a complaint filed alleging sexual abuse or sexual harassment only where the agency can demonstrate that the complaint was filed in bad faith. Likewise, Agency Administrative Code Chapter 310, in Section 310.08, 6, says, "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." The facility indicated, in their response to the PAQ, that the number of inmate grievances received alleging sexual abuse that resulted in the agency bringing disciplinary action against an inmate, for having filed a complaint in bad faith, in the past 12 months, was zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Form DOC-2937S Advocacy Request Form Spanish c. Form DOC -2937 Advocacy Request Form English d. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), Effective Date 01/11/2016 e. POC-0041B Sexual Abuse Handbook Addendum PREA f. PREA Posters – How to Report g. Milwaukee Women’s Correctional Center (MWCC) Handbook 2021 h. MWCC PREA Posters English i. MWCC PREA Posters Spanish j. Memorandum of Understanding (MOU) Between Wisconsin Department of Corrections (WDOC) and Aurora Health Care Metro 2. Interviews <ol style="list-style-type: none"> a. Random Sample of Inmates b. Inmates who Reported a Sexual Abuse c. Facility PREA Compliance Manager (PCM) <p>Findings (By Provision):</p> <p>115.53(a) – 1 and 2</p> <p>The facility indicated, in their response to the PAQ, that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. Agency policy, ED 72, in Section XVI, B, 5, (p. 14), identifies that the facility will provide offenders with access to outside victim advocates and that the agency will maintain, or attempt to enter into, a memorandum of understanding, with such an agency that will provide emotional support services related to sexual abuse, for inmates at the facility. The facility provided a copy of an MOU between the facility and Aurora Health Care Metro, Inc., in the city of Milwaukee.</p> <p>The facility provided a copy of the inmate handbook addendum, POC-41B, that provides information about Aurora Healthcare Metro, Inc. It also gives a mailing address for the agency and tells inmates that they can reach a victim advocate by dialing #999 on the telephones in the facility. The facility provided copies of these forms in both English and Spanish.</p> <p>The facility also provided a copy of a poster that tells inmates that Aurora Healthcare Metro, Inc. services are available to provide emotional support services related to sexual abuse. The posting provides the name of the agency, and contact information, the #999 phone number and a mailing address, and informs inmates that their PIN is not needed to make the call and that the calls are not monitored or recorded. Auditors noted this signage, throughout the facility, during the onsite review of the facility. All but one of all the inmates interviewed said they were aware of the signage and knew that a victim advocate was available to them. An inmate who had reported a sexual abuse was interviewed and she also was aware of the availability of a victim advocate and knew that the contact information was on the posters. Auditors called #999, from telephones in the Housing Units, and asked the advocacy agency to send an e-mail verifying that they had received the calls. Auditor did receive the requested e-mails from the advocacy service verifying that the calls were received. Auditor interviewed staff at Aurora Health Care Metro, Inc, who confirmed that the agency does have an MOU with the Milwaukee Women’s Correctional Center to provide advocacy services and emotional counseling. She said that the agency provides this service for a number of correctional agencies, in the City of Milwaukee, and that she does not believe they receive a very large number of calls from MWCC.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>115.53 (a) – 3</p> <p>The facility indicated, in their response to the PAQ, that they do not provide inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration because they do not detain inmates solely for immigrations</p>

purposes.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.53 (a) - 4

The facility indicated, in their response to the PAQ, that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. Auditors noted that there are posters located beside the inmate telephones so that inmates can make these calls without having to copy the contact information on a piece of paper, but will have it readily available, by the telephone, if they need to make such a call. The facility PREA Compliance Manager (PCM) said, in an interview conducted onsite, "inmates can use a private phone to make that call, and the Victim Services Coordinator, or the Psychologist, would also allow that call to be made from their office for privacy."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.53 (b) - 1

The facility indicated, in their response to the PAQ, that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. Form , POC-41B Sexual Abuse in Confinement, A Resource for Offenders, includes information telling the inmate that every effort will be made to keep their communications with the advocacy agency confidential, that their PIN is not required to make this call, and that the calls are not monitored or recorded. It does identify that written correspondence may be opened or inspected and may be read with the written approval of the agency security director. It also identifies that in person communication will be arranged in as private and confidential a manner as possible. PREA posters, placed throughout the facility, inform the prisoner that a PIN is not needed to call the #999 Crisis Hotline number, that the calls are not recorded or monitored, and that written correspondence may be opened or inspected and may be read with the written approval of the Security Director. Auditors reviewed the handbook addendum and the posters placed throughout the facility during the onsite review of the facility.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.53 (b) – 2

The facility indicated, in their response to the PAQ, that the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. Agency policy, ED 72 says, in Section XVI, B, 5, (p. 14), that 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. However, the PREA Director said, when asked for documentation of the facility informing inmates of the limits of confidentiality before giving access to outside support services that, In the State of Wisconsin, sexual abuse advocates are not mandatory reporters so the facility does not identify them as such to inmates and leaves it to the SASP to have that discussion with inmates seeking their services.

The MOU between the DOC and Aurora Health Care Metro, Inc., outlines, in Section II, C, 2, (p.2), that, "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." In an interview with the service provider at Aurora Health Care Metro, Inc., the advocate said that limits to confidentiality are discussed with inmates prior to providing services. She said they discuss, with the inmate, topics that include threats of self-harm or harm to others and the limitations to confidentiality related to these topics.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.53 © - 1 and 2

The facility indicated, in their response to the PAQ, that the agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse. The facility reports that they have entered into an MOU with a local advocacy agency, Aurora Healthcare Metro, Inc, and provided a copy of the MOU. The MOU outlines the scope of the agreement and the terms of service. The advocacy agency agreed to provide an advocate to accompany and support victims of sexual abuse through a forensic medical examination and investigative interviews if requested by the victim, provide emotional support services to

victims of sexual abuse, obtain consent and a release of information from the victim before reporting an incident of sexual abuse, work with designated DOC officials to obtain security clearance (if needed) for the advocates to provide services, to participate in an inmate orientation and to tour the facility. Auditor interviewed the advocacy staff at Aurora Health Care Metro, Inc., via telephone during the pre-onsite phase of the audit. Staff there said that the agency provides a 24/7hotline for inmates to call for emotional support and advocacy, and that staff are trained as advocates to respond in person or over the phone. She reported that few calls are received from the MWCC.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.54	Third-party reporting
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 1484 819" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), Effective Date 01/11/2016 c. Agency Website d. Third-Party Posters 2. Interviews <ol style="list-style-type: none"> a. Random Sample of Staff b. Random Sample of Inmates 3. Site Review Observations <ol style="list-style-type: none"> a. Third-Party Posters <p data-bbox="242 907 483 936">Findings (By Provision):</p> <p data-bbox="242 965 430 994">115.54 (a) 1 and 2</p> <p data-bbox="242 999 1493 1563">The facility indicated, in their response to the PAQ, that the facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. ED 72 identifies, in Section XIV, B, (p.11), that the DOC shall provide a method for third parties to report sexual abuse and sexual harassment on behalf of an offender. It also requires that information on how to report sexual abuse and sexual harassment on behalf of an offender be posted publicly. The facility submitted, as evidence, an Agency Third Party poster that lists ways to report on behalf of an inmate. Identified as ways to make a third-party report are, tell any staff person, make a report on the agency's website, www.doc.wi.gov and click on Prison Rape Elimination Act, or to contact local law enforcement. Auditor reviewed the agency web site and found information explaining how to make a third-party report on behalf of an inmate. To notify DOC on behalf of an inmate or youth, a third-party may report by email and are asked to include as much information as possible, such as, full name of victim, date of birth of victim, DOC inmate number of victim, facility in which the incident occurred, a description of the incident, any suspect information available and the reporter's contact information if they wish to be contacted regarding the allegation. Auditors noted the Third-Party posters, during the onsite review of the facility, posted in areas where visitors could easily view them, such as the main entrance to the facility and the visiting room. All staff who were randomly selected for interview said, in interviews conducted onsite, that they were aware that inmates could call a family member, or a friend, and have them report an incident of sexual abuse for them. They also said they believed a allegation made that way would be taken seriously and would be investigated in the same manner any other report would be. Inmates who were interviewed were also aware that they could have a third-party make a report of sexual abuse for them if they chose not to report it themselves.</p> <p data-bbox="242 1592 1270 1621">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="242 1709 416 1738">Corrective Action</p> <p data-bbox="242 1742 1474 1798">A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no correction action to take.</p>

115.61	Staff and agency reporting duties
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1484 672" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), Effective Date 01/11/2016 2. Interviews: <ol style="list-style-type: none"> a. Superintendent b. PREA Coordinator c. Medical and mental health staff d. Random staff <p data-bbox="240 757 483 784">Findings (By Provision):</p> <p data-bbox="240 815 475 842">115.61 (a) – 1, 2 and 3</p> <p data-bbox="240 851 1489 1075">The facility indicated, in their response to the PAQ, that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency, to report immediately any retaliation against inmates or staff who reported such an incident, and to report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Agency policy, ED 72, in Section XIV C, 1, (p.11), requires all employees to accept reports of sexual abuse or sexual harassment made verbally, in writing, anonymously and from third parties, and to immediately report:</p> <ol style="list-style-type: none"> 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 have reported such an incident, and/or, c. any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. <p data-bbox="240 1240 1489 1568">Item 2, of the same section, requires that reports be made immediately, to the immediate supervisor, unless reporting to that person compromises the safety of the alleged victim, witnesses, or the reporter. In those instances, staff are required to report to the Office of Special Operations, the PREA Office, local law enforcement, or to make an electronic report on the agency's web site. Item 4, of this same section of ED 72, requires that, "all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, shall be reported." All eight random staff who were interviewed, during the onsite portion of the audit, were aware of this policy requirement. When asked if all staff are required to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, their answer, most typically, was, "yes, we are required to report immediately." There was not one staff person, who was asked this question in an interview, who did not know the answer.</p> <p data-bbox="240 1599 1270 1626">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1715 379 1742">115.61 (b) - 1</p> <p data-bbox="240 1751 1489 2078">The facility indicated, in their response to the PAQ, that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. ED 72, in Section XIV, C, 5, (p. 12), says that employees shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to supervisors, investigators and designated officials. Such information is, by agency policy, to be limited to information necessary to make treatment, investigation and other security and management decisions only. All eight random staff who were interviewed, during the onsite portion of the audit, were aware of their reporting duties. However, when asked about the agency/facility policy or procedure for reporting any information related to an inmate sexual abuse, none of them identified that they would not tell anyone who did not have a need to know.</p> <p data-bbox="240 2110 1457 2136">A final analysis of the evidence indicates that that facility is in substantial compliance with this provision. However, Auditor</p>

recommends that staff be reminded that agency policy prohibits them from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigations, and other security and management decisions. The reminder could be in the form of an e-mail to all staff, from the Administration, or in the next PREA refresher delivered to staff.

115.61 ©

ED 72, Section XIV, C, 6, (p. 12) requires medical and mental health practitioners to report sexual abuse and to inform offenders of their duty to report, and the limitations of confidentiality, at the initiation of services. The nurse supervisor was interviewed and said that she identifies herself as a mandatory reporter and tells them that anything that is going to harm them, or another inmate is going to have to be reported. She said that she is required by her employer, and the licensing agency, to notify inmates that she is a mandatory reporter. When asked if she had ever been aware of a situation of inmate sexual abuse, she talked about, "an incident that happened, at another place, when a prisoner transferred there, and a Sergeant noticed that her eyes were dark, and she looked like she may have been punched." The Sergeant asked her to talk to the inmate, which she did, and the inmate told her she had been in a fight at her previous facility. A psychologist, who was interviewed onsite, said that she informs all her patients of her duty to report and identifies herself as a mandatory reporter.

She identified that inside DOC, she is obligated to report any knowledge, or suspicion, or information about sexual abuse or harassment of an inmate to a supervisor and said that she has not become aware of such an incident, at this facility, that she needed to report.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.61 (d)

The facility indicated, in response to the PAQ, that agency policy ED 72, Section X, C, 7, (p. 12) does say that if the alleged victim is under 18, the facility shall promptly, in no later than 14 days, report the allegation to the alleged victim's parents or legal guardians, unless the facility has documentation showing that the parents or guardians should not be notified, to the child welfare caseworker, if the alleged victim is under the guardianship of the child welfare system, or to the attorney, or other legal representative, if a juvenile court has jurisdiction over the alleged victim. Both the PREA Director and the facility PREA Compliance Manager (PCM), verified, in interviews conducted onsite, that there are no inmates under 18 housed at the Milwaukee Women's Correctional Center. (See Standard 115.14 Youthful Inmates, in this report.)

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.61 €

The facility indicated, in their response to the PAQ, that agency policy, ED 72, in Section XIV, C.5, requires employees to report knowledge regarding an incident of sexual abuse to supervisors, investigators, and designated officials. The superintendent identified that all allegations are reported and said, "anytime an allegation comes forward we start asking questions and log it into SINC if it is PREA. They are all electronically housed and make their way through the process. We have four investigators here and the captain leads the investigation."

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

Recommendation:

Auditor recommends that staff be reminded that agency policy prohibits them from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigations, and other security and management decisions. The reminder could be in the form of an e-mail to all staff, from the Administration, or in the next PREA refresher delivered to staff.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), Effective Date 01/11/2016 2. Interviews: <ol style="list-style-type: none"> a. Superintendent b. Agency Head c. Random staff <p>Findings (By Provision):</p> <p>115.62 (a) – 1, 2, 3, and 4</p> <p>The facility indicated, in their response to the PAQ, that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. Agency policy, ED 72, says, in Section XVI, that when the department or facility learns that an offender is subject to an imminent risk of sexual abuse, it shall take immediate action to protect the offender. The agency head, who was interviewed during the pre-onsite phase of the audit, via telephone, said, “we could consider housing or facility change, removal of identified threat or voluntary protective confinement.” All random staff, who were interviewed onsite said that they would immediately alert the captain or superintendent and move the inmate to a safe place until security came to take charge of the situation. When asked how quickly they would take that type of action, all of them said, “immediately.” The facility reported, on the PAQ, that the number of times an inmate was in immediate danger of being sexually assaulted, in the last 12 months, was zero.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 1484 607" style="list-style-type: none"> <li data-bbox="242 331 852 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="242 362 1484 389" style="list-style-type: none"> <li data-bbox="242 362 1484 389">a. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), Effective Date 01/11/2016 <li data-bbox="242 479 376 506">2. Interviews: <ol data-bbox="242 510 424 607" style="list-style-type: none"> <li data-bbox="242 510 424 537">a. Superintendent <li data-bbox="242 542 405 568">b. Agency Head <li data-bbox="242 573 405 600">c. Random staff <p data-bbox="242 692 483 719">Findings (By Provision):</p> <p data-bbox="242 750 347 777">115.63 (a)</p> <p data-bbox="242 781 1493 1043">The facility indicated, in their response to the PAQ, that agency policy, Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72) says, in Section XIV, C, 8, (p.11), that within 72 hours of receiving an allegation that an offender was the victim of sexual abuse at another facility, the information shall be forwarded to the head of the facility where the alleged abuse occurred. The facility reports that, in the last 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility was two. Reported on the PAQ was the information that, the facility gathered information, notified a supervisor and the facility PREA Compliance Manager. They also indicated that incident reports were submitted, and the allegations were referred to the facility heads, where the alleged abuse occurred, within 72 hours.</p> <p data-bbox="242 1075 1254 1102">A final review of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="242 1191 347 1218">115.63 (b)</p> <p data-bbox="242 1223 1465 1319">The facility indicated, in their response to the PAQ, that agency policy, Executive Directive #72, says, in Section XIV, C, 8, (p.11), "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."</p> <p data-bbox="242 1350 1254 1377">A final review of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="242 1467 347 1494">115.63 ©</p> <p data-bbox="242 1498 1493 1626">The facility indicated, in their response to the PAQ, that agency policy, ED 72 says, in Section XIV, C, 8, (p. 11) that all notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated. An interview with the agency PREA Coordinator indicated that the notifications were made, to another facility within the Wisconsin Women's Correctional System, via the Sensitive Information Network Communication (SINC) system.</p> <p data-bbox="242 1630 1493 1693">SINC is an electronic database, used by the Wisconsin Department of Corrections to track investigations done throughout the agency.</p> <p data-bbox="242 1724 1270 1751">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="242 1841 427 1868">115.63 (d) 1 and 2</p> <p data-bbox="242 1872 1493 2161">The facility indicated, in their response to the PAQ, that agency policy, ED 72 says, in Section XIV, C, 9, (p. 11), that 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. The agency head said, in an interview conducted via telephone, during the pre-onsite portion of the audit, "the report recipient needs to get it to the PREA office to be entered into the data base that stores all steps in the investigative process." The Superintendent explained, in an interview conducted onsite, that because there are only three women's institutions in the State, it is relatively easy to keep communication open between the three facility heads. She said that if there is a report from another facility, that facility also logs the allegation and looks to see if it's been investigated before and the institution where the inmate is housed will work with the institution where the allegation was made to ensure that the proper steps are taken. The facility reports as zero the</p>

number of allegations of sexual abuse received from other facilities in the past 12 months.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.64	Staff first responder duties
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1484 703" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), Effective Date 01/11/2016 b. Agency First Responder Card Healthcare c. Agency First Responder Card Security d. Agency First Responder Care Non-Security 2. Interviews: <ol style="list-style-type: none"> a. Security Staff and Non-Security Staff First Responders b. Inmates Who Reported a Sexual Abuse c. Random Sample of Staff <p data-bbox="240 792 483 819">Findings (By Provision):</p> <p data-bbox="240 851 432 878">115.64 (a) – 1 - 11</p> <p data-bbox="240 887 1465 1043">The facility indicated, in their response to the PAQ, that the agency has a first responder policy for allegations of sexual abuse. Agency policy, Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), Section XVI, A, 1, (p.13), outlines the required response of staff upon learning of an allegation of sexual abuse. The policy says that 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:</p> <ol data-bbox="240 1052 1490 1312" style="list-style-type: none"> 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. <p data-bbox="240 1344 1497 1841">The facility indicated, in response to the PAQ, that in the past 12 months, the number of allegations that an inmate was sexually abused was one and that, in the past 12 months, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was also one. The facility also indicated, in response to the PAQ, that in the past 12 months, where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence was zero because the nature of the allegation. The facility also reported that in the one allegation that was made, in the past 12 months, where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking drinking, or eating was zero because it was not necessary due to the nature of the allegation. Lastly, the facility indicated, in response to the PAQ, that in the one allegation made in the last 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating was zero because it was not necessary due to the nature of the allegation.</p> <p data-bbox="240 1872 1490 2161">All Security staff and Non-security Staff First Responders who were interviewed were aware that they should separate the alleged victim and suspected abuser, preserve and protect any crime scene, and, if the incident occurred within a time frame that allowed for evidence to be collected, they should preserve the ability to collect any useable evidence. However, none of them made the distinction between requesting that the victim not do anything to destroy potential useable evidence and ensuring that the perpetrator not do anything to destroy potential useable evidence. According to their interviews, they would treat alleged victims and suspected perpetrators the same. This information was presented to the Superintendent, who is also the facility PREA Compliance Manager, and to the agency PREA Director. As a result, the Superintendent sent a reminder e-mail to the entire staff reminding them of the subtle, yet important, difference in how they should approach any evidence collection attempt. Auditor was copied on the e-mail.</p>

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.64 (b) 1 - 5

The facility indicated, in their response to the PAQ, that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Agency policy, ED 72 says, in Section XVI, A, 2, "if the first employee responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff." The facility indicated, in their response to the PAQ, that of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero. Four non-security staff who were randomly chosen for interview said that they had not been in the position of being a first responder but that they had been trained on what steps to take if they were in that position. The staff have pocket cards with the appropriate steps printed on them and some of them used those in the interview. They were not all clear on the difference between requesting that an alleged victim not do anything to destroy potentially useable evidence and ensuring that a suspected perpetrator not do anything to destroy potentially useable evidence. They all said they would separate the alleged victim and suspected perpetrator, notify security staff immediately, and keep the alleged victim safe until security staff arrived.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

Recommendation:

Auditor recommends that staff be provided with a reminder that, when acting as a first responder, policy requires that they request that an alleged victim not do anything to destroy potentially useable evidence and ensure that a suspected perpetrator not do anything to destroy potentially useable evidence. Superintendent provided this reminder to staff, via e-mail, during the onsite portion of the audit and audit was copied on the e-mail.

115.65	Coordinated response
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 852 537" style="list-style-type: none"> <li data-bbox="240 331 852 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 362 608 389" style="list-style-type: none"> <li data-bbox="240 362 608 389">a. Coordinated Response Plan 2021 <li data-bbox="240 479 379 506">2. Interviews: <ol data-bbox="240 510 432 537" style="list-style-type: none"> <li data-bbox="240 510 432 537">a. Superintendent <p data-bbox="240 627 483 654">Findings (By Provision):</p> <p data-bbox="240 685 347 712">115.65 (a)</p> <p data-bbox="240 716 1490 1115">1 - The facility indicated, in their response to the PAQ, that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility submitted, as documentation, a written institutional plan to coordinate actions taken, by first responders, medical and mental health practitioners, investigators, and facility leadership, in response to an incident of sexual abuse. The plan clearly identifies the responsibilities of security staff first responders, the security director, and non-security staff first responders, including actions to take, other staff to notify, and written documentation to prepare. It also identifies who is responsible for notifying both medical and mental health care services, local law enforcement. The plan lists facility staff by name, position and provides contact information for them as well as for SANE/SAFE staff at the designated hospital and for a community advocate agency. Also included in the written plan is a Sexual Abuse Incident Flowchart that presents all required steps, in the coordinated response, and shows the order they should happen in. The Superintendent confirmed that the facility does have a written response plan based on the requirements of agency policy.</p> <p data-bbox="240 1142 1265 1169">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1258 416 1285">Corrective Action</p> <p data-bbox="240 1290 1469 1352">A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Interviews:</p> <p>a. Agency Head</p> <p>Findings (By Provision):</p> <p>115.66 (a) The facility indicated, in their response to the PAQ, that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. In an interview conducted via telephone, during the pre-onsite phase of the audit, the agency head said, "We have not. In 2011, the incoming Republican Governor stripped away collective bargaining rights for staff."</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is substantially compliance with the standard. There is no corrective action to take.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 903 358">1. Documents: (policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="240 365 512 392">a. Pre-Audit Questionnaire <li data-bbox="240 398 1477 425">b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), Effective date 01/11/2016 <li data-bbox="240 432 1018 459">c. Agency Staff Retaliation Monitoring (Blank) Form DOC-2805, Date 06/2020 <li data-bbox="240 465 1241 492">d. Agency Victim Services Coordinator (VSC) Retaliation Monitoring Form DOC-2767, Date 09/2015 <li data-bbox="240 499 778 526">e. VSC Checklist VP, Form DOC-2767, Date 03/2019 <li data-bbox="240 533 778 560">f. VSC Checklist DS, Form DOC-2767, Date 03/2019 <p data-bbox="240 703 387 730">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="240 736 517 763">a. Agency Head (designee) <li data-bbox="240 770 424 797">b. Superintendent <li data-bbox="240 804 544 831">c. Victim Services Coordinator <li data-bbox="240 837 667 864">d. Inmates Who Reported a Sexual Abuse <p data-bbox="240 1010 504 1037">Findings (By Provision):</p> <p data-bbox="240 1070 384 1097">115.67 (a) – 1</p> <p data-bbox="240 1104 1485 1426">The facility indicated, in their response to the PAQ, that the agency has 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. Agency policy, Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72), outlines, in Section XVIII, (p.16), that (a), 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 and (b), for at least 90 days following a report of sexual abuse, the designated facility-based employee 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. It also requires that, for offenders, such monitoring shall include periodic status checks, employees shall act promptly to remedy any such retaliation, and monitoring beyond 90 days shall continue if the initial monitoring indicates a continuing need.</p> <p data-bbox="240 1460 384 1487">115.67 (a) – 2</p> <p data-bbox="240 1494 1485 1852">The facility indicated, in response to the PAQ, that the agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. Identified as staff designated, at Milwaukee Women’s Correctional Center (MWCC), as staff responsible for retaliation monitoring are the Superintendent and facility PREA Compliance Manager, Julie Ustruck Wetzel who is assigned to monitor staff reporters for retaliation, and Michelle Tredo, Social Worker and Victim Services Coordinator who is assigned to monitor inmate reporters for retaliation. The facility submitted, on the PAQ, copies of blank forms DOD-2805, used to document staff retaliation monitoring, and DOC-2767 Sexual Abuse and Sexual Harassment Incident Victim Services Coordinator Response Checklist. They also submitted printouts from SINC, an agency computerized database that tracks all aspects of investigations, including retaliation monitoring. The printouts show the retaliation monitoring of an inmate who made an allegation of sexual abuse. The form identifies the tasks involved in the retaliation monitoring, such as, “schedule a meeting with the alleged victim,” the date the meeting took place, and the actions that were taken as a result of the meeting, any comments made by the retaliation monitor, and the anticipated follow-up.</p> <p data-bbox="240 1886 1110 1912">A final analysis indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 2002 347 2029">115.67 (b)</p> <p data-bbox="240 2036 1477 2159">Agency policy, ED 72, in Section XVIII, C, (p.16), says that for offender or staff who express fear of retaliation, the facility shall take appropriate protective measures. The agency head, said in an interview conducted via telephone, during the pre-onsite phase of the audit, “ We have VSC at each facility and they are tasked with monitoring for 90 days or more, using status checks, review of misconduct reports, review of housing changes, and removal of abuser and emotional support</p>

services can be provided. PREA Compliance Managers are tasked similarly, and all retaliation efforts are documented within the facility. We also have a process that staff can use if they are feeling like they are being retaliated against. They can report to Office of Diversity and Employee Services. They will be interviewed and can provide information and evidence and the Office of Diversity and Employee Services will decide whether it will be referred for investigation. I feel like we do have a good system and Wisconsin, compared to other states, I think, has a pretty strong and robust process. We've had very passionate PREA Directors in this agency. The goal is prevention and not coming down like a hammer but making sure the processes are in place to do all we can toward prevention." The Superintendent said, in an interview conducted onsite, "we're small enough to know everybody so there is a lot of monitoring going on. The Victim Services Coordinator is the official person for inmates, and she does it for 90 days. I would monitor staff if they were ones that reported. If there were any concerns, we would look at housing changes and move them around in the facility, moving wings so they can't mingle in bathrooms or hallways and keeping them separate that way. We would also provide them psychologic services with Dr. Graf. She does a good job of assessing and checking in with both inmates to see how that relationship is progressing. We have not had any staff to monitor and few inmates." The Victim Services Coordinator (VSC) said, in an interview conducted onsite, that she follows up every 30 days to see how they are doing and if they need any services. She said if they report any problems, she might suggest moving rooms, separating inmates on wings, making sure alleged victims and suspected perpetrators are not working on the same jobs and even moving them to separate facilities if needed. An inmate who reported a sexual abuse was interviewed and she said she was moved to another wing after the allegation was made, and that she was told she could quit her job since she and the suspected perpetrator were assigned to the same job. She also said that she did not feel protected against retaliation although the printout from SINC was provided that showed that she reported, to the VSC, that she felt her needs were being met at MWCC.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.67 (c and d)

The facility indicated, in their response to the PAQ, that the facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by staff for at least 90 days. Agency policy, ED 72, in Section XVIII, (p.16), requires that, for at least 90 days following a report of sexual abuse, the facility staff who are responsible for retaliation monitoring will monitor the conduct and treatment of inmates and staff who reported the sexual abuse and the offender who was reported to have experienced sexual abuse to determine if retaliation occurred. It goes on to say that for offenders, the monitoring is to include periodic status checks and that employees shall act promptly to remedy any such retaliation. It also says that retaliation monitoring may continue beyond 90 days if the initial monitoring indicates a need. The VSC said that she monitors inmates for a minimum of 90 days and that she would continue monitoring as long as necessary. She said, "there really isn't a maximum, just until it is no longer needed." The facility indicated, in their response to the PAQ, that the number of times an incident of retaliation occurred in the past 12 months was zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.67 (e)

In response to the question, on the PAQ, that asks if the agency takes appropriate measures to protect any other individual who cooperates with an investigation and expresses a fear of retaliation, the Agency head said, "we have protection measures that include housing changes within facility, or transfer to another facility, could remove alleged abuser and provide emotional support services." When asked the same question, the Superintendent said, "We would certainly talk to both parties involved gaining insight into where their minds are or if there is some animosity. We can do housing changes proactively as well, and we can also move individuals to another center. "

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.68	Post-allegation protective custody
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 903 358">1. Documents: (policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="242 362 512 392">a. Pre-Audit Questionnaire <li data-bbox="242 396 1477 425">b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), Effective date 01/11/2016 <li data-bbox="242 430 1321 459">c. Division of Adult Institutions (DAI) Policy #: 306.05.01 Protective Confinement, Effective date, 07/01/2018 <li data-bbox="242 463 1043 492">d. Form DOC-30 Review of Inmate in Restrictive Housing (blank), Date, 10/2015 <p data-bbox="242 577 379 607">2. Interviews</p> <ul style="list-style-type: none"> <li data-bbox="242 611 347 640">a. Warden <p data-bbox="242 725 504 754">3. On Site Observations</p> <ul style="list-style-type: none"> <li data-bbox="242 759 799 788">a. The facility does not have a segregated housing unit <p data-bbox="242 931 504 960">Findings (By Provision):</p> <p data-bbox="242 992 347 1021">115.68 (a)</p> <p data-bbox="242 1025 1485 1552">The facility indicated, in their response to the PAQ, that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse 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. Agency Policy ED 72, in Section XVI, A, 5, (p. 14), says that any use of restricted status housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements of Standard 115.43. The facility reports as zero, the number of inmates, who alleged to have suffered sexual abuse, who were held in involuntary segregated housing, within the past 12 months, for one to 24 hours, while awaiting completion of assessment. 3 - The facility reports as zero, the number of inmates, who alleged to have suffered sexual abuse, who were assigned to involuntary segregated housing, in the past 12 months, for more than 30 days, while awaiting alternative placement. The facility reports that they have not held any inmates who alleged sexual abuse, in, or assigned any inmates who alleged sexual abuse to, segregated housing, in the last 12 months. The facility indicated, in their response to the PAQ, that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population and submitted a Department of Corrections Form #DOC-30, Review of Inmate in Restricted Housing, that would be used to conduct a 30-day review if the facility did hold any inmates in, or assign any inmates to, restrictive housing. The Superintendent said, and auditors noted during the site review, that the facility does not have a segregated housing unit.</p> <p data-bbox="242 1641 1262 1671">A final analysis of the evidence indicates that the facility is in substantial compliance with the standard.</p> <p data-bbox="242 1756 424 1785">Corrective Action:</p> <p data-bbox="242 1789 1469 1848">A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 1490 806" style="list-style-type: none"> <li data-bbox="242 331 852 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="242 365 1490 560" style="list-style-type: none"> <li data-bbox="242 365 512 392">a. Pre-Audit Questionnaire <li data-bbox="242 398 1490 425">b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72), Effective date, 01/11/2016 <li data-bbox="242 432 1490 495">c. Department of Corrections Human Resources Policy, Policy Number 200.30.304 Employee Disciplinary Investigations, Effective date, 10/28/2020 <li data-bbox="242 501 1294 528">d. Division of Adult Institutions (DAI) Policy #: 306.00.15 Inmate Investigations, Effective date, 05/17/2021 <li data-bbox="242 535 1449 562">d. Agency Record Retention Documentation, Form PRB-001 Records Retention/Disposition Authorization, Date, 09/2016 <li data-bbox="242 645 379 672">2. Interviews <ol data-bbox="242 678 699 806" style="list-style-type: none"> <li data-bbox="242 678 456 705">a. Investigative Staff <li data-bbox="242 712 424 739">b. Superintendent <li data-bbox="242 745 421 772">c. PREA Director <li data-bbox="242 779 699 806">d. Facility PREA Compliance Manager (PCM) <p data-bbox="242 952 483 978">Findings (By Provision):</p> <p data-bbox="242 1012 347 1039">115.71 (a)</p> <p data-bbox="242 1046 1490 1240">The facility indicated, in their response to the PAQ, that the agency/facility does have a policy related to criminal and administrative agency investigations. Three policies are currently in use to address investigation of behavior by staff, contractors or inmates in relation to sexual abuse and sexual harassment of inmates. They include Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72); Division of Adult Institutions (DAI) Policy #306.00.15 and WIDOC Human Resources Policy 200.30.304. Agency policy, ED 72, in Section XVII, A through M, (p. 15) requires:</p> <ol data-bbox="242 1247 1490 2145" style="list-style-type: none"> <li data-bbox="242 1247 1166 1274">a - an investigation be completed for all allegations of sexual abuse and sexual harassment, <li data-bbox="242 1281 1358 1308">b - allegations that involve potentially criminal behavior to be referred to local law enforcement for investigation, <li data-bbox="242 1314 1490 1442">c - agency investigators to follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable physical evidence for administrative proceedings and criminal prosecutions and is adapted from a comprehensive and authoritative protocol developed after 2011, and to request that any investigating law enforcement agency follow the same protocol when investigating Allegations for the agency, <li data-bbox="242 1449 1422 1512">d - investigators to collect and preserve any direct and circumstantial evidence, to interview alleged victims, suspected perpetrators and witnesses and to review prior complaints and reports involving the suspected perpetrator, <li data-bbox="242 1518 1490 1610">e – the credibility of an alleged victim, suspect or witness be assessed on an individual basis and not on the person's status as an offender and that a complainant not be required to submit to a lie detector, or other truth-telling device as a condition for proceeding with the investigation, <li data-bbox="242 1617 1458 1680">f – administrative investigations to include an effort to determine whether employee actions or failures to act contributed to the abuse, <li data-bbox="242 1686 1469 1749">g – the Department of Corrections (DOC) to impose no higher standard than preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated, <li data-bbox="242 1756 1469 1818">h - all investigations to be documented in a written report to be retained for as long as the alleged abuser is incarcerated or employed by the agency plus ten years, <li data-bbox="242 1825 1469 1888">I - the departure of an alleged abuser or victim from employment or control of the facility, or the recantation of the allegation, to not provide a basis for terminating an investigation, <li data-bbox="242 1895 1469 1957">j - the facility to cooperate with outside agencies that investigated allegations for them and to work to remain informed about the progress of the investigation, <li data-bbox="242 1964 1353 2027">k - the agency to inform all victims, following an investigation, whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded and to document the notification, <li data-bbox="242 2033 1469 2125">l - the agency to inform an alleged victim when an employee is no longer posted within the alleged victim's unit, when the employee is no longer employed at the facility, or when the agency learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse and to document such notification, and <li data-bbox="242 2132 1394 2159">m - the agency to inform an alleged victim whenever the agency learns that the alleged abuser has been indicted or

convicted on a charge related to the initial allegation of sexual abuse and to document the notification. The inmate Investigations policy and Employee Disciplinary Investigations policy both specifically state that investigations are objective, thorough and conducted promptly, and all require investigation of each report of sexual abuse or sexual harassment, including third party and anonymous reports. Additionally, included with the investigator training document, on the PAQ, was the agency PREA Office document, "Sexual Abuse and Sexual Harassment Investigations Resource Guide," published in August 2020. The requirements that the investigation is prompt, object, and thorough are also included as primary elements on the Investigation Best Practice Checklist in the Resource Guide.

Auditors interviewed two staff who conduct investigations. When asked how long it takes to initiate an investigation following an allegation of sexual abuse or sexual harassment, one said, "we begin immediately and teach the staff to start immediately as well. We teach staff to immediately get ahold of supervision and do an incident report and call the PREA office if they need to. We don't want a delayed response." The other one said, "Once we receive allegation, we immediately assign an investigator and start asking basic questions to determine if it is PREA and then go into full investigation." When asked if anonymous or third-party reports are handled differently, they said, "they would be handled the same way. We will assign immediately and have an investigator start asking the questions." The other one said, "we would do them the same as any other allegations. We take them all seriously. I would look for all the information I could get to take action right away."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (b)

Agency policy, ED 72 , in Section XI, A, 4, (p. 8) requires all staff who investigate incidents of sexual abuse and sexual harassment to receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsen warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. It also requires the agency to maintain documentation of the training completions. The facility presented a copy of their investigator training lesson plan. Auditors reviewed the lesson plan and found that it does include all items listed above. Unit 1, of the training, is entitled, "Sexual Abuse and Sexual Harassment in Confinement, " and it provides definitions, information on vulnerable populations, techniques for interviewing victims, evidence protocol, information on forensic examinations, evidentiary standard for administrative investigations, reporting to inmates, sexual abuse incident reviews, and staff duties and responsibilities. The facility provided, as documentation of investigator training, a computerized database printout that the agency uses to record, and track, investigator training, showing that the agency investigators were properly trained. Auditors noted that the names of investigators interviewed at the facility were on the list of auditors who were properly trained, and the facility presented certificates given to trainees at the completion of the classroom training as well. Both investigators confirmed that they had received training specific to conducting sexual abuse investigations in confinement settings and that the training covered techniques for interviewing, proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative or prosecution referral. The investigators also identified that the training included the Executive Directives, mock interviews of victims and/or perpetrators, practice in report writing and evidence collection.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 ©

Investigators who were interviewed said, when asked what the first steps in initiating an investigation would be and how long those steps would take, "I would get victim and perpetrator interviews done right away because sometimes you start talking to them and find out that a lot more happened than they actually reported. In a female facility, I bring in a female investigator because I think that helps." When asked to describe the investigative process, the investigator said, " I would immediately look for the incident report and do initial interviews as a follow-up to the incident report. If it is a PREA incident, I will do a SINC report. We make sure every is safe and we may have to call in Dr. Graf." When asked to describe any direct and circumstantial evidence he would be responsible for gathering in an investigation of sexual abuse, he said, "everything from the room, it could be linens, clothes, and law enforcement might take pictures, we would look at video footage. Within 72 hours, you want to collect evidence as quickly as possible and photograph and mark everything." Another investigator who was interviewed said similar things in answer to the same questions. She said she would begin the investigation immediately by asking the questions and identified video camera footage, recorded phone calls, e-mails and medical photos as potential sources of evidence.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (d)

Agency policy, ED 72 , in Section XVII, B, (p.15), identifies that allegations of sexual abuse or sexual harassment that involve

potentially criminal behavior will be referred for investigation to local law enforcement and that all referrals will be documented. Investigative staff, when asked what their role is in criminal investigations, said that they work with local law enforcement, turn over any evidence and investigative materials, they may have, let law enforcement take the lead and follow their directives. When asked about compelled interviews, they said they would lead and follow their directives and those interviews would be left to the criminal investigators. investigators.

A final analysis of the provision indicates that the facility is in substantial compliance with this provision

115.71 (e)

Agency policy ED 72 identifies, in Section XVII, E, (p. 15) that the credibility of an alleged victim, suspect or witness will be assessed on an individual basis, not by the person's status as an offender or employee. It goes on to say that DOC will not require an offender who alleges sexual abuse to submit to a polygraph examination or any other truth telling device as a condition for proceeding with the investigation. All three agency policies relating to investigations listed above require that credibility shall be assessed on an individual basis and not be determined by the person's status as an offender or staff member. Facility investigators confirmed that the standard of evidence required to substantiate allegations of sexual abuse is a preponderance of evidence, that is, if it is more likely than not that the abuse occurred. They also confirmed that they do not ask offenders who make allegations of sexual abuse to submit to a polygraph examination.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (f)

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

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (g)

Agency policy, ED 72, in Section XVII, H, (p.15) requires that administrative and criminal investigations be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings. The facility conducted one investigation of an allegation of sexual abuse, during the past 12 months, and presented those investigate materials for auditor review. Auditor noted that the investigative report identified that there was no physical evidence available and that testimonial evidence, and the reasoning behind credibility assessments and the investigative facts and findings, were well laid out in the report.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (h)

The facility indicated, in their response to the PAQ, that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Agency policy, ED 72, in Section XVII, B, (p. 15) requires that all allegations that involve potentially criminal behavior be referred for investigation to local law enforcement. Department of Corrections Human Resources Policy #200.30.304 identifies, in Section 5, D, (p. 8), that all allegations of sexual abuse shall be reported to law enforcement by the Security Director, PREA Compliance Manager, or other designee and that allegations of sexual harassment that involve potentially criminal behavior shall also be referred to law enforcement. Facility investigators, and the Superintendent, verified that the facility refers all allegations of sexual abuse to the City of Milwaukee Police Department for their review and decision as to whether they want to investigate or not and law enforcement is responsible for referring potentially criminal conduct for prosecution. The facility reports the number of allegations that were referred to local law enforcement for investigation, in the past 12 months, as zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (i)

The facility indicated, in their response to the PAQ, that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five years. Agency policy, ED 72, in Section XVII, H, (p. 16) requires that documentation of

administrative and criminal investigations be retained as long as the alleged abuser is incarcerated or employed by the agency plus ten years. The facility submitted, as documentation, Public Records Board Form PRB-001, used to document the disposition of retained records. The creation date of the record is 2013 and the disposal date is September of 2018, with the appropriate box checked identifying the reason for disposal of the record as, "termination/end of employment." The auditor confirmed through conversations with the PREA Coordinator that the agency maintains investigative records for the period of time required by this provision.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (j)

Agency policy, ED 72, says, in Section XVII, I, (p.15), that the departure of an alleged abuser or victim from the employment or control of the facility, shall not provide a basis for terminating an investigation. Investigators, when asked if they would terminate an investigation if an alleged abuser or victim left the agency's employment or control, confirmed that they would not.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (l)

Agency policy ED 72, identifies, in Section XVII, J, (p. 15), that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall work to remain informed about the progress of the investigations. DAI Policy #: 306.00.15 Inmate Investigations, says, in Section III, F, (p.4), that investigators shall work collaboratively with law enforcement investigators and attempt to remain informed about the progress of the investigation. The facility PCM said, in an interview conducted onsite, "we would have an inside investigator still assigned to that case and be responsible for providing Law Enforcement, phone calls, e-mails, video footage, staying in touch with the process and how it is going through the process. The investigator would obtain police reports once it was completed." The PREA Director, said in an interview conducted via telephone, during the pre-onsite phase of the audit, "our agency has longstanding professional partnerships with local law enforcement related to PREA, and other things, so we maintain regular communication and we contact law enforcement in advance to see if they are content with us conducting parallel investigations or if they want us to wait to review evidence until after they do. We have sat in on interviews of theirs of subjects, witnesses, etc., and we have a really good collaborative relationship with them."

A final analysis of the evidence indicates the facility is in substantial compliance with this

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.72	<p>Evidentiary standard for administrative investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72), Effective date, 01/11/2016 2. Interviews <ol style="list-style-type: none"> a. Investigative staff <p>Findings (By Provision):</p> <p>115.72 (a) The facility indicated, in their response to the PAQ, that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. Agency policy, Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72), says, in Section VII, G, (p. 16) that the agency will impose no higher standard than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated. Interviews with facility investigators bore out that they rely on a preponderance of evidence in determining the outcome of an allegation. That is, they rely on evidence to assist them in determining if the incident was more likely than not to have occurred as the complainant alleged.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>Corrective Action: A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.</p>
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115.73	Reporting to inmates
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1490 806" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72), Effective date, 01/11/2016 c. Agency PREA Investigation Close Out, Substantiated d. Agency PREA Report Close Out, Non-PREA e. Agency PREA Investigation Close Out Letter (blank), Unsubstantiated f. Agency PREA Investigation Close Out Letter (blank), Unfounded g. Copy of Outcome Letter, Unsubstantiated 2. Interviews <ol style="list-style-type: none"> a. Warden or designee b. Investigative Staff c. Inmates who Reported a Sexual Abuse <p data-bbox="240 954 475 981">Findings (By Provision)</p> <p data-bbox="240 1012 475 1039">115.73 (a) – 1, 2 and 3</p> <p data-bbox="240 1043 1490 1608">The facility indicated, in their response to the PAQ, that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Agency policy, Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72), requires, in section XVII, K, (p. 16), that following an investigation of an allegation that an offender suffered sexual abuse in the facility, the facility shall inform the alleged victim, and document that notification, whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. Further policy review by the auditor determined that the two investigation policies, Division of Adult Institutions (DAI) 306.00.15, Inmate Investigations (Section III, L), and Human Resources Policy 200.30.304, Employee Disciplinary Investigations (Section VI, D) both require that victims of sexual abuse or sexual harassment complaints be notified in writing of the outcome of the investigation. Interviews with the Warden and the Facility PREA Compliance Manager verified that every investigation that is conducted will culminate with a report of the findings to the inmate who brought the allegation. The facility reports that one allegation of sexual abuse or sexual harassment was made, in the last 12 months, and an investigation was conducted that resulted in a finding of unsubstantiated. The facility indicated, in their response to the PAQ, that the inmate was notified in writing, of the results of the investigation, and submitted a copy of the written notification that was sent to the inmate at the close of the investigation. The inmate who made the allegation was interviewed and she verified that she did receive the notification of the close of the investigation and the result of the investigation.</p> <p data-bbox="240 1639 1265 1666">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1751 480 1778">115.73 (b) – 1, 2, and 3</p> <p data-bbox="240 1783 1490 2114">The facility indicated, in their response to the PAQ, that if an outside entity conducts such investigations the agency requests the relevant information from the investigative entity to inform the inmate of the outcome of the investigation. Agency policy, ED 72, requires, in Section XVII, K (p. 16), that if the facility did not conduct the investigation, it must request the relevant information, from the investigating agency, in order to inform the alleged victim. The facility indicated, in their response to the PAQ, that no allegations were investigated by an outside agency during the audit period. One allegation of sexual abuse was referred to local law enforcement, but the law enforcement agency declined to investigate. The facility reports as zero the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation. However, the one investigation that local law enforcement declined to investigate was investigated by the facility and a notification of the findings was sent to the inmate who made the allegation. A copy of that letter was submitted, on the PAQ, by the facility.</p>

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.73 (c) 1, 2 and 3

The facility indicated, in their response to the PAQ, that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:

- a - the staff member is no longer posted within the inmate's unit:
- b – the staff member is no longer employed at the facility:
- c – the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- d – the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Agency Policy, ED 72, in Section XVII, L, (p. 16) outlines that, following an offender's allegation that an employee committed sexual abuse against an offender and the findings are substantiated or unsubstantiated, the agency is required to inform the alleged victim, and document the notification, whenever the employee is no longer posted within the alleged victim's unit, when the employee is no longer employed at the facility, or when the agency learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse. The Directive goes on to say, that the agency will notify an alleged victim whenever it learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse. The facility indicated, in their response to the PAQ, that there were no substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months, thus, no such notifications were made.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.73 (d)

The facility indicated, in their response to the PAQ, that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:

- a – the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility: or
- b – the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Agency policy, ED 72, in Section XVII, M, (p.16) says that following an offender's allegation that he or she has been sexually abused by another offender, the DOC will inform that alleged victim, and document such notification, whenever the agency learns that the alleged abuse has been indicted or convicted on a charge related to the initial allegation of sexual abuse. In the past 12 months, the facility investigated one allegation of inmate-on-inmate sexual abuse that resulted in a finding of unsubstantiated. No notification required under this provision of the standard was appropriate.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.73 (e) – 1, 2 and 3

The facility indicated, in their response to the PAQ, that the agency has a policy that all notifications to inmates described under this standard are documented. ED 72, Section XII, L and M, (p. 16), requires that all notifications made to inmates, regarding outcomes of investigations of all allegations of sexual abuse and sexual harassment be documented. The facility indicated, in their response to the PAQ that, in the past 12 months, the number of notifications to inmates that were provided pursuant to this standard was two and that both of them were documented in the agency's computerized data base system.

The facility submitted copies of each of the two notifications that were sent to inmates at the close of the investigations.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.76	Disciplinary sanctions for staff
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1382 488" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72), Effective date, 01/11/2016 b. Executive Directive #2, Employee Discipline, Effective date, 01/04/2019 <p data-bbox="240 577 483 604">Findings (By Provision):</p> <p data-bbox="240 636 411 663">15.76 (a) and (b)</p> <p data-bbox="240 672 1493 1232">The facility indicated, in their response to the PAQ, that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Agency policy, Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72), in Section XIX, A, 1 through 5, (p. 17) outlines administrative sanctions for staff who are found to have violated the agency's sexual abuse, sexual harassment, and retaliation policies as up to, and including, termination. Agency policy, Executive Directive #2, Employee Discipline, effective date, 01/04/2019, in Section V, (p. 4), sets forth a progression schedule for discipline of permanent and project employees to provide the opportunity to modify their behavior. In Section VIII, G, (p.7). the policy says that the Department may impose a more severe level of discipline, up to and including discharge, for serious acts of misconduct and identifies as one of those serious acts of misconduct, while on duty, harassing a person. Also in Section VIII, G, (p. 8), the policy identifies that agencies may also identify other policy violations which may be egregious enough to accelerate discipline up to and including termination. Listed as one of those policy violations egregious enough to accelerate discipline up to and including termination is staff sexual misconduct with offenders, inmates, or juvenile offenders. The facility indicated, in their response to the PAQ, that, in the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies is zero and that, in the past 12 months, the number of staff from the facility who have been terminated for violating agency sexual abuse or sexual harassment policies is zero. Auditor reviewed and retained investigation documents which clearly showed that, in the past 12 months, there were no investigations conducted, at the facility, that involved staff violations of agency sexual abuse or sexual harassment policies.</p> <p data-bbox="240 1263 1276 1290">A final analysis of the evidence indicates that the facility is in substantial compliance with the provisions.</p> <p data-bbox="240 1375 339 1402">115.76 ©</p> <p data-bbox="240 1411 1493 1738">The facility indicated, in their response to the PAQ, that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Agency policy, ED 72, in Section XIX, A, 2 (p. 17), says that disciplinary sanctions will be commensurate with the nature and circumstances of the violation, the staff member's disciplinary history and the sanctions imposed for comparable offenses by staff with similar histories. The facility reports, in response to the PAQ, that no facility staff have been disciplined, short of termination, for violation of the agency's policies regarding sexual abuse and sexual harassment. Auditor reviewed and retained investigative documents and determined that, in the past 12 months, no investigations were conducted that involved staff violations of the agency's policies regarding sexual abuse and sexual harassment.</p> <p data-bbox="240 1769 1153 1796">A final analysis of the evidence indicates that the facility is in compliance with the provision.</p> <p data-bbox="240 1881 347 1908">115.76 (d)</p> <p data-bbox="240 1917 1477 2145">The facility indicated, in their response to the PAQ, that 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, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. Agency policy, ED 72 says, in Section XVII, B, (p.15), that allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement and that all referrals to law enforcement must be documented. The same policy, in Section XIX, A, 3, (p. 17) identifies that all terminations for violations of the agency's sexual abuse and sexual harassment policies, including resignations that would have resulted in termination if not for the</p>

resignation, shall be reported to any relevant licensing bodies. The facility reports that, in the past 12 months, no facility staff have been terminated for violations of agency sexual abuse or sexual harassment policies, thus there have been no reports made to law enforcement or any relevant licensing boards. Auditor reviewed and retained investigation documents which clearly showed that, in the past 12 months, there were no investigations conducted, at the facility, that involved staff violations of agency sexual abuse or sexual harassment policies. In addition, Administrative staff confirmed that, in the past 12 months, there were no investigations conducted, at the facility, that involved staff violations of agency sexual abuse or sexual harassment policies.

A final analysis indicates that the facility is in substantial compliance with the provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.77	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 1382 607" style="list-style-type: none"> <li data-bbox="242 329 850 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="242 362 1382 456" style="list-style-type: none"> <li data-bbox="242 362 507 392">a. Pre-audit Questionnaire <li data-bbox="242 396 1382 456">b. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72), Effective date, 01/11/2016, <li data-bbox="242 544 371 573">2. Interviews <ol data-bbox="242 577 424 607" style="list-style-type: none"> <li data-bbox="242 577 424 607">a. Superintendent <p data-bbox="242 692 483 721">Findings (By Provision):</p> <p data-bbox="242 750 400 779">115.77 (a) 1 - 4</p> <p data-bbox="242 784 1490 1211">The facility indicated, in their response to the PAQ, that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72) says, in Section XVII, B, (p.15), that allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement and that all referrals to law enforce must be documented. The same policy, in Section XIX, A, 4, (p. 17), identifies that any volunteer or contractor who engages in sexual abuse will be prohibited from contact with offenders and will be reported to relevant licensing bodies. The facility reported, on the PAQ, that, in the past 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates. The facility also reported, on the PAQ, that, within the past 12 months, no contractors or volunteers have been reported to law enforcement for engaging in sexual abuse of inmates. Auditor reviewed and retained documentation from investigations conducted, by the facility, in the past 12 months and has verified that none of them involved a contractor or volunteer. Administrative staff also verified that, in the past 12 months, no contractors or volunteers have been reported to law enforcement for engaging in sexual abuse of inmates.</p> <p data-bbox="242 1240 1265 1270">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="242 1355 349 1384">115.77 (b)</p> <p data-bbox="242 1388 1474 1516">The facility indicated, in their response to the PAQ, that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Agency policy, ED 72, in Section, XIX, A, 4, (p.17), says that appropriate remedial measures shall be taken by the facility to ensure the safety of offenders in contact with volunteers and contractors.</p> <p data-bbox="242 1523 1490 1650">In an interview, the facility superintendent said, "We would investigate the allegation and while that is happening, the volunteer/contractor would not be allowed into the facility. All of our volunteers are on camera and rounds are regularly conducted. Contractors are always escorted by staff. Remedial measures could be additional or more detailed training but if the investigation was substantiated, I would terminate their position at the center."</p> <p data-bbox="242 1680 1265 1709">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="242 1854 424 1883">Corrective Action:</p> <p data-bbox="242 1888 1469 1948">A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.</p>

115.78	Disciplinary sanctions for inmates
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 389 1382 725" style="list-style-type: none"> <li data-bbox="240 389 852 416">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 421 1382 546" style="list-style-type: none"> <li data-bbox="240 421 507 448">a. Pre-audit Questionnaire <li data-bbox="240 452 1382 515">b. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72), Effective date, 01/11/2016, <li data-bbox="240 519 983 546">c. Agency Administrative Code Chapter 303 Discipline, Dated March 2018 <li data-bbox="240 636 373 663">2. Interviews <ol data-bbox="240 667 592 725" style="list-style-type: none"> <li data-bbox="240 667 424 694">a. Superintendent <li data-bbox="240 698 592 725">b. Medical and Mental Health Staff <p data-bbox="240 878 483 904">Findings (By Provision):</p> <p data-bbox="240 936 384 963">115.78 (a) – 1</p> <p data-bbox="240 967 1445 1025">The facility indicated, in their response to the PAQ, that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse.</p> <p data-bbox="240 1030 1490 1227">Agency policy Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72), in Section XIX, paragraph B, 1, (p. 17), identifies that offenders who have committed offender-on-offender sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process. The facility reports, in their response to the PAQ, that, in the past 12 months there have been no administrative, or criminal, findings of guilt for inmate-on-inmate sexual abuse. Auditor reviewed investigations conducted at the facility, in the past 12 months, and found none that contained findings of guilt, either administratively or criminally, on the part of an inmate.</p> <p data-bbox="240 1258 1270 1285">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1375 347 1402">115.78 (b)</p> <p data-bbox="240 1406 1490 1702">Agency policy, ED 72, also says, in Section XIX, B, 1, (p. 17), that sanctions imposed on inmates will be commensurate with the nature and circumstances of the violation, the offender's disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories. In an interview, the Superintendent said, "an inmate alleged to have engaged in sexual abuse at Milwaukee Women's Correctional Center (MWCC) would immediately be transferred to temporary lockup at Taycheedah Correctional Institution (TCI). If the investigation substantiated the allegation, the inmate would go through the disciplinary process and be placed in restrictive housing. We would look at the allegation, the inmate's prior conduct reports and sanctions, and individual issues such as mental health or disability. We would consider sanctions imposed on other inmates with similar histories. Further, a criminal finding of abuse would go through the court process and the inmate would likely have an additional incarceration period."</p> <p data-bbox="240 1733 1270 1760">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1850 336 1877">115.78 ©</p> <p data-bbox="240 1881 1490 2011">Agency Policy, ED 72 says, in Section XIX, B, 3 that the disciplinary process shall consider whether a perpetrating offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The superintendent verified this by saying, "We would look at the allegation, the inmate's prior conduct reports and sanctions, and individual issues such as mental health or disability."</p> <p data-bbox="240 2042 1270 2069">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p>

115.78 (d)

The facility indicated, in their response to the PAQ, that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and that the same services that are offered to victims are also offered to abusers. ED 72, Section XIX, B, 4, (p. 17), says that 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, . . . but not as a condition to general programming or education." The facility submitted an organizational chart that shows that there is a psychologist, two social workers, and two treatment specialists on staff at the facility. When the psychologist was asked, in an interview conducted onsite, if she would consider offering the same services to abusers as to victims, she said, "Yes, I do. We have those things here and I have patients on both sides of that coin."

When asked if an inmate's participation might be a condition of access to programming or other benefits, she said, "No. Therapy is voluntary and whether they choose to engage with me or not has no impact on their other programs, etc."

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.78 (e)

The facility indicated, in their response to the PAQ, that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. Agency policy, ED 72, says, in Section XIX, B,5, (p. 18), that an offender may only be disciplined for sexual contact with an employee upon a finding that the employee did not consent to such contact. Auditor reviewed the one administrative investigation conducted, during the past 12 months, and found that it did not result in any inmate discipline.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.78 (f)

The agency indicated, in their response to the PAQ, that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even in an investigation does not establish evidence sufficient to substantiate the allegation. Agency policy, ED 72, in XIX, B, 6, (p. 17), says that inmates will not be disciplined for filing an allegation in good faith, based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence to substantiate the claim. Auditor reviewed the one administrative investigation conducted, during the past 12 months, and found that it did not result in any inmate discipline.

A final review of the evidence indicates that the facility is in substantial compliance with the provision.

115.78 (g)

The facility indicated, in their response to the PAQ, that the agency prohibits all sexual activity between inmates. Agency Administrative Code Chapter 303, Inmate Discipline, in Section DOC 303.14 Sexual Conduct, (p.17), identifies that consensual sexual acts are prohibited. The facility also indicated, in their response to the PAQ, that the agency deems sexual activity between inmates to constitute sexual abuse only if it determines that the activity is coerced. Agency policy, ED 72, in Section XIX, B, 7, (p.17) says that consensual sexual activity between offenders is prohibited by the Department of Corrections but that sexual activity between inmates that is not coerced will not be considered sexual abuse.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is not corrective action to take.

115.81 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

- 1. Documents: (policies, directives, forms, files, records, etc.)
 - a. Pre-audit Questionnaire
 - b. Division of Adult Institutions Policy #: 500.70.01 Mental Health Screening, Assessment and Referral, Effective Date, 08/31/2020
 - c. Agency Risk Screening Referral, PREA Admission, Adult Male Facility
 - d. Electronic Medical Record Note
 - e. DOC-11163 Authorization for Disclosure of Non-Health Confidential Information (blank), Date 03/2015
 - f. DOC-1923 Limits of Confidentiality of Health Information, (blank), Date, 06/2020
 - g. DOC-1163A Authorization for Use and Disclosure of Protected Health Information (PHI), Date 02/2012

- 2. Interviews
 - a. Inmates who Disclose Sexual Victimization at Risk Screening
 - b. Staff Responsible for Risk Screening
 - c. Medical and Mental Health Staff

- 3. On Site Observations
 - a. Wisconsin Integrated Computer System (WICS)

Findings (By Provision):

115.81 (a) – 1

The facility indicated in their response to the PAQ, that all inmates at the facility who have disclosed prior sexual victimization, during a screening pursuant to Standard 115.41, are offered a follow-up meeting with a medical or mental health practitioner and that the follow-up meeting is offered within 14 days of the intake screening. Agency policy, Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72), in Section XII, E, (p. 9), requires that if either the initial or a follow-up screening indicates that an offender has previously experienced sexual victimization, or has perpetrated sexual abuse, whether it occurred in an institutional or community setting, staff shall ensure the offender is offered a follow-up meeting with a mental health provider, to take place within 14 days of the initial, or follow-up, screening. Division of Adult Institutions (DAI) policy #500.70.01 holds staff who conduct PREA risk screening responsible for offering inmates a follow-up meeting with PSU staff when the screening reveals that the inmate has experienced prior sexual victimization or has been previously sexually abusive. If an inmate accepts the follow-up meeting with PSU, that meeting is to take place within 14 days of the PREA screening. The facility reports, in response to the PAQ, that, in the past 12 months, 100 percent of inmates who disclosed prior sexual victimization during risk screening were offered a follow-up meeting, with medical or mental health staff. Staff indicated that the Wisconsin Integrated Computer System, (WICS) the agency's computerized database system, is used to record screenings of inmates. A sample risk screening form was provided that shows that questions that are asked during the screening, questions 6, and 7, ask the inmate about prior sexual victimization in the community or in confinement. Auditor noted that there is an automatic referral system built into the program so that if the inmate answers yes to either of the questions, 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. When the inmate is seen, mental health staff providing the service will make a notation, in the electronic medical record, noting the date, time, reason and staff who met with the inmate. Auditor asked for, and was provided, copies of 15 completed risk screens one of whom was for an inmate who disclosed prior victimization during risk screening and was interviewed, as well as for an inmate who had reported sexual abuse and was also interviewed. Of 15 risk screens reviewed, 9 inmates answered yes to either question 6 or 7. All 9 who disclosed prior victimization were offered a meeting with mental health and all but two of the 9 refused the meeting. The risk screens reviewed, where the referral to mental health was accepted, showed admission dates, of 5/19/2021, screening date of 5/21/2021, and a referral date of 5/21/2021, and an admission date of 08/11/2021, screening date of 08/12/2021, and a referral date of 08/12/2021. Medical and mental health staff use an electronic medical record (EMR) database to maintain inmate health records. Submitted as documentation was a copy of a printout from the EMR that showed a referral having been made on a specific date, and the

accompanying date of the follow-up meeting that was conducted. Three inmates who disclosed prior victimization during risk screening were interviewed and two of them said they were offered a follow-up meeting with mental health at the time of the initial risk screening. One did not remember that service being offered at the time of risk screening. Auditors also interviewed staff responsible for risk screening who said, in an interview conducted onsite, "Yes, we do, and it happens very quickly here. It has to be within 14 days, and it usually happens within a few days, but can even be the same day. They are not required to see PSU, but PSU is required to check in with them."

A final analysis indicates that the facility is in substantial compliance with the provision.

115.81 (b)

The facility indicated, in their response to the PAQ, that all inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41, are offered a follow-up meeting with a mental health practitioner. Agency policy, ED 72, in Section XII, E, (p. 9), requires that if either the initial or a follow-up screening indicates that an offender has perpetrated sexual abuse, whether it occurred in an institutional or community setting, staff shall ensure the offender is offered a follow-up meeting with a mental health provider, to take place within 14 days of the initial, or follow-up, screening.

DAI policy #500.70.01 holds staff who conduct PREA risk screening responsible for offering inmates a follow-up meeting with PSU staff when the screening reveals that the inmate has been previously sexually abusive. A review of the tool used in risk assessment screening shows that question number 8 asks this question. If the inmate answers in the affirmative, a radio button is generated that prompts staff to then offer the referral to a follow-up meeting with mental health services. If the inmate accepts the referral, the system automatically documents the date of acceptance, and the referral is electronically generated. When the follow-up meeting takes place, health care staff make a notation recording the date, time, and reason for the meeting, and the name of the staff who met with the inmate. The system can be queried, and a printout generated, documenting the referrals made. Auditors requested, and were provided, risk screens that had been done for 15 inmates, many of whom had been interviewed during the onsite portion of the audit. Upon review, Auditor found that none of the 15 inmates said they had ever had sexual contact in confinement with someone without their consent or because they forced, coerced or threatened them. Thus, no referrals were generated. Documentation is electronically generated and maintained using WICS. A Social Worker who was interviewed during the onsite portion of the audit confirmed that the process is the same for referring victims of prior sexual abuse to mental health services.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.81©

The facility is not a prison, not a jail. Thus, provision C is not applicable.

115.81(d) - 1

The facility indicated, in their response to the PAQ, that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners but that it is shared with the facility Security Director, the facility Security Supervisor, and the facility Superintendent who is also the facility PREA Compliance Manager (PCM). Agency policy, ED 72, in Section XII, F, (p. 9) says that appropriate controls shall be placed on the dissemination of information gathered during initial, and follow-up, screenings so that sensitive information cannot be exploited to the offender's detriment. It goes on to say that any information related to sexual victimization or abusiveness occurring in an institutional setting is considered confidential and access to that information is strictly limited to medical and mental health clinicians and other employees, as necessary, to inform treatment and program assignments or as otherwise required by law. Section XIII, A, (p. 10), identifies that 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. On-site, staff demonstrated that the information is stored electronically and is protected by user profile. Access to the information is controlled by restricting log-in and password information to only those employees who need access to perform their jobs. Medical staff, interviewed onsite, said that the information is stored in the computer system and that only certain people have access based on permissions.

She identified PSU staff, social workers, the Security Director, and the Superintendent as staff who can access information from risk screenings and said that the information is used to determine house, jobs, and possibly moving an inmate to another facility if necessary. The PCM said that the information from risk screenings is used in housing and room decisions, and in job placements. She identified that she has access to the application and that the computer system is programmed so that it will not allow the placing of inmates who score ROA (risk of abusiveness) and ROV (risk of victimization) together in a room.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.81 (e)

Agency policy, Executive Directive #72, in Section SXX, paragraph F, states, in part, "Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting." The agency provided form DOC-1163, Authorization for Disclosure of Non-Health Confidential Information, which requires the inmate's signature prior to disclosure of such information. They also provided, as documentation, a DOC-1923 form, Limits of Confidentiality of Health Information that explains, in No 6, that health care providers are required to report otherwise confidential information to the appropriate DOC authorities if it raises concern about a threat to the inmate, to a DAI or DJC correctional facility, to a community corrections operations, and/or to public safety. Examples given of information that would have to be reported are:

- a. overt/covert threats of harm to yourself or others;
- b. reports of any alleged sexual activity between an offender and any other person.
- c. reports of confinement-based sexual abuse, sexual harassment, or retaliation related to reporting either.

This form also requires the inmate's signature. A medical staff person interviewed onsite said she always identifies herself to inmates as a mandatory reporter and always explains the limits of confidentiality to inmates that she works with. The psychologist said, in an interview, that she has that conversation with everybody whether it's PREA related or not. She said she has that conversation with them, "literally a day or two within their arrival."

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1477 770" style="list-style-type: none"> <li data-bbox="240 331 852 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 365 1477 555" style="list-style-type: none"> <li data-bbox="240 365 512 392">a. Pre-Audit Questionnaire <li data-bbox="240 398 1477 425">b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), Effective date 01/11/2016 <li data-bbox="240 432 1437 490">c. Division of Adult Institutions (DAI) Policy #: 500.30.19 Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse, Effective Date, 04/01/2017 <li data-bbox="240 497 895 524">d. Off-Site Service Request and Report, DOC-1001 Date 03/2011 <li data-bbox="240 530 1406 557">e. DAI 316. 01 – Inmate Co-Payment for Health Services Attachment – Copayment Table, Effective date, 11/01/2017 <li data-bbox="240 645 379 672">2. Interviews: <ol data-bbox="240 678 815 770" style="list-style-type: none"> <li data-bbox="240 678 643 705">a. Medical Staff and Mental Health Staff <li data-bbox="240 712 660 739">b. Inmates who Reported a Sexual Abuse <li data-bbox="240 745 815 772">c. Security Staff and Non-Security Staff First Responders <p data-bbox="240 920 483 947">Findings (By Provision):</p> <p data-bbox="240 981 347 1008">115.82 (a)</p> <p data-bbox="240 1014 1493 1738">The facility indicated, in their response to the PAQ, that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, and that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Agency policy, Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72), in Section XVI, Paragraph B, No.1, (p.14), states, "Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment." Division of Adult Institutions (DAI) Policy #500.30.19 Sexual Abuse Health Services Unit Procedure in the Event of Sexual Abuse identifies that facilities shall ensure health care staff provides prompt and appropriate health care interventions in response to reported incidents of sexual abuse. The medical staff who were interviewed during the onsite portion of the audit, when asked if inmates victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services said, "yes, definitely." The mental health staff responded to the question by saying, "yes, absolutely, and that's due to Nurse Kim, she's fantastic." When asked how fast this typically occurs, the nurse said that the facility has not had any allegations of sexual abuse that required medical treatment but that if they did, it would be provided as soon as possible. The psychologist said that if the nurse is onsite, the referral would come within 10 minutes and that if the nurse was not onsite, a phone call would be made to a nearby women's facility and the referral would be provided immediately. When asked if the nature and scope of the services provided would be determined according to their professional judgment, both employees said, both of them said that it would. The nurse said, "yes, I could make decisions about care needed." The facility provided a DOC form that is used to document forensic examinations for victims of sexual assault. The form is DOC-3001 Off-site Service Request and Report. The nurse, and administrative staff, verified, that the facility has not received any allegations of sexual assault, in the past 12 months, that required medical care. Auditor reviewed investigations of allegations of sexual abuse conducted in the past 12 months and found this to be accurate.</p> <p data-bbox="240 1771 1265 1798">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1888 347 1915">115.82 (b)</p> <p data-bbox="240 1921 1493 2145">Agency policy, ED 72, in Section XVI, Paragraph B, 1, says that if there are no qualified medical or mental health practitioners on duty when a report of abuse is made, security staff first responders will take preliminary steps to protect the victim and will immediately notify appropriate medical and mental health care staff. All 12 staff who were randomly chosen for interview were also asked the first responder questions, both non- Security and security staff, and all of the identified that if they were the first person to respond to a report of sexual abuse, they would separate the victim and perpetrator, move the victim to a safe place, call security and health care immediately, ask the inmate not to do anything that might compromise potential evidence, and stay with the inmate until security arrived. Administrative staff verified that there were no reports of</p>

sexual abuse, within the past 12 months, where the victim required medical care.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.82 ©

The facility indicated, in their response to the PAQ, that inmate victims of sexual abuse while incarcerated are 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. Agency policy, ED 72, in Section XVI, Paragraph B, No.3, says, "The DOC's medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted infection prophylaxis." The facility reports that, in the past 12 months, there were no allegations of sexual abuse made by inmates that required timely access to emergency contraception and sexually transmitted infections prophylaxis. Medical staff reported that inmates would be provided timely information about access to emergency sexually transmitted infection prophylaxis. STD testing and medication would be administered at a local hospital with on-site health care follow up as needed. If follow-up treatment cannot be completed on-site, an inmate would be transported off-site for that treatment. The nurse who was interviewed during the onsite portion of the audit said that this information and access to required treatment would be provided as soon as possible if an allegation of sexual abuse where the identified treatment was necessary did occur at the facility. An inmate who reported sexual abuse was interviewed and she said that she did not need access to emergency contraception or sexually transmitted infections prophylaxis when she reported an incident of sexual abuse.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.82 (d)

The facility indicated, in their response to the PAQ, that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Agency policy, ED 72, Section XVI, Paragraph B, No. 2, says, " All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care." The facility also submitted DA1 for 316.00.01 Inmate Co-Payment for Health Services Attachment – Copayment Table, effective November of 2017, that identifies that no co-payment is required for treatment for a medical emergency as determined by a physician, dentist or registered nurse, for a written referral from a PREA risk assessment screener, or for crisis intervention evaluation and treatment related to sexual abuse in confinement. Administrative staff confirmed that, within the past 12 months, no allegations of sexual abuse where emergency medical treatment was required were made at the facility but said that if they were, the services would be provided without financial cost to the victim regardless of whether the abuser was named, or the victim cooperated with an investigation.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1453 739" style="list-style-type: none"> <li data-bbox="240 331 850 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 362 1453 560" style="list-style-type: none"> <li data-bbox="240 362 512 389">a. Pre-Audit Questionnaire <li data-bbox="240 394 1382 456">b. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72), Effective date, 01/11/2016 <li data-bbox="240 461 1453 524">c. Division of Adult Institutions (DAI) Policy #: 500.30.19 Sexual Abuse – Health Services Unit Procedures in the Event of Sexual Abuse, Effective date, 04/01/2017 <li data-bbox="240 528 1299 555">d. DAI Policy #: 500.70.01 Mental Health Screening, Assessment and Referral, Effective date, 04/08/2019 <li data-bbox="240 645 371 672">2. Interviews <ol data-bbox="240 676 660 739" style="list-style-type: none"> <li data-bbox="240 676 592 703">a. Medical and Mental Health Staff <li data-bbox="240 707 660 734">b. Inmates who Reported a Sexual Abuse <p data-bbox="240 824 488 851">Findings (By Provision):</p> <p data-bbox="240 887 347 913">115.83 (a)</p> <p data-bbox="240 918 1493 1312">The facility indicated, in their response to the PAQ, that the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Agency policy, Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72), Section XVI, B, 6, says, "The facility shall offer medical and mental health evaluation, and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any confinement setting. " Administrative staff confirmed that the facility experienced no substantiated allegations of sexual abuse, in the past 12 months, but auditor did review 15 risk screens and noted that nine of them revealed that inmates had experienced prior sexual victimization. All nine of the inmates were offered a follow-up meeting with mental health but only two accepted the referral and met with mental health staff. An inmate who reported sexual abuse was interviewed and reported that she was offered the opportunity to meet with both medical and mental health staff the day after she reported the sexual abuse. The psychologist, Dr. Graf, confirmed that she provides to inmates who disclose prior victimization during risk screening and to inmates who report a sexual abuse, if they opt to accept her services.</p> <p data-bbox="240 1344 1265 1370">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1456 347 1482">115.83 (b)</p> <p data-bbox="240 1487 1481 1684">Executive Directive 72 goes on to say, "The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody." The facility has not received any allegations of sexual abuse in the past 12 months, where medical treatment was required and the inmate who reported a sexual abuse that auditors interviewed said she was offered the opportunity to meet with both medical and mental health staff. However, both medical and mental health staff verified that treatment would include follow-up services, treatment plans, and, when necessary, referrals for continued care.</p> <p data-bbox="240 1688 1437 1751">The identified, as resources that inmates could be referred to for follow up care as Mt. Sinai Hospital in Milwaukee and outside community resources, such as the Healing Center in Milwaukee or ASTOP in Fond du Lac.</p> <p data-bbox="240 1783 1265 1809">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1895 336 1921">115.83 ©</p> <p data-bbox="240 1926 1489 2056">Medical staff also reported that any medical orders received from the local hospital, and any treatment needed by the inmate, would be followed up by on-site health care, and that services provided would be consistent with community level of care. In fact, a mental health staff person said she thought the level of care provided would surpass that of care available in the community.</p> <p data-bbox="240 2087 1265 2114">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p>

115.83 (d) and €

The facility has not had any allegations of sexual abuse, in the past 12 months, that involved vaginal penetration but medical staff confirmed that if that did occur, inmates would be offered pregnancy tests and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provisions.

115.83 (f)

Executive Directive #72, section XVI, paragraph B, no. 7, says that victims of sexual abuse will be offered tests for sexually transmitted infections. The facility has received no allegations of sexual abuse in the past 12 months where medical care was required or where tests for sexually transmitted diseases were necessary but medical staff confirmed that they would be offered if appropriate.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.83 (g)

Agency policy, Executive Directive #72, requires, in section XVI, paragraph B, no. 2, (p. 14) that all medical and mental health treatment services will be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. There have been no allegations of sexual abuse, at the facility, in the past 12 months where medical treatment was required.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.83(h)

Agency policy Executive Directive #72, says, in section XVI, paragraph B, no., 8, (p.15), that facilities shall attempt to conduct a mental health evaluation of all known offender-on offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. DAI Policy #500.70.01 Mental Health Screening, Assessment and Referral, says, in section XVI, paragraph B, "PSU staff shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of when DOC staff first learn of the abuse history." The psychologist said, in an interview, "if a PREA case is substantiated, the perpetrator is evaluated within 60 days of learning of such abuse history. Typically, this evaluation results in modification to the individualized treatment plan."

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.86	Sexual abuse incident reviews
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1377 909" style="list-style-type: none"> <li data-bbox="240 331 855 358">1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 389 1377 551" style="list-style-type: none"> <li data-bbox="240 389 512 416">a. Pre-Audit Questionnaire <li data-bbox="240 421 1155 448">b. DOC-2863 Sexual Abuse Incident Review (SAIR) FORM – PREA, (blank) Dated 10/2020 <li data-bbox="240 452 1377 479">c. Division of Adult Institutions (DAI) Policy #” 410.50.01 Sexual Abuse Incident Review, Effective Date 0412/2021 <li data-bbox="240 483 1227 510">d. DAI Policy #: 300.00.70 Assaults by Inmate, Reporting and Tracking, Effective Date, 05/15/2020 <li data-bbox="240 515 1139 542">e. DOC-2863 PREA Sexual Abuse Incident Review Printout from Computerized Database <li data-bbox="240 636 376 663">2. Interviews: <ol data-bbox="240 672 707 766" style="list-style-type: none"> <li data-bbox="240 672 501 698">a. Facility Superintendent <li data-bbox="240 703 320 730">b. PCM <li data-bbox="240 734 707 761">c. Sexual abuse incident review team member <li data-bbox="240 851 528 878">3. Site Review Observations <ol data-bbox="240 887 730 913" style="list-style-type: none"> <li data-bbox="240 887 730 913">a. Sexual abuse administrative investigation files <p data-bbox="240 1057 483 1084">Findings (By Provision):</p> <p data-bbox="240 1115 347 1142">115.86 (a)</p> <p data-bbox="240 1151 1485 1406">The facility indicated, in their response to the PAQ, that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. Agency policy, Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72), in Section XX, A, (p. 18), says that the facility must conduct a review, within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. The facility reports that the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility in the past 12 months, excluding only “unfounded” incidents is one. Auditor reviewed the one investigation of sexual abuse that was completed in the past 12 months.</p> <p data-bbox="240 1438 1265 1464">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1554 347 1581">115.86 (b)</p> <p data-bbox="240 1590 1493 1912">The facility indicated, in the response to the PAQ, that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. Agency policy, ED 72, in Section XX, (p. 18), requires all facilities to conduct a review within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. The facility reports that the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding “unfounded” only incidents is one. The facility presented a printout from a departmental computerized database that documents the sexual abuse incident review that was completed following an investigation of alleged sexual abuse, in the facility. Auditor reviewed documentation from the investigation that was conducted and determined that the date the investigation closed, and the date of notification to the prisoner, was 04/27/2021. The date the Sexual Abuse Incident Review was completed was 04/28/2021.</p> <p data-bbox="240 1944 1265 1971">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 2060 336 2087">115.86 ©</p> <p data-bbox="240 2096 1449 2150">The facility indicated, in their response to the PAQ, that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p>

Agency policy, ED 72, in Section XX, A, (p. 18), says that the review must be conducted by a team that consists of upper-level management officials with input from supervisors, investigators, and medical and mental health staff. The documentation provided shows that the Sexual Incident Review, in this instance, included the facility Superintendent, the facility Security Director, the facility Security Supervisor, the Corrections Program Supervisor, and the facility Psychologist.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.86 (d)

The facility indicated, in their response to the PAQ, that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement and submits such report to the facility head and PCM. ED 72, in Section XX, A, (p. 18), requires the review team to:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse,
- b. Consider whether the incident or allegation was motivated by race, ethnicity, gender identify, LGBTI identification, status or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility,
- c. Examine the area in the facility where the incident alleged occurred to assess whether physical barrier in the area may enable abuse,
- d. Assess the adequacy of staffing levels in that area during different shifts,
- e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by employees, and
- f. Prepare a report of its findings, including but not limited to, determinations made in the above items, and any recommendations for improvement and submit the report to the facility head and facility PCM.

Auditor's review of the report from the one Sexual Abuse Incident Review that was completed in the past 12 months indicated that items for the team's consideration included a description of the area of facility where the incident allegedly occurred and any physical barriers that may be in that area, the availability of monitoring technology in the area, whether staffing levels in the area were adequate during the time of the alleged incident, any recommended alterations to staffing in the area during different shifts, whether agency policies and procedures were followed in response to the allegation, and if the incident or allegation may have been motivated by race, ethnicity, gang affiliation, group dynamics at the facility, intersex condition, transgender identification/perception, lesbian/gay/bisexual identification/perception or any other group dynamics at the facility. The facility psychologist confirmed, in an interview, that all of the items listed above are considered and said, "I think we each bring a piece to the puzzle and it's a productive conversation." Another team member said, "There is a form we follow, and we review policies and procedures that may need to be updated, staffing patterns, physical, barriers, where cameras are placed, if we have enough or need more, the layout of facility, post orders, policies and procedures, reporting processes, gangs, security threats, facility dynamics, lesbian or transgender."

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.86 €

The facility indicated, in their response to the PAQ, that the facility implements the recommendations for improvement or documents its reasons for not doing so. Agency policy, ED 72, requires, in Section XX, B, (p.19), the agency shall implement the recommendations for improvement, or shall document its reasons for not doing so. A review of the documentation from the one sexual abuse incident review that was done at the facility, in the past 12 months, revealed that no modifications to policy or procedures were deemed necessary and that no recommendations for improvement were made. Noted in the report was that policy and procedure were followed including first responder duties to separate the alleged victim and alleged abuser, the floor sergeant notified control who in turn notified the captain on call, HSU services were offered, and the allegation was referred to law enforcement. In describing the changes that were made in response to the allegation the team said that the alleged victim and alleged abuser were separated by housing wing which provided for separate bathroom facilities and mealtimes, and the job assignments were changed because the investigation bore out that the alleged victim and alleged abuser had previously been assigned to the same job.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.87	Data collection
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1161 672" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. 1. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) c. Survey of Sexual Victimization, 2017 d. Survey of Sexual Victimization, 2018 e. Survey of Sexual Victimization, 2019 2. Interviews <ol style="list-style-type: none"> a. Agency PREA Director <p data-bbox="240 757 483 784">Findings (By Provision):</p> <p data-bbox="240 815 347 842">115.87 (a)</p> <p data-bbox="240 851 1497 1312">The facility indicated, in their response to the PAQ, that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Agency policy, Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72), in Section XXI, A, (p. 18), requires the collection of accurate, uniform data from incident-based documents such as reports, investigation files, and sexual abuse incident reviews, for every allegation of sexual abuse within facilities, including facilities with which the agency contracts for the confinement of offenders, using a standardized instrument and set of definitions. The Agency PREA Director said, in an interview conducted onsite, "all of our investigations are documented electronically, housed in a data base called SINC. We extract information from those investigations to complete SSV and we transmit that to DOJ through their website or their portal. We complete an annual report every year that does not include identifying information. And the annual report is published on our website." Auditor reviewed the annual report for 2020 on the agency website and noted that the data provided shows changes in total allegations, changes in sexual abuse allegations, and changes in sexual harassment allegations between the years 2019 and 2020. The information is provided in tables and in bar graphs, by facility, and also reports the data in offender-on-offender allegations as well as staff-on-offender allegations with dispositions included.</p> <p data-bbox="240 1344 1265 1370">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1456 347 1482">115.87 (b)</p> <p data-bbox="240 1491 1445 1585">The facility indicated, in response to the PAQ, that the agency aggregates the incident-based sexual abuse data at least annually. Agency policy, ED 72, requires, in Section XXI, A, (p.18), the data to be aggregated annually. A review of the SSV and the Annual Report revealed that the data is aggregated.</p> <p data-bbox="240 1617 1265 1644">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1729 336 1756">115.87 ©</p> <p data-bbox="240 1765 1466 1890">The facility indicated, in their response to the PAQ, that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. Agency Policy, ED 72, also requires that the extracted data, at minimum, include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization.</p> <p data-bbox="240 1921 1265 1948">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 2033 347 2060">115.87 (d)</p> <p data-bbox="240 2069 1477 2163">The facility indicated, in their response to the PAQ, that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency collects data via the agency wide Sensitive Investigation Network Communication (SINC) database. The Agency PREA</p>

Director identified that the SINC database serves as the agency's standardized instrument for collecting accurate and uniform allegation data. Auditor's review of the agency's most recent SSV 2020 submission noted that the data collected via SINC provided the information necessary to complete the SSV.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.87 €

The facility indicated, in their response to the PAQ, that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates and that the data from private facilities complies with SSV reporting regarding content. Auditor reviewed the agency website and noted that a document entitled, Sexual Abuse and Sexual Harassment (PREA) Reporting Process identifies, in item No. 7, that contracted agencies are required to report all administrative investigation results using the PREA Investigation Closeout Form (DOC-2785) and the completed DOC-2785 form is to be submitted via email to the PREA Office. In addition, a YouTube video is available, on the agency website, which gives an overview of contractor reporting responsibilities. In the video, the contracted agencies are informed that they must complete the Bureau of Justice Statistics Annual Survey of Sexual Victimization (SSV) and forward copies of incident-based and aggregate forms via email to the Agency PREA Office timely. Auditor also reviewed the agency's 2020 annual PREA Report, on the website, and noted that the report contains sexual abuse and sexual harassment data from agencies the Wisconsin Department of Corrections contracts with for the confinement of offenders.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.87 (f)

The facility indicated, in their response to the PAQ, that the agency provided the Department of Justice (DOJ), with data from the previous calendar year upon request. In an interview, the Agency PREA Director said that the information is presented to the DOJ on their website or portal.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.88	Data review for corrective action
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1485 828" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Agency Annual Report 2020 c. Agency Annual Report 2019 d. Agency Annual Report 2018 e. Agency Website Posting f. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72), Effective date, 01/11/2016 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. PREA Director c. PREA Compliance Manager (PCM) <p data-bbox="240 976 483 1003">Findings (By Provision):</p> <p data-bbox="240 1034 347 1061">115.88 (a)</p> <p data-bbox="240 1066 1422 1160">The facility indicated, in their response to the PAQ, that the agency reviews data collected and aggregated pursuant to Standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:</p> <ol style="list-style-type: none"> a. identifying problem areas: b. Taking corrective action on an ongoing basis: and c. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. Agency policy, Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72), in Section XXI, A, 2, (p.19) ,states, in part, "The data collected and aggregated shall be analyzed to assess and improve effectiveness of the DOC's sexual abuse prevention, detection and response policies, practices and training by identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility as well as the DOC as a whole." The agency does aggregate incident-based sexual abuse data at least annually. Annual reports are published online and can be found on the agency website. <p data-bbox="240 1491 1270 1518">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1608 347 1635">115.88 (b)</p> <p data-bbox="240 1639 1497 2101">The facility indicated, in their response to the PAQ, that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. Agency policy, ED 72, in Section XXI, A, 2, (p. 19), requires that the report 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. The 2020 Annual Report, on page 6, provides data that compares the total number of sexual abuse and sexual harassment allegations, by disposition and division, from 2019 to 2020. The facility indicated, in their response to the PAQ, that the annual report provides an assessment of the agency's progress in addressing sexual abuse. Page 5 outlines achievements made, by the agency, during the 2020 year. Among them are updated inmate education materials, trained investigators, published bi-annual PREA PAGE newsletter, created or modified various Division of Adult Institution policies as they relate to PREA, conducted compliance monitoring of county jails serving in a contracted capacity, and submitted a Governor's PREA assurance for Audit Cycle III, Year II. Also listed are facility accomplishments and corrective action realized during the year 2020. Among those are modified physical plant, i.e., windows, mirrored bubbles, office/bathroom structures, for greater visibility, adapted shower rooms for greater privacy between inmates and to prevent cross-gender staff viewing, modified staffing patterns, traffic patterns, and movement schedules, and provided first responder refresher training and resources.</p> <p data-bbox="240 2132 1270 2159">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p>

115.88 ©

The facility indicated, in its response to the PAQ, that the agency makes its annual report readily available to the public at least annually through its website. The facility presented a printout of the page, from the website, where the link to the report is located. Auditor reviewed the 2020 annual report on the agency website. The facility indicated, in its response to the PAQ, that the annual reports are approved by the agency head. The annual report bears the signature of Kevin A. Carr, Secretary, Wisconsin Department of Corrections.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.88 (d)

The facility indicated, in its response to the PAQ, that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and that the agency indicates the nature of material redacted. Agency policy, ED 72, in Section XXI, A, 2, (p. 19), says that 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. However, the PREA Director said, in an interview conducted via telephone prior to the onsite portion of the audit, that the agency does not print information in annual reports that would present a clear and specific threat to the security of the facility and, thus, does not redact information from the annual report. The agency PREA director said that they do not include any inmate information, just totals and qualitative information, so they do not redact any information from annual reports.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1490 568" style="list-style-type: none"> <li data-bbox="240 331 858 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 365 1490 423" style="list-style-type: none"> <li data-bbox="240 365 512 392">a. Pre-Audit Questionnaire <li data-bbox="240 398 1490 423">b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72), Effective date, 01/11/2016 <li data-bbox="240 510 384 537">2. Interviews: <ol data-bbox="240 544 456 568" style="list-style-type: none"> <li data-bbox="240 544 456 568">a. PREA Coordinator <p data-bbox="240 658 483 685">Findings (By Provision):</p> <p data-bbox="240 719 349 745">115.89 (a)</p> <p data-bbox="240 752 1490 1077">The facility indicated, in their response to the PAQ, that the agency ensures that incident-based and aggregate data are securely retained. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement: (PREA) (ED 72), in Section XXI, A, 3, (p. 19), states, "All data shall be securely retained and maintained for at least 10 years after the date of the initial collection." The agency PREA Director said, in an interview conducted via telephone during the pre-onsite phase of the audit, "all of our investigations are documented electronically, housed in a data base called SINC, which has protections and controls, and is role based so our office oversees who has access to that data base and, depending on your role or need to know, your access is expanded or restricted. We extract information from those investigations to complete SSV and we transmit that to DOJ through their website or their portal. We complete an annual report every year that does not include identifying information. The annual report is also published on our website." Auditor reviewed the 2020 annual report on the agency's website.</p> <p data-bbox="240 1111 1265 1137">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1227 349 1254">115.89 (b)</p> <p data-bbox="240 1261 1477 1518">The facility indicated, in their response to the PAQ, that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. Agency policy, ED 72, in Section XXI, A, 2, (p. 19) requires that corrective action reports be posted publicly to the agency's website. It also says that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Annual reports are published and available for review through the agency website. Auditor reviewed the Wisconsin Department of Corrections, Prison Rape Elimination Act Annual Report for 2020 and verified that it does reflect aggregated sexual abuse data from facilities under its direct control and facilities with which it contracts.</p> <p data-bbox="240 1552 1265 1579">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1668 368 1695">115.89 © - 1</p> <p data-bbox="240 1702 1477 1861">The facility indicated, in their response to the PAQ, that before making aggregated sexual abuse data publicly, the agency removes all personal identifiers. Agency policy, ED 72, in Section XXI, A, 1, (p. 19), says that data must be aggregated annually, reported to the US DOJ with personal identifiers removed, and posted publicly to the agency's website. The agency PREA Director reported, and a review of annual reports, on the agency web site, verified, that there is no personally identifiable information, or sensitive information, contained within the annual report.</p> <p data-bbox="240 1895 1265 1921">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 2033 368 2060">115.89 © - 2</p> <p data-bbox="240 2067 1477 2161">The facility indicated, in their response to the PAQ, that the agency maintains sexual abuse data collected pursuant to Standard 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. Agency policy, ED 72 says, in Section XXI, A, 3, (p. 19), that all data must be securely retained and maintained for at least</p>

10 years after the date of the initial collection. A review of the agency website shows that annual reports are available, for the years 2010 through 2020 are available for viewing on the website.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.401	Frequency and scope of audits
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 842 537" style="list-style-type: none"> <li data-bbox="240 331 842 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 362 512 425" style="list-style-type: none"> <li data-bbox="240 362 512 389">a. Pre-Audit Questionnaire <li data-bbox="240 394 440 421">b. Agency Website <li data-bbox="240 510 485 537">2. On Site Observations <p data-bbox="240 685 483 712">Findings (By Provision):</p> <p data-bbox="240 743 360 770">115.410 (a)</p> <p data-bbox="240 775 1489 972">A review of the agency website revealed that, during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. Auditor determined, from review of the website, that one third of facilities were audited each year. Auditor also reviewed monitoring documentation for county jails that the state agency contracts with for housing some of its offenders. That documentation, from the 16 contracted agencies, revealed that all of the agencies have undergone a PREA audit, in the past 3 years, or are scheduled for an audit in the third year of the third cycle, 2022.</p> <p data-bbox="240 999 1270 1025">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1115 360 1142">115.410 (b)</p> <p data-bbox="240 1146 1489 1375">The is the third year of the current cycle. The current cycle runs from August 19, 2019, until August 19, 2022. A review of the web site revealed that the 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. Auditor reviewed reports published on the agency web site and determine that at least two thirds of the agency’s facilities were audited in the first two years of the current cycle. Auditor also reviewed monitoring documentation from the 16 county jails that the agency contracts with for the confinement of inmates. Of the 16, eight had PREA audits conducted within the past three years and four have audits scheduled for 2022, prior to August 19, 2022.</p> <p data-bbox="240 1402 1270 1429">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1518 360 1545">115.401 (h)</p> <p data-bbox="240 1550 1086 1576">Auditor was granted access to, and had the ability to observe, all areas of the facility.</p> <p data-bbox="240 1603 1270 1630">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1720 360 1747">115.401 (l)</p> <p data-bbox="240 1751 1473 1890">The auditor was permitted to request and receive copies of any relevant documents including electronically stored information. Auditor requested training documentation for both staff and inmates, inmate orientation documentation, volunteer training documentation, copies of risk screens, copies of contracts with county jails, monitoring documentation for county jails, copies of investigations conducted at the facility, and other documentation needed to carry out the audit.</p> <p data-bbox="240 1917 1270 1944">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 2033 360 2060">115.401(m)</p> <p data-bbox="240 2065 1473 2128">The auditor was permitted to conduct private interviews with inmates, residents and detainees. The facility does not house residents or detainees, but staff provided private setting for interviews of both staff and inmates.</p>

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.401 (n)

Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. At least six weeks prior to the date of the onsite portion of the audit, Auditor provided audit notice postings and asked that they be posted in the facility, in various places, where inmates could easily see and read them. Auditor requested that the notices be posted on pink paper so that they were readily noticeable. On those postings was the address of the lead auditor and information telling inmates that they could write a letter to the auditor if they so desired. Audit notices included a confidentiality statement indicating that outgoing mail to the auditor would be treated as legal mail. No letters from this facility were received by the auditor. The facility provided photos of locations, in the facility where the audit notices were posted and auditors were able to view those postings during the onsite review of the facility.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action:

A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.403	<p>Audit contents and findings</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Agency website 2. Interviews: <ol style="list-style-type: none"> a. PREA Director 3. Site Review Observations: <ol style="list-style-type: none"> a. Facility review <p>Findings (By Provision)</p> <p>115.403 (f). The agency's website has a page dedicated to PREA-related information, including policies and procedures; how to report allegations; audit schedules; annual reports, and final audit reports. The preceding final PREA audit report for Milwaukee Women's Correctional Center is dated January 12, 2018, and is posted on the agency's public website. An interview with the PREA Coordinator confirmed that within 90 days of receiving a final audit report it is posted to the website.</p> <p>Corrective Action.</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	no

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for 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
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes