

PREA Facility Audit Report: Final

Name of Facility: Taycheedah Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/18/2022

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: 05/18/2022

AUDITOR INFORMATION	
Auditor name:	Gorton, Yvonne
Email:	yvonnegorton@yahoo.com
Start Date of On-Site Audit:	10/12/2021
End Date of On-Site Audit:	10/14/2021

FACILITY INFORMATION	
Facility name:	Taycheedah Correctional Institution
Facility physical address:	751 County Road K, Fond du Lac, Wisconsin - 54936
Facility mailing address:	

Primary Contact	
Name:	Jennifer McDermott
Email Address:	751 County Road K
Telephone Number:	920 526-9200

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

Facility PREA Compliance Manager	
Name:	Brandon McGaw
Email Address:	brandon.mcgaw@wisconsin.gov
Telephone Number:	O: (920) 929-3800
Name:	Cynthia Radtke
Email Address:	cynthia.radtke@wisconsin.gov
Telephone Number:	O: (920) 929-3813

Facility Health Service Administrator On-site	
Name:	Lisa Albrecht
Email Address:	lisa.albrecht@wisconsin.gov
Telephone Number:	920-929-3859

Facility Characteristics	
Designed facility capacity:	752
Current population of facility:	748
Average daily population for the past 12 months:	745
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	Females
Age range of population:	18-81
Facility security levels/inmate custody levels:	Minimum, Medium, and Maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	267
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	11
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	24

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

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>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.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-10-12
2. End date of the onsite portion of the audit:	2021-10-14

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	ASTOP (Assist Survivors, Treatment, Outreach, Prevention, Fond du Lac, WI and St. Agnes Hospital Hospital, Fond du Lac, Wisconsin.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	752
15. Average daily population for the past 12 months:	833
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	764
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	12
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	162
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	6

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	6
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	5
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	48
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	48
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	27
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	30
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The facility indicated, on the PAQ, that they do not place inmates in segregated housing/isolation for risk of sexual victimization.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	267
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	24
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	6
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>I took the total number of inmates, chosen at random, that I needed to interview, and divided that by the number of housing units at the facility to determine the number of inmates I needed to interview from each housing unit. In this case, I needed to interview at least two randomly chosen inmates from each unit. Using inmate rosters printed by housing unit, and because the inmate names were on the rosters in numerical order, for the first unit, I chose the first name on the list, and the middle name on the list. For the second housing unit, I chose the middle name first and then the last name on the roster. I rotated this way until I had enough names chosen. I opted to take the first names from half of the rosters so as to include the oldest numbers, typically the oldest inmates, as well as the middle and higher numbered inmates. After I had enough names chosen, I reviewed them for race. Where I had too many of one race, I went back and chose the very next name to the one that I had originally chosen, that helped balance my group by race. By choosing the very next name, I could ensure the randomness of the sample. Where an inmate refused an interview, or fell into a targeted group, I again went back to the roster and chose the name closest to the original inmate chosen that was of the same race as the inmate who refused. That way, I kept my sample balanced.</p>
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No populations were oversampled, and there were no barriers, of any type, to completing the interviews.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	17

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The agency is able to print rosters, from a computerized database, of inmates that fall into targeted groups. That database is accurate because it collects data from all areas of the agency, including medical and mental health information, etc.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The agency is able to print rosters, from a computerized database, of inmates that fall into targeted groups. That database is accurate because it collects data from all areas of the agency, including medical and mental health information, etc.</p>

64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	4
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility indicated, on the PAQ, that they do not house inmates in segregated housing for risk of sexual victimization.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	There were no barriers to completing interviews.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	13

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>There were no barriers to conducting interviews of staff.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>17</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input checked="" type="radio"/> Yes <input type="radio"/> No
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>2</p>

<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input checked="" type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	Auditors conducted informal interviews with both staff and inmates in each housing unit.
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Documentation requested by Auditors and received: <ol style="list-style-type: none"> 1. screens and inmate education for all inmates who were chosen at random for interview. Auditors also asked for, and received a sampling of human resource files that were all chosen by auditors, 2. a sampling of human resource files, all chosen by auditors, 3. investigations completed by the facility during the past 12 months, reviewed on SINC, including notifications made to inmates when the investigations were complete, 4. documentation of notices made to other facilities when inmates reported sexual abuse that occurred at another facility, and 5. staff training records
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	25	0	25	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	27	0	27	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	5	0	5	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	6	0	6	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	5	1	21	0
Staff-on-inmate sexual abuse	0	1	1	0
Total	5	2	22	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	5	0
Staff-on-inmate sexual harassment	0	0	0	1
Total	0	0	5	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	15
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	7
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:</p>	<p>1</p>

Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>

AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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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. Position Description – Agency PREA Director d. Agency Organizational Chart e. 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. Facility PREA Compliance Manager (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." Auditors 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. 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." All 30 of the inmates who were formally interviewed, all 26 of the staff who were interviewed, and a volunteer who was interviewed, were familiar with the zero-tolerance policy and verified that they had received information, and training, regarding this policy.</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> <ol style="list-style-type: none"> a. Providing a coordinated victim-centered response to reports of sexual abuse and sexual harassment, including providing medical and mental health services to victims, b. Investigating all allegations, c. Providing multiple avenues for reporting allegations, d. Training all staff members, contractors, and volunteers to recognize, respond to, and report sexual abuse and sexual harassment, <p>Providing offenders with a comprehensive orientation that details their right to be free from sexual abuse, sexual harassment, and report-related retaliation,</p> <ol style="list-style-type: none"> e. Identifying core causal factors, and f. Taking corrective action so as to align with a zero tolerance environment. <p>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</p>

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 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."

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 substantial 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. ED 72 states, in Section V, D(p. 5), "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 facility Security Director, Cindy Radtke, as the facility PCM. Identified as her backup is Captain Brandon McGaw. When asked, in an interview conducted onsite, if she had sufficient time to coordinate the facility's efforts to comply with the PREA standards, Security Director Radtke replied, "yes, in addition to other responsibilities, but I have a backup and security staff who are trained in PREA, and they understand and assist and backup, so I have resources." A facility organizational chart, submitted in response to the PAQ, identified that the Security Director is an upper-level administrative position, at the facility, and that the position reports to the Warden 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.

115.12	Contracting with other entities for the confinement of inmates
	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 1481 1675" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> a. Agency's Contract Administrator <p data-bbox="240 1765 483 1792">Findings (By Provision):</p> <p data-bbox="240 1821 379 1848">115.12 (a) - 1</p> <p data-bbox="240 1854 1481 2016">The facility indicated, in their response to the PAQ, that the agency currently has MOAs, with 16 agencies, for the temporary housing of inmates. During the pre-on-site 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</p> <ul data-bbox="240 2022 391 2145" style="list-style-type: none"> - Fond du Lac, - Jefferson, - Bayfield, - Racine,

- Oneida,
- Forest,
- Sauk,
- Ozaukee,
- Dunn
- Juneau,
- Vernon,
- Vilas,
- Rock,
- Winnebago, and
- 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, that 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 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 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. Sections 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 that 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, "staff in 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 requirement.

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. Taycheedah Correctional Institution (TCI) Staffing Plan 2020 d. (TCI) Staffing Plan 2021 e. Shift reports from 6-10-2021, 8-21-20, 8-23-20, and 8-25-2020 f. Division of Adult Institutions (DAI) Policy# 410.50.05 Staffing Plan, Effective date, 05/17/2021 g. Wisconsin Department of Corrections (WIDOC) PREA Coordinator 2020 PREA Staffing Plan Annual Review Log h. DAI Facility Procedure, Wisconsin Women's Correctional System, Procedure #: 900.20.39 Unannounced Supervisory Rounds (PREA), Effective date, 09/11/2015 2. Interviews <ol style="list-style-type: none"> a. Warden 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. Logbooks in various areas of the facility <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 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, which says, in section IX, A, (p. 6), "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. <p>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 said they are always looking at how they can augment the staffing level and always looking at prevention as well as detection. She said they look at how often they make rounds, what activities are going on in the units. She said, "yes, we consider all those things, all the time."</p> <p>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.</p>

The facility submitted copies of their staffing plans dated April 2020 and March 2021. The staffing plans identify that while the facility has a maximum-security designation, it also houses medium and minimum-security inmates. The minimum-security population includes inmates awaiting transfer to a minimum-security facility and inmates that have a medical or mental health need that prevents them from transferring facilities. The facility also has inmates in restrictive status housing requiring maximum supervision.

The facility runs three shifts and is permitted 13 security supervisors, six lieutenants and seven captains. Two security supervisors are assigned to 1st and 2nd shift and one security supervisor is assigned to 3rd shift. The facility has five Corrections Program Supervisors who are assigned to housing units to ensure each housing unit program and general operations of security and non-security staff are overseen. The facility has 132 correctional officers, 51 sergeants and 13 security supervisors. Security staff assignments are based upon custody level, programming, inmate movement, and behavioral management needs. The number of staff on each housing unit varies according to the demographic needs and number of inmates on the unit. In addition to security staff, the facility has at least one social worker and at least one psychology staff member assigned to each housing unit. Cameras are also placed in special cells to supplement the security and observation rounds for inmates that are at risk to themselves or for medical observation.

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 883.

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 883.

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

115.13 (b) – 1 and 2

The facility indicated, in response to the PAQ, that, under normal circumstances, the facility does not deviate from the staffing plan as the facility will force overtime, restrict movement, collapse posts, etc., to ensure proper coverage. The staffing plan identifies that the facility uses an electronic scheduling program to assist with planning. When a security shift vacancy occurs, overtime is hired. When a vacancy is pre-scheduled, the shortage is posted and security staff are free to sign up to fill the post. If the pre-scheduled vacancy is not filled or the vacancy is unplanned, the facility engages a system of forced overtime and staff are ordered to fill vacancies on a rotating schedule. All supervising areas are staffed at all times. The facility's forced overtime system ensures no post goes unfilled. Any deviations from the staffing plan would be documented.

Auditor requested copies of shift reports from a variety of dates and, upon review, noted that on all of them it was noted that overtime was hired and that no posts were unfilled.

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 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 facility, as 03/24/2021, with the facility PCM and the Security Director 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 WIDOC 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. Auditors interviewed multiple supervisory staff who said they do make unannounced rounds as required. A sergeant who was interviewed said, "each supervisor on the shift does them once per shift and the goal is to hit every area within that shift. We document it in the logbooks on the units and we don't notify staff that we are coming. It's totally unannounced. We look for anything out of place . . . and sometimes we quiz staff on policies and share knowledge with them if they aren't familiar with them." The Security Director said that she varies her rounds and makes them on no set schedule. She said, "there might be an area I don't see for two weeks but I might go to the same unit several times a week."

115.13 (d) - 2

The facility indicated, on the PAQ, that the facility documents unannounced rounds. In interviews, all supervisory staff who said, 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 these rounds logged in logbooks in the various areas of the facility and noted that these rounds are logged separately in the back of the regular logbook. Keeping the logbook of unannounced rounds separate made them easy to verify. Auditors also noted the signatures of the 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 Security Director, when asked how she ensures that staff do not alert other staff that unannounced rounds are taking place said, "the easiest way is just to not tell them that you're coming, not getting into a routine, making sure they can't predict when you're coming and not let staff know where you're going next." A sergeant who makes unannounced rounds said, "it's in the policy and we ensure compliance that way. We might catch it on radio traffic and we would address it right away."

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
	<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) 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>115.14 (a) - 1 The facility indicated, in their response to the PAQ, that the Division of Adult Institutions/Taycheedah Correctional Institution (TCI) 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. Agency policy, 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. Administrative staff, at the facility, confirmed that the facility does not house inmates under the age of 18.</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 TCI.</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 TCI.</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this provision.</p> <p>115.14 (b) - 1 and 2 The facility indicated, in their response to the PAQ, that the TCI does not house inmates under the age of 18.</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this provision.</p> <p>115.14 (c) - 1 The facility indicated, in their response to the PAQ, that the TCI does not house inmates under the age of 18.</p> <p>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 TCI does not house youthful inmates.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>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.</p>

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 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72)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 #: 306.17.02 Searches of Inmates, Effective 12/21/2020 f. DAI Policy #: 500.70.27 Transgender Inmates, Effective 07/19/2021 g. 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. Agency policy, ED 72, 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." 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 30 inmates, including two transgender inmates, 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 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. The facility reported, in the 2021 staffing plan, that the facility has 33 BFOQ positions thus, there are always female staff available to perform required strip searches.</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-searches of female inmates by male staff absent exigent circumstances. They also said that there is always female staff on duty and that staff have access to both a walk through and hand held metal detector at all times. All 12 random staff who were interviewed said that cross-gender pat-searches are prohibited.</p>

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 in order to comply with this provision. All 12 random 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 hand held metal detector. All 30 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-searches. They all said that there are always female staff on duty and the facility staffing plan identifies that the facility has 33 BFOQ positions.

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-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.

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 the facility documents all cross-gender searches performed at the facility.

The facility reports that no cross-gender searches were performed at the facility, in the past 12 months, thus there is no documentation available.

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) says, "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 30 of the 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, cameras do not point into the cells, and that male staff do not go into the bathrooms. In the dormitory style housing unit, there are individual changing rooms, in the front part of the dorm area that inmates can use to simply change clothes. Auditors did note some observations cells, that are wet cells, and that do have a camera in the cells. Staff demonstrated for auditors that the camera view has been shaded over the toilet so that staff who monitor those cameras cannot view inmates using the toilet.

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 25 inmates formally interviewed, twelve of them said male staff announce their presence when entering the housing area.

The other 13 said that male staff use a doorbell to announce when they are entering the housing area, "sometimes," "just at the beginning of the shift," and "never." Staff explained, and auditors noted during the site review, that there is a male officer assigned to almost every housing unit, on every shift. Therefore, there is almost always male staff in the unit so that when another male staff comes into the unit, they do not ring the tone announcing their entry. Several inmates said that they

always know that there are male staff working in their unit but they complained that they do not know when males, who are not assigned to their unit, are entering. An example one inmate gave is that, on occasion, a nurse, social worker, or other male staff who are not regularly assigned to the unit will come into the unit without announcing because there are already male staff in the unit. This inmate said the presence of males with whom she is not familiar, or does not readily recognize as staff, is unsettling. Auditors felt that staff are following the standard but recommended that the Administration ask non-custody staff to announce when they enter housing units.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. However, auditor recommends that non-custody males, and other male staff who are not assigned to the housing unit, announce when they enter a housing unit.

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. Two transgender inmates who were interviewed confirmed that they have never been subjected to a strip search for the sole purpose of determining 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 lesson plan outlining the training plan used to train facility staff on conducting searches. The lesson plan 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.

Reccommendation:

Auditor recommends that non-custody males, and other male staff who are not assigned to the housing unit, and who do not work on housing units on a regular basis, announce when they enter a housing unit.

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 Spanish Poster 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Random Staff c. Inmates with disabilities or who are limited English proficient 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. 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. 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 video with PREA Education is available for inmates who are visually impaired to listen to. Auditors were able to review 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 accommodations." Auditors were able to interview a disabled inmate who said that the facility does provide information about sexual abuse and sexual harassment that she is able to understand. Auditors were also able to interview a cognitively</p>

disabled inmate who said that she does read and that the information is printed on posters, which she can read, and in the inmate handbook, which she is also able to read.

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 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 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. 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. An inmate who speaks limited English said, in an interview, that the facility provides an interpreter for her, when she needs one, and that the inmate handbook is in Spanish so she can read it. Auditors also noted that PREA posters, through the facility are printed in both English and Spanish.

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, 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 three 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, but three of them thought it might be allowed.

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
	<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 904" 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), Effective date, 01/11/2016 c. WDOC Executive Directive 42 Police Contract, Arrest, and Conviction Policy for Current Employees, Effective date, 08/15/2016 d. Background Check Procedure, Effective date, 11/26/2018 e. Form DOC-1098D Background Check Authorization (blank), Date 02/2021 f. Form DOC-1098R Candidate Reference Check, (blank) Date 10/2020 g. Human Resources Policy #200.30.507 Guidelines for Obtaining and Providing References, Date 08/04/2020 h. Division of Adult Institutions (DAI) Policy #: 309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns, Effective date 02/10/2014 i. DAI Volunteer Application, (blank), Form DOC-2675, Date, 09/2018 2. Interviews <ol style="list-style-type: none"> a. Human Resources Staff <p data-bbox="240 994 483 1021">Findings (By Provision):</p> <p data-bbox="240 1052 347 1079">115.17 (a)</p> <p data-bbox="240 1088 1453 1146">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 data-bbox="240 1155 1473 1312" 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 data-bbox="240 1344 1485 1639">ED 72, in Section VI, 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. ED 42 says, in Section VIII, 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 data-bbox="240 1671 1485 1930">During the on-site portion of the audit, the Human Resources Administrator provided a copy of the application packet for five of the persons hired at Taycheedah Correctional Institution in the past 12 months. The packets contained the background check authorizations and results, and three of them contained candidate reference forms. Two of the packets did not contain candidate reference forms. However, the Human Resources function, for a nearby correctional center, is also performed at this facility, and the Administrator provided copies of multiple application packets for that facility, as well, and all of them did demonstrate that the background check authorizations ask candidates, and reference checks ask individuals providing references, the required questions on application paperwork. Auditors reviewed the packets and noted that the background check authorizations ask the candidate for employment if they have ever been:</p> <ol data-bbox="240 1939 1485 2096" 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. <p data-bbox="240 2128 1406 2154">Auditors also noted that the candidate reference check forms ask the person providing the reference if they have any</p>

knowledge of the employment candidate ever having been engaged in any of the three situations 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, 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 packets, that were provided during the on-site portion of the audit, reflected that the background check authorization asks the candidate if they have ever engaged in sexual harassment in the community or confinement setting, and the candidate reference check form used asks 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 also 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. ED 72 says, in Section VI, A, 3, (p. 5), that prior to hiring new staff members and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a criminal background records check. Paragraph a, of the same section, says that the DOC shall make its best effort to obtain (and, when requested, provide) reference information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment, or any resignation during a pending investigation of a sexual abuse allegation.

The facility provided 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 Department of Corrections Human Resources Policy #200.30.507 Employment References – Guidelines for Obtaining and Providing References, that outlines when background checks are to be completed and describes the methods used, and identifies, in Section III, that the agency also requires a criminal background check to be completed when a current employee is moving to a position which has significantly different duties than his or her current position.

This policy also identifies, in Section VII, 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. Auditor reviewed five application packets for employees who were hired in the past 12 months and determined that that the required reference checks were completed prior to hire.

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 103. Auditors reviewed five of those employment files and determined that the requisite criminal background records check, and reference checks 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. 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 six 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, effective 08/15/2016, 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. She also provided documentation of a tracking system she uses that lists every employee, and the date of they were last fingerprinted, and the date the next fingerprinting is due.

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 authorizations submitted during the onsite phase of the audit and noted that the applicants 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 these provisions.

115.17 (h)

Executive Directive #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 compliance with this standard. There is no corrective action to take.

115.18	Upgrades to facilities and technologies
	<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 1102 719" 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 Centers for access to camera monitoring system) <p data-bbox="242 804 483 833">Findings (By Provision):</p> <p data-bbox="242 864 349 893">115.18 (a)</p> <p data-bbox="242 898 1490 1126">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 October 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."</p> <p data-bbox="242 1158 1110 1187">A final analysis indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="242 1270 349 1299">115.18 (b)</p> <p data-bbox="242 1303 1490 1568">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 approximately July of 20. The Warden said, in an interview conducted onsite, "we have a camera system in place, and we've done a lot, over the years, and we still have some we're going to put up. We try to get best angle where people are going. We should always be able to make it evident who is walking in or out at any given time." The agency head said, in an interview, "we use stationary cameras, also body worn cameras in max, and we use the technology to improve very visual coverage to monitor movement of both staff and inmates, to deter misconduct and as an investigation tool. Auditors noted, during the onsite review of the facility, that the facility, both inside and outside, has very good camera coverage.</p> <p data-bbox="242 1599 1110 1628">A final analysis indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="242 1711 416 1740">Corrective Action</p> <p data-bbox="242 1744 1458 1774">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 #: 500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse, Effective 04/01/2017 e. Agency Inmate Handbook Excerpt f. Memo of Understanding between Wisconsin Department of Corrections (WDOC) and Aurora Health Care Metro, ASTOP, Effective date, 03/09/2017 f. Agency Victim Services Coordinator Reference Guide, Dated, 04/2020 g. Victim Services Coordinators Workshop Agenda, Dated, 04/2018 h. DOC PREA Victim Accompaniment Guide, Dated, 04/2020 i. Form DOC-2767 Sexual Abuse Incident Victim Services Coordinator Response Checklist, Dated, 09/2015 j. Agency Law Enforcement Compliance Request, Dated, 03/18/2019 <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.) 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."</p> <p>115.21 (a) - 3 The facility indicated, in their response to the PAQ that the City of Fond du Lac Police Department is the local law enforcement agency designated to investigate allegations of sexual abuse that involve potentially criminal behavior. Auditor</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, in 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 logging of evidence. All 12 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 not let either victims or suspected perpetrators, if identified, 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 realizes that, during the past 12 months, the facility had no allegations of sexual abuse that resulted in criminal investigations, so it is possible that the collection of evidence is not required very often, and staff are not often required to remember that subtle difference. Nonetheless, Auditor feels a reminder to staff is appropriate, either in the form of an e-mail, to all staff, from the administration, or in a facility PREA</p>

refresher.

Final analysis of the evidence indicates that the facility is in substantial compliance with this provision. However, Auditor recommends that the administration provide a reminder to staff that, when the collection of useable physical evidence is a possibility, staff request that the victim not take any actions that has the potential to destroy evidence and instruct an alleged perpetrator to not take any such actions.

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 the Taycheedah Correctional Institution (TCI) 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 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, "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 forensic medical examinations will be performed by Sexual Assault Nurse Examiners (SANEs) where possible. The facility PCM identified, during an onsite interview, that St. Agnes Hospital, in Fond du Lac, 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. Auditor attempted to interview a SANE at St. Agnes Hospital but was not very successful. The staff person auditor spoke to would only verify that forensic exams are done at St. Agnes Hospital, that there are SANEs on staff, and that the hospital will perform this service for Taycheedah Correctional Institution if requested to. The staff person expressed reluctance to participate in an interview and, when asked if there is always a SANE on duty, at the hospital, said, "no, there is not." When asked if there is always a SANE on call, so that there is always a SANE available, she said, "I am not going to answer that question."

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 St. Agnes 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 St. Agnes Hospital, conducted during the post-onsite phase of the audit, confirmed that the hospital will conduct SANE exams for TCI upon request. Auditor attempted to interview a SANE at St. Agnes Hospital but was not very successful. The staff person auditor spoke to would only verify that forensic exams are done at St. Agnes Hospital, that there are SANEs on staff, and that the hospital will perform this service for Taycheedah Correctional Institution if requested to. The staff person expressed reluctance to participate in an interview and, when asked if there is always a SANE on duty, at the hospital, said, "no, there is not." When asked if there is always a SANE on call, so that there is always a SANE available, said, "I am not going to answer that question."

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 Auditor attempted to interview a SANE at St. Agnes Hospital but was not very successful. The staff person auditor spoke to would only verify that forensic exams are done at St. Agnes Hospital, that there are SANEs on staff, and that the hospital will perform this service for Taycheedah Correctional Institution if requested to. The staff person expressed reluctance to participate in an interview and, when asked if there is always a SANE on duty, at the hospital, said, “no, there is not.” When asked if there is always a SANE on call, so that there is always a SANE available, said, “I am not going to answer that question.”

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. The facility PCM said, in an interview, that none of the allegations of sexual abuse made in the past 12 months results in a SANE exam being required or requested.

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 Assist, Support, Treatment, Outreach, Prevention (ASTOP) identifying that ASTOP, 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 TCI. Auditor interviewed a representative from ASTOP who confirmed that the services identified in the MOU are provided upon request for inmates housed at TCI. Staff said that few calls are received from TCI and also said that the agency serves the public, as well as a number of other correctional facilities in the 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 ASTOP., that the WDOC has an MOU with them, and that they can call them if they have an inmate victim who requests the services provided by ASTOP.

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 facility provided forms used to document efforts to provide these services. Form DOC-2767, Sexual Abuse Incident Victim Services Coordinator Response Checklist is used to document a referral made by the facility Victim Services Coordinator. The services available at ASTOP, have not been

requested, by any inmates at TCI, in at least the past 12 months. This was confirmed in an interview with the facility PCM and may be a reflection of the robust mental health services that are available to inmates at TCI. The facility staffing plan identifies that, in addition to security staff, TCI has at least one social worker and at least one psychology staff member assigned to each housing unit, and intake staff, said, in interviews, that inmates meet with a psychological staff member on the day of intake.

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 WDOC Victim Services Coordinators, a WDOC PREA Victim Accompaniment Guide, and an Agency Victim Service Coordinator's Guide, all of which are used as training materials to train facility staff identified as a Victim Services Coordinator. 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. Three inmates who had made an allegation of sexual abuse, in the past year, were interviewed onsite. One said that she was offered, "the PREA line," one said they were not offered any contact with a victim advocate, and the third one said she was given the opportunity to meet with someone from the facility PSU.

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 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 screen 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 TCI, 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. ASTOP provides advocacy services to inmates and will accompany an inmate through investigatory interviews if that service is requested. The facility PCM verified this as did staff at ASTOP.

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 Fond du Lac 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 WDOC to investigate allegations of sexual assault, in WDOC 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 ASTOP and that there are staff, at the facility, who are also qualified to serve in that role. Those staff are called Victim Services Advocates. Sample training materials used for training staff to act as advocates was provided. The facility PCM 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 ASTOP. Auditor verified that ASTOP does have a 24/7 crisis line available.

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.

Reccomendation:

Auditor recommends that the administration provide a reminder to staff that, when the collection of useable physical evidence is a possibility, staff request that the victim not take any actions that has the potential to destroy evidence and ensure that an alleged perpetrator not take any such actions.

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 style="list-style-type: none"> <li data-bbox="240 331 427 358">1. Documentation: <ol style="list-style-type: none"> <li data-bbox="240 362 1441 389">a. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), Effective 01/11/2016 <li data-bbox="240 394 576 421">b. Pre-audit Questionnaire (PAQ) <li data-bbox="240 425 1182 452">c. Administrative Investigations – 12 Month Period – Taycheedah Correctional Institution (TCI) <li data-bbox="240 456 1299 483">d. Division of Adult Institutions (DAI) Policy #303.000.05 Law Enforcement Referrals, Effective 02/22/2021 <li data-bbox="240 488 815 515">e. Wisconsin Department of Corrections (DOC) Web site <li data-bbox="240 609 379 636">2. Interviews <ol style="list-style-type: none"> <li data-bbox="240 640 411 667">a. Agency Head <li data-bbox="240 672 456 698">b. Investigative Staff <p data-bbox="240 792 483 819">Findings (By Provision):</p> <p data-bbox="240 851 379 878">115.22 (a) - 1</p> <p data-bbox="240 882 1485 976">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. 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-onsite phase of the audit, "Executive Directive 72 requires it of all allegations, and we have a recently created an 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."</p> <p data-bbox="240 1375 368 1402">115.22 (a) 2</p> <p data-bbox="240 1406 1485 1500">The facility indicated, on the PAQ that, in the past 12 months, 33 allegations of sexual abuse and sexual harassment were received. 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 dispositions. Only one of the 33 allegations ended in a finding of substantiated. Two allegations resulted in a finding of unfounded, 25 results in findings of unsubstantiated, and five are ongoing.</p> <p data-bbox="240 1568 379 1594">115.22 (a) - 3</p> <p data-bbox="240 1599 1479 1693">The facility reported, on the PAQ, that in the past 12 months, the number of allegations resulting in an administrative investigation was 33. A database printout was submitted showing all 33 allegations. Auditors reviewed 15 of the paper files of those administrative investigations during the onsite phase of the audit.</p> <p data-bbox="240 1724 379 1751">115.22 (a) - 4</p> <p data-bbox="240 1756 1490 1850">The facility reported, on the PAQ, that in the past 12 months, the number of allegations referred for criminal investigation was 33. The facility reported that all allegations are referred to local law enforcement who reviews the allegations and determines whether they wish to proceed.</p> <p data-bbox="240 1881 379 1908">115.22 (a) - 5</p> <p data-bbox="240 1912 1463 2007">The facility reported, on the PAQ, that within the last 12 months, of the 33 allegations that were made, all allegations were investigated. The computerized database printout indicated that 28 of the 33 investigations are closed and five remain ongoing.</p> <p data-bbox="240 2038 1270 2065">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p>

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 are 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), says 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 Warden may also refer, to law enforcement, "any other incident deemed appropriate." The Agency Head said, in an interview, "we conduct parallel investigations, refer to law enforcement and work in concert with them. If they are not done, with their investigation, they may not want us to close our investigation until they either file charges or close the investigation. We work in parallel but not stepping on each other's toes. "

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 Fond du Lac 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
	<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 1362 920" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 360 1362 622" 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. Agency Training Module 2019 Refresher f. Agency Training Module 2017 Refresher g. Agency 1558 Employment Statement of Acknowledgment h. PREA All Staff Training for Audits 20210831-090528 2. Interviews <ol data-bbox="240 745 523 772" style="list-style-type: none"> a. Random Sample of Staff 3. Site Review Observations <ol data-bbox="240 896 421 920" style="list-style-type: none"> a. PREA Posters <p data-bbox="240 1010 483 1037">Findings (By Provision):</p> <p data-bbox="240 1066 413 1093">115.31 (a) 1 - 10</p> <p data-bbox="240 1099 1493 1193">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. 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 data-bbox="240 1200 1493 1597" 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 data-bbox="240 1626 1477 1753">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 data-bbox="240 1783 1493 2145">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 preservice training program. The facility also 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." The module informs trainees that they must achieve a score of 80% or higher, on the final exam and 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 a database printout of staff training completions in response to the PAQ. The printout lists the names of all staff, their current positions in the facility, and all PREA trainings completed going back to 2015. The documentation demonstrated</p>

that all facility 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 uses a brochure 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 computer-based refresher trainings from 2017 and 2019. Completions are tracked electronically. 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 all staff training completions. 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 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, 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): 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 abuse or sexual harassment, retaliation against a victim or reporter, and violation of responsibilities that may have contributed to an incident or retaliation. The training materials contain definitions of sexual abuse and sexual harassment and describe, "red flags," that may indicate abuse. They also provide different avenues for reporting sexual abuse or sexual harassment.</p> <p>The facility indicated, in their response to the PAQ, that 35 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 he volunteers, in the facility, approximately twice per month. He said that he had received PREA training, prior to interacting with inmates inside the facility.</p>

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 a 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 the contracted employee's name appeared on the list of staff who completed PREA training. She was 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.

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 agency also 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
	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 1425 1218" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 360 1425 857" style="list-style-type: none"> a. Inmate PREA Education Facilitator Guide b. Agency Handbook Addendum, English c. Agency ID Card Statement d. Division of Adult Institutions (DAI) Policy #: 410.20.01 Inmate PREA Education, Effective 05/17/2021 e. Agency Inmate Handbook f. Agency Video References g. Executive 72: Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72) Effective 01/11/201 h. Agency Handbook Addendum Spanish, Form POC-41BS, Date 07/2016 i. Agency Inmate Handbook, Spanish j. Agency Audio Reference k. Agency Braille Reference l. Agency Inmate Acknowledgment, (blank) Date 10/2017 m. Agency Inmate Acknowledgment Spanish, (blank) Date 10/2017 n. Taycheedah Correctional Institution Education Example, OTRT 480- Acknowledgment Receipt of PREA Information o. POC-0041C Inmate PREA Education Facilitator Guide, Date 07/2019 2. Interviews: <ol data-bbox="240 981 549 1039" style="list-style-type: none"> a. Intake Staff b. Random Sample of Inmates 3. Site Review Observations <ol data-bbox="240 1162 1067 1218" style="list-style-type: none"> a. Sexual Abuse and Sexual Harassment Reporting Posters (English and Spanish) b. PREA Posters <p data-bbox="240 1308 483 1335">Findings (By Provision):</p> <p data-bbox="240 1368 379 1395">115.33 (a) - 1</p> <p data-bbox="240 1402 1493 2029">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. 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. 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. Of the 30 inmates who were interviewed, 17 said they received the 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. They said they viewed a video and received an inmate handbook, in either English or Spanish, as appropriate. Ten of the inmates interviewed said they received the information at Orientation, one said she was quarantined for two weeks upon arrival because of the pandemic, and two of them knew they had received the information but could not remember if it was at intake or at another point. In addition to the material presented at intake, as of December 19, 2018, the agency's zero tolerance statement and reporting methods are printed on the back of new, or reprinted, inmate identification cards. The facility provided copies of the inmate handbook, in both English and Spanish, the handbook addendum, also in English and Spanish, which 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.</p> <p data-bbox="240 2119 379 2145">115.33 (a) - 2</p>

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 594. Auditor interviewed Intake staff who said that inmates are given the information at intake and demonstrated that information regarding the agency's zero-tolerance policy and ways to report incidents of sexual abuse and sexual harassment are printed on the back of all inmate ID cards which inmates receive at the time of admission to the facility. Of the 30 inmates who were interviewed, 17 said they received the 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. They said they viewed a video and received an inmate handbook, in either English or Spanish, as appropriate. Ten of the inmates interviewed said they received the information at Orientation, one said she was quarantined for two weeks upon arrival because of the pandemic, and two of them knew they had received the information but could not remember if it was at intake or at another point.

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 536 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.

The facility provided 10 samples of documentation, signed by inmates with the past 12 months, indicating that they had received orientation. Auditor reviewed the orientation documentation and noted that, of the 10 samples, only two of them showed that the inmates who signed them received orientation within 30 days of admission to the facility. Five of them showed that the inmates who signed them did not receive orientation for approximately 60 days after admission, two of them did not receive orientation until approximately 90 days after their admission date, and one of them showed that the inmate who signed it did not receive orientation until approximately five months after their admission date.

A final analysis of the evidence indicates the facility is not compliant with this provision.

Following a period of corrective action, a final analysis indicates that the facility is substantially compliant with this provision.

115.33 © - 1, 2, and 3

The facility indicated, in their response to the PAQ, that of those inmates who were NOT educated within 30 days of intake, all inmates have been educated subsequently, however, they offered no proof of that and provided no date by which they were all educated. The facility also did not indicate a number of inmates still not educated.

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 not compliant with all aspects of this provision.

Following a period of corrective action, a final analysis indicates that 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. Three inmates who are LEP were interview and all of them were able to communicate that they were given the orientation, and that they understood what they had learned. All of them verified that facility staff provide information printed in Spanish and will use the telephone interpretation service when they need it.

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, visually impaired, limited in reading skills and to those who are otherwise disabled. 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, which Auditor viewed. Auditor also confirmed that the PREA video 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. 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. Auditors interviewed inmates who are physically disabled as well as cognitively disabled, and all verified that the information was presented to them appropriately. All of them were able to articulate information included in the orientation materials. Inmates also identified that they have ready access to psychological staff, and to social workers, who will explain the information to them so they can understand it. An Intake staff who was interviewed identified that inmates meet with a psychologist upon admission to the facility.

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 staff who provide orientation document inmate participation in Orientation in the same manner. The facility presented nine randomly chosen Acknowledgment of Receipt of/Access to Information Prison Rape Elimination Act (PREA) Education forms signed by inmates upon receipt of orientation.

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, 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 not compliant with all of the provision of this standard, specifically, the facility does not ensure that orientation is provided to all inmates within 30 days of admission to the facility.

115.33 (b) - The facility should provide a list of inmates admitted to the facility in the months of October, November and

December 2021. Auditor will, upon receipt of the lists of inmate admissions, randomly select inmates from the list and request that the facility submit the documentation showing when those inmates received orientation.

Corrective Action Taken:

The facility provided printouts, from the agency's computerized database, demonstrating that 35% of all inmates admitted to the facility, during December 2021, were provided orientation within 30 days of admission to the facility. In similar reports provided for the months of January and February 2022, those percentages were increased to 85% and 89% respectively. Auditor felt that reviewing another month's worth of data could easily show even more improvement and requested that the facility provide the same documentation for the month of March, 2022. The facility agreed and, indeed, the percentage of accuracy rose even higher, to 99%.

Following this period of corrective action, a final analysis of the evidence indicates that the facility successfully demonstrated substantial compliance with this standard.

115.34	Specialized training: 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 1382 739" 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="240 824 504 851">Findings (By Provision):</p> <p data-bbox="240 887 379 913">115.34 (a) - 1</p> <p data-bbox="240 918 1489 1312">The facility indicated, in their response to the PAQ, that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 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 1344 1270 1370">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1456 347 1482">115.34 (b)</p> <p data-bbox="240 1487 1477 1751">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 1783 1270 1809">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1895 432 1921">115.34 © - 1 and 2</p> <p data-bbox="240 1926 1489 2092">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 Taycheedah Correctional Institution have completed the appropriate training. Auditor noted that the names of the two investigators, who were interviewed, did appear on the list.</p> <p data-bbox="240 2123 1225 2150">A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>

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.

115.35	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 1388 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="240 792 483 819">Findings (By Provision):</p> <p data-bbox="240 851 379 878">115.35 (a) - 1</p> <p data-bbox="240 887 1489 1245">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 all medical and mental health staff, at the facility, have been properly trained.</p> <p data-bbox="240 1276 379 1303">115.35 (a) - 2</p> <p data-bbox="240 1312 1489 1469">The facility indicated, in their response to the PAQ, that 93 medical and mental health care staff, who work regularly at the facility, completed the required training. Auditors interviewed three nurses, two psychologists, and one social worker and all confirmed that they had completed the required training for health care workers. The facility provided appropriate training documentation for all medical and mental health care staff at the facility. All of the medical and mental health staff interviewed were well able to describe the components included in the training.</p> <p data-bbox="240 1500 379 1527">115.35 (a) – 3</p> <p data-bbox="240 1536 1489 1626">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 1657 1270 1684">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1774 379 1800">115.35 (b) – 1</p> <p data-bbox="240 1809 1489 1939">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 St. Agnes Hospital, in Fond du Lac, WI for that service. A phone call to St. Agnes Hospital confirmed that the hospital will perform SANE exams for Taycheedah Correctional Institution.</p> <p data-bbox="240 1971 1270 1998">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 2087 379 2114">1151.35 © - 1</p> <p data-bbox="240 2123 1430 2150">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 all medical and mental healthcare staff, at Taycheedah Correctional Institution, have been properly trained.

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 contracted healthcare staff employed at the facility full-time who are required to complete the annual training that all staff complete and are required to complete the PREA training for medical and mental health care staff. An interview with two contacted health care staff verified that they have 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
	<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 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. Division of Adult Institutions (DAI) Policy #: 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization d. PREA Risk Screening Sample 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 data-bbox="240 860 488 887">Findings: (By Provision):</p> <p data-bbox="240 918 379 945">115.41 (a) - 1</p> <p data-bbox="240 949 1490 1245">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. ED 72 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 inmates who come in as new admissions meet with psychological staff first, who do the initial risk screens, and the social worker does the 30-day follow-up screening. Auditors also interviewed a third staff person who sometimes acts as a backup screener. Of the 30 inmates who were interviewed, only one did not remember having been through the screening process at intake.</p> <p data-bbox="240 1276 379 1303">115.41 (b) - 1</p> <p data-bbox="240 1308 1490 1505">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 but one of the randomly selected inmates who were interviewed remembered having been screened, by staff, upon arrival at the facility, and all but one identified that it happened very soon after they arrived at the facility.</p> <p data-bbox="240 1536 384 1563">115.41 (b) – 2</p> <p data-bbox="240 1568 1490 1962">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 587. The facility provided sample copies of risk screens for 15 inmates who were admitted to the facility in the past year. Auditor reviewed the screens and determined that all but one of the risk screens was completed within 72 hours of the inmates' admission to the facility. All but one of the 30 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 and all of them recalled that interview having taken place soon after their arrival at the facility. Some of them said it took place the day they arrived. Three staff who are responsible for conducting risk screening said inmates are screened within 72 hours of arrival, and one said the screening is done as soon as they arrive. He also said that after completing screens, he would query a computerized database of completed screens to determine when the 30-day follow-up was due.</p> <p data-bbox="240 1993 1270 2020">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 2110 395 2136">115.41 c and d</p>

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 inmates. 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 offense, 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.

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 536. Auditor reviewed the 15 sample screens submitted by the facility and determined that seven of the 15 were reassessed within 30 days, five of the 15 were reassessed the next day after the initial screen was completed, one was reassessed 36 days after the initial screening, one was reassessed 60 days after the initial screening was completed and one was reassessed more than 90 days after the initial screening was done.

A final analysis of the evidence indicates that the facility is not in compliance with this provision.

Following a period of corrective action, a final analysis of the evidence indicates that the facility successfully demonstrated 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 no examples of reassessments done in instances noted above.

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. All of the inmates who were interviewed 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 PCM, when asked who has access to an inmate's risk assessment within the facility, said, "we limit to who has a need to know, to ensure that they are housed appropriately, and we remind staff to keep it confidential."

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 not compliant with this standard. The facility did not demonstrate that inmates are reassessed for risk of victimization and risk of abusiveness within 30 days of the initial risk screening.

The facility should provide auditor lists of admissions to the facility for the months of November and December 2021 and for the month of January 2022. Upon receipt of the lists, auditor will randomly select inmates and ask the facility to submit documentation showing that the inmates selected were reassessed within 30 days of the initial screening.

Corrective Action Taken:

The facility provided printouts, from the agency's computerized database, of screens, and reassessments required to be done within 30 days of the initial screening, for inmates admitted to the facility in the months of December 2021, and January and February of 2022. Documentation demonstrated a compliance rate of 69% in December 2021, and 79% and 91% in January and February 2022, respectively. Auditor felt that reviewing yet another month of documentation would likely reveal even more improvement and the facility agreed to provide documentation for admissions in the month of March 2022. That documentation showed a compliance rate of 93%.

Following a period of corrective action, a final analysis of the evidence indicates that the facility is substantially compliant with this standard.

115.42	Use of screening information
	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 1489 920" 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 1489 524" style="list-style-type: none"> <li data-bbox="242 365 512 392">a. Pre-Audit Questionnaire <li data-bbox="242 398 1489 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 1437 459">c. Division of Adult Institutions (DAI) Policy#: 325.00.04 Inmate Drivers – Licensed Vehicles, Effective Date, 06/07/2021 <li data-bbox="242 465 1458 492">d. DAI Policy#: 306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization, Effective Date, 11/01/2017 <li data-bbox="242 499 1002 526">e. DAI Policy #: 500.70.27 Transgender Inmates, Effective Date, 07/19/2021 <li data-bbox="242 613 379 640">2. Interviews <ol data-bbox="242 647 616 772" style="list-style-type: none"> <li data-bbox="242 647 616 674">a. PREA Compliance Manger (PCM) <li data-bbox="242 680 611 707">b. Staff Responsible Risk Screening <li data-bbox="242 714 576 741">c. Transgender/Intersex Inmates <li data-bbox="242 748 461 775">d. PREA Coordinator <li data-bbox="242 862 533 889">3. Site Review Observations <ol data-bbox="242 896 416 922" style="list-style-type: none"> <li data-bbox="242 896 416 922">a. Shower Stalls <p data-bbox="242 1066 488 1093">Findings: (By Provision):</p> <p data-bbox="242 1126 347 1153">115.42 (a)</p> <p data-bbox="242 1160 1474 1518">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. 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. One staff who conducts risk screening verified, in an onsite interview, that the information is used to determine housing assignments but said she did not know if the information is used for work or programming assignments. Another staff who conducts risk screening said, "they use it for housing, ROA and ROV, and there are alarms if you try to do it wrong. You can't proceed if you are making the wrong housing assignment." The facility PCM said, in an interview conducted onsite, that the information is used in making housing assignments and programming assignments.</p> <p data-bbox="242 1552 1270 1579">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="242 1666 347 1693">115.42 (b)</p> <p data-bbox="242 1700 1489 1856">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 PCM and Control Center staff.</p> <p data-bbox="242 1890 1270 1917">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="242 2004 347 2031">115.42 (c)</p> <p data-bbox="242 2038 1449 2161">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</p>

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. Two transgender inmates were interviewed and said that they were asked for input, regarding where they should be placed at both intake into the DOC system, and at the facility. They said that they felt their own views regarding safety were carefully considered by staff in making their housing and bed assignment, and that they were asked if they felt safe at the facility. Auditor also asked if they feel safe, where they are, and they confirmed that they do. They also said, and staff confirmed, that they have the ability to meet with a psychologist regularly. The facility PCM said, in an interview conducted onsite, that housing and program assignments for transgender inmates are made in the same manner as for all other inmates. She said, "we talk to them about their own perception of their own safety and what they are comfortable with or not comfortable with. We can make decisions to single cell, and we look at how we can lessen pressure from other inmates. We make sure to have conversations with them to help them feel safe and more comfortable. Yes, we do consider inmate's health and safety, and we always have to think about security and management, and we try to make them complement each other."

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 reassessed at least twice each year to review any threats to safety experienced by the inmate. A mental health staff, verified in an onsite interview, that programming and work assignments are reassessed at least twice each year.

The PCM said, in an interview conducted onsite, that placement and programming assignments for transgender and intersex inmates are reassessed at least twice each year and more often if needed. She said, "we are fortunate here, between medical and mental health staff we can do a lot of things."

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 transgender inmates who were interviewed and said that they have access to meetings with psychological staff, and that they were interviewed by psychological staff and asked about their views of their own safety. They said they feel confident their views were given serious consideration when housing assignments were made. They also said they feel safe in their current housing situations.

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. The PCM said that transgender and intersex inmates who request a separate time to shower will be given that but that it is not something they make them do.

She said that they can offer them the ability to shower when there are no other inmates in the bathroom if they request that. The transgender inmates who were interviewed identified that the shower stalls are all individual and that they have the opportunity to shower by themselves.

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 Taycheedah Correctional Institution 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." Both transgender inmates who were interviewed said they were not housed in units solely because they are transgender.

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
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1032 297">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="244 331 852 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="244 365 1469 423">a. Pre-Audit Questionnaire. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72) Effective Date 01/11/2016 <li data-bbox="244 430 1353 488">b. Division of Adult Institutions (DAI) Policy#” 306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization, Effective date 11/01/2017 <li data-bbox="244 495 1023 521">c. DAI Policy #: 306.05.01 Protective Confinement, Effective Date 07/01/2018 <li data-bbox="244 528 1054 555">d. Form DOC-30 Review of Inmate in Restrictive Housing, Dated (blank) 02/2019 <li data-bbox="244 701 379 728">2. Interviews <ol style="list-style-type: none"> <li data-bbox="244 734 355 761">a. Warden <li data-bbox="244 768 715 795">b. Staff who Supervise Inmates in Segregation <p data-bbox="244 887 488 913">Findings: (By Provision):</p> <p data-bbox="244 947 384 974">115.43 (a) – 1</p> <p data-bbox="244 981 1485 1503">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. 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 Warden verified, in an interview conducted onsite, that inmates are not placed in segregation for this reason. She said, “we can make a temporary move to a single cell, or we have a certified peer supporter that we could put them in with. We talk to them about what their thoughts are, and we have a Special Management Unit that we could use. We look at our population to make sure we are safely putting inmates together. We typically put people in a single cell, and we can do that without having to use Restrictive Housing.” A staff person who supervises inmates in segregation said they very rarely put inmates in segregation for protection. He said, “it’s a large facility and there are other ways to separate inmates for their safety.”</p> <p data-bbox="244 1536 384 1563">115.43 (a) – 2</p> <p data-bbox="244 1570 1406 1628">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.</p> <p data-bbox="244 1662 1265 1688">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="244 1778 379 1805">115.43 (b) - 1</p> <p data-bbox="244 1812 1493 2136">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 things, for safety reasons, they will document the opportunities limited and the reason. The facility indicated, on the PAQ, that no inmates were placed in segregated housing, for this purpose, in the past 12 months and the Warden verified that. A staff person who supervises inmates in segregation said, in an interview conducted onsite, that if they were to place inmates in segregated housing for this purpose, they would have access to programs, privileges, education and work opportunities to</p>

the extent possible. He said, "they would have out of cell time, . . . they would have social interaction. We would not want to make it like a disciplinary sanction." He also said that any restrictions would all be documented.

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, t placement was zero. The facility indicated, and the Warden verified, that they do not place inmates in involuntary segregation for this purpose. A staff person who supervises inmates in segregation said, "if we were to do it, it would be reviewed on, most likely, a weekly basis, to determine if there was ongoing need and if there was still a threat." He also said that psychological staff would be meeting with that individual on a weekly basis as well and that, "every inmate in segregation is reviewed at least every 30 days and this type of thing, which we rarely ever do, and only as a last resort, would be reviewed more frequently."

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.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 329 1404 954" style="list-style-type: none"> <li data-bbox="240 329 852 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 362 1404 591" style="list-style-type: none"> <li data-bbox="240 362 531 392">a. Agency Inmate Handbook <li data-bbox="240 396 617 425">b. Agency Inmate Handbook Spanish <li data-bbox="240 430 1404 459">c. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), Effective Date 01/11/2016 <li data-bbox="240 463 541 492">d. Agency Third Party Poster <li data-bbox="240 497 501 526">e. PREA Posters English <li data-bbox="240 530 501 560">f. PREA Posters Spanish <li data-bbox="240 564 501 593">g. Agency ICE Locations <li data-bbox="240 678 376 707">2. Interviews: <ol data-bbox="240 712 628 806" style="list-style-type: none"> <li data-bbox="240 712 517 741">a. Random Sample of Staff <li data-bbox="240 745 549 775">b. Random Sample of Inmates <li data-bbox="240 779 628 808">c. PREA Compliance Manager (PCM) <li data-bbox="240 896 528 925">3. Site Review Observations <ol data-bbox="240 929 855 958" style="list-style-type: none"> <li data-bbox="240 929 855 958">a. PREA signage throughout the facility English and Spanish <p data-bbox="240 1099 483 1128">Findings (By Provision):</p> <p data-bbox="240 1158 349 1187">115.51 (a)</p> <p data-bbox="240 1191 1485 1417">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. 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 1449 1485 1641">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 1646 1485 2145">They also provided copies of postings, in English and Spanish, that 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 and in all of the housing units. 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. All of them were familiar with the reporting line, #777, as well as 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. One inmate also identified that she could report to anyone in the Psychological Services Unit (PSU), and a hard of hearing inmate said that she could also use, "the deaf phone if she needed to make a report." Another inmate identified that the reporting information is printed on the back of inmate ID cards. 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 by dialing #777 and reporting to agency officials. The agency PREA Director provided feedback showing that the calls had been received and reported appropriately. All of the random staff who were interviewed were familiar with the #777 number and</p>

identified that it was readily available to inmates to make reports of sexual abuse and sexual harassment. They said that the number was available in the inmate handbook and on posters throughout the facility.

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. Executive Directive #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. They also 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 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. The PCM was well able to articulate how inmates can report to a public or private office outside the agency. She said that they can dial the #888 number or report to someone outside the agency who can make a report for them.

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 documentation of how reports are documented and how the information is entered into the agency computerized database, at the time the allegation is made, and how the allegation is tracked until the case is ultimately closed. All 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 30 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 s sexual abuse and sexual harassment of offenders. The facility identified on the PAQ, that staff are informed of this in agency policy ED 72 which is covered in the PREA training that all staff are required to complete. 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="240 676 649 703" style="list-style-type: none"> <li data-bbox="240 676 649 703">a. Inmate who Reported a Sexual Abuse <p data-bbox="240 792 483 819">Findings (By Provision):</p> <p data-bbox="240 851 349 878">115.52 (a)</p> <p data-bbox="240 882 1490 1680">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. 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. 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 Executive Directive #72 to ensure an investigation by facility or law enforcement is not impeded. Paragraph B identifies that if an inmate alleges staff sexual misconduct, the Inmate Complaint Examiner shall not interview the complaining inmate, or anyone else, but instead shall immediately refer the complaint to the Warden/designee to ensure processing in compliance with Executive Directive #72. Interviews with the Institutional Complaint Examiner (ICE) and Agency PREA Director, confirmed that an inmate complaint of sexual abuse or sexual harassment, submitted to the ICE or submitted in one of the inmate complaint boxes, is immediately processed as a report of an incident and removed from the complaint system. The complaint is referred directly to the Warden/designee to ensure processing with Executive Directive 72 and ensure that the facility or law enforcement agency investigations are not impeded. It is simply considered one of multiple available reporting methods for PREA-related allegations. During the interview, the ICE explained that the complaint will be immediately logged and forwarded for processing into the agency's investigation system. It was also confirmed that the inmate complaint boxes are locked, and access is limited to assigned administrative staff. The ICE indicated that contents of boxes are retrieved several times per week.</p> <p data-bbox="240 1711 1265 1738">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1823 432 1850">115.52 (b) 1 and 2</p> <p data-bbox="240 1854 1490 2150">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>

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

5.52 © 1 and 2

The facility indicated, in their response to the PAQ, that the agency's policy and procedure allows an inmate to submit a 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) – 2, 3, 4, 5, 6, and 7

The facility indicated, in their response to the PAQ, that there were 11 grievances filed, in the past 12 months, that alleged sexual abuse. In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was zero. The facility explained that this is because all complaints alleging sexual abuse are routed, immediately upon receipt, to facility leadership for review and action and the administrative complaint process stops. The facility reported that, in the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days was zero, and that the number of grievances that took longer than a 70-day extension period to resolve was zero. The facility indicated that the agency does not notify an inmate in writing when the agency files for an extension and said that this is because the inmate complaint alleging sexual abuse or sexual harassment does not stay in the Inmate Complaint system long enough for that to happen. Instead, immediately upon receipt, it is removed from the Inmate Complaint process and put into the administrative investigation process. The staff person who acts as Inmate Complaint Examiner said that when she receives inmate complaints involving sexual abuse or sexual harassment, she immediately removes them from the inmate complaint process, and refers them to the administration for investigation, and notifies the inmate who filed the complaint of this action.

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 € - 2 and 3

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." The facility reported, on the PAQ, that the number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline was zero.

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 indicated 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 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 1484 940" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 365 1484 728" 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. Wisconsin Department of Corrections (WDOC) Handbook 2021 h. WDOC PREA Posters English i. WDOC PREA Posters Spanish j. Memorandum of Understanding (MOU) Between Wisconsin Department of Corrections (WDOC) and Assist Survivors, Treatment, Outreach, Prevention (ASTOP), Dated 03/07/2017 2. Interviews <ol data-bbox="240 846 699 940" style="list-style-type: none"> a. Random Sample of Inmates b. Inmates who Reported a Sexual Abuse c. Facility PREA Compliance Manager (PCM) <p data-bbox="240 1025 483 1052">Findings (By Provision):</p> <p data-bbox="240 1086 443 1113">115.53(a) – 1 and 2</p> <p data-bbox="240 1120 1484 1444">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 ASTOP, an agency in the city of Fond du Lac. The MOU identifies that ASTOP will, among other things, provide services to victims of sexual abuse including emotional support and crisis intervention. The facility provided a copy of the inmate handbook addendum, POC-41B, that provides information about ASTOP. It also gives a mailing address for the agency and tells inmates that they can reach a victim advocate by dialing #999 on the inmate telephones in the facility. The facility provided copies of these forms in both English and Spanish.</p> <p data-bbox="240 1473 1484 1769">The facility provided a copy of a poster that tells inmates that ASTOP is 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 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, and in every housing unit, but noted that the posters were not always near the telephones. Auditor recommends that the posters be placed near the telephones so that the telephone number is readily available, and an inmate does not have to write the number down and take it to the telephone to make the call. Auditors noted that a preponderance of inmates, at the facility, said they were not aware, or not familiar with, the availability of emotional support from an outside agency. One of the inmates who was interviewed thought that service would be provided by PSU staff.</p> <p data-bbox="240 1803 1484 2027">Auditors attempted to call #999, from telephones in the various housing units, but were unsuccessful. The agency PREA Director was informed, and she immediately contacted the telephone service provider to report the problem. Auditor confirmed with PREA Director, during the post-onsite portion of the audit, that the problem had been fixed and the #999 line was operational at the Taycheedah Correctional Institution. However, auditor recommends that staff check all the telephones at the facility because auditors noted, that in one housing unit, there was one telephone that did not work at all. A housing unit staff immediately submitted a work order to have the phone repaired but all telephones should be checked, including the rolling phones in the restricted housing unit.</p> <p data-bbox="240 2060 1484 2150">Auditor interviewed staff at ASTOP, who confirmed that the agency does have an MOU with the Taycheedah Correctional Center to provide advocacy services and emotional counseling. She also said that ASTOP staff have toured the facility and conduct semi-monthly meetings with inmates, as needed, but she said that they do not get a lot of calls from the facility. She</p>

said that the agency provides services in a variety of ways, in person at the facility, over the phone, by mail, or onsite at St. Agnes Hospital. She also said that the agency has a 24-hour crisis line and is equipped to work with inmates who are limited English proficient by using a language line. Auditors noted that a number of the inmates interviewed were not overly familiar with the availability of an outside agency that provides emotional support. They also noted that there are PSU staff, on every housing unit, so perhaps inmates have emotional support available to them onsite that they use rather than calling an outside agency.

115.53 (a) – 3

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 immigration purposes.

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' review of posters, throughout the facility, demonstrated that the posters identify ASTOP as a sexual assault service provider with staff who are trained to provide confidential support, they identify that the services are free, they provide a mailing address and a hotline number, and they inform the inmate that their PIN is not needed to make the call and that the calls are not recorded or monitored.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. However, auditor recommends that the PREA posters in the housing units, with the contact information for the outside agency that provides emotional support, be placed by the telephones for easy access to the number and that all telephones in the facility be checked to see if the outside advocacy service provider can be reached by dialing #999 and to determine if there are telephones, in the facility, that are not in working order.

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.

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 provider to have that discussion with inmates seeking their services. The staff from ASTOP, who was interviewed, confirmed that they do inform inmates who seek services from them about limits to confidentiality under relevant federal, state, or local law.

The MOU between the DOC and ASTOP, Inc., outlines, in Section II, C, 2, (p.2), that, "at the outset of services, and as needed thereafter, DOC and the Advocate shall consistently communicate to the victim that their communications with the Advocate are confidential as directed by law. The agency may elect to have the victim sign a services agreement form, which outlines confidentiality and its limits." The PSU Supervisor at the facility also verified that PSU staff, "have a limits of confidentiality form with about 13 points on it, if they are at risk of harming themselves or others, if they have been previously victimized," and that they review those with inmates prior to providing services.

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, ASTOP, 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 ASTOP, 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 TCI.

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.

Recommendation:

Auditor recommends that:

1. The PREA posters in the housing units, with the contact information for the outside agency that provides emotional support, be placed by the telephones for easy access to the number, and
2. That varoius telephones in the facility be checked to see if the outside advocacy service provider can be reached by dialing #999, and
3. That all telephones in the facility be checked to determine if there are telephones, in the facility, that are not in working order.

115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <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. 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>Findings (By Provision):</p> <p>115.54 (a) 1 and 2</p> <p>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. 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 an allegation made that way would be taken seriously and would be investigated in the same manner any other report would be. A preponderance of the 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>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 correction action to take.</p>

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. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), Effective Date 01/11/2016

2. Interviews:

a. Warden

b. PREA Coordinator

c. Medical and mental health staff

d. Random staff

Findings (By Provision):

115.61 (a) – 1, 2 and 3

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:

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.

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 12 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 was, "yes, we are required to report immediately."

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

115.61 (b) - 1

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 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.

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

115.61 ©

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 Health Services Unit (HSU) Supervisor was interviewed and said that she does inform offenders of her duty to report, and the limitations of confidentiality, at the initiation of services. She said, "any abuse situation, physical harm, we have to report to security. As a nurse, we have a duty to report. If they are going to harm themselves, we have to report to Security." When asked if she had ever become aware of any such situations, she said, "I can't think of any off the top of my head." The Psychological Services Unit (PSU) Supervisor was also interviewed, and she said that her staff does inform inmates of their duty to report and the limits of confidentiality at the initiation of services. She said that all her staff are required to inform inmates that they are obligated to report if they are at risk of harming themselves or others." When asked if she had ever become aware of such a situation, at the facility, she said she had not.

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 Taycheedah Correctional Institution (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 Warden identified, in an interview, that all employees are required, by policy, to report knowledge regarding an incident of sexual abuse to supervisors.

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.

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	<p>Agency protection duties</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. 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. Warden 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 security director 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>
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115.63	Reporting to other confinement facilities
	<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 604" 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. Warden b. Agency Head c. Random staff <p data-bbox="240 694 483 721">Findings (By Provision):</p> <p data-bbox="240 752 347 779">115.63 (a)</p> <p data-bbox="240 788 1461 981">The facility indicated, in their response to the PAQ, that agency policy, Executive Directive #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 one. Reported on the PAQ was the information that the facility gathered information and notified a supervisor and the facility PREA Compliance Manager.</p> <p data-bbox="240 1012 1254 1039">A final review of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1128 347 1155">115.63 (b)</p> <p data-bbox="240 1164 1461 1254">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="240 1285 1254 1312">A final review of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1402 347 1429">115.63 ©</p> <p data-bbox="240 1438 1484 1729">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. The facility indicated, on the PAQ, that, in the past 12 months, the number of reports the facility received that an inmate had been sexually abused at another facility was one. The facility provided, as documentation, a printout of an e-mail sent from the Warden, on April 30, 2021, to the Jail Administrator at the Waukesha County Sheriff's Department, with the information that an inmate who had arrived, from the Waukesha County Jail, on 04/28/2021, reported that she had been sexually assaulted at the Waukesha County Jail. The inmate arrived on 04/28/2021, the notification was made on 04/30/2021, and, when the notification was made, it came to light that the Waukesha County Sheriff's Department was already aware of the allegation and was conducting an investigation.</p> <p data-bbox="240 1760 1270 1787">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1877 430 1904">115.63 (d) 1 and 2</p> <p data-bbox="240 1912 1484 2101">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 facility reports as zero the number of allegations of sexual abuse received from other facilities in the past 12 months.</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>

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="240 851 483 878">Findings (By Provision):</p> <p data-bbox="240 909 432 936">115.64 (a) – 1 - 11</p> <p data-bbox="240 945 1484 1070">The facility indicated, in their response to the PAQ, that the agency has a first responder policy for allegations of sexual abuse. Agency policy, 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 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 1366 1484 1863">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 27 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 27. 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 they did not have any allegations that still allowed for the collection of physical evidence, and that 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 they did not have any investigations that allowed for collection of evidence. Lastly, the facility indicated, in response to the PAQ, that in the allegations 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 they did not have any allegations that allowed for the collection of evidence.</p> <p data-bbox="240 1895 1484 2157">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. Six of them said they, "would not allow," victims to take a shower, brush teeth, etc., and three of them said they would, "ask," the victim not to do an of those things that might destroy useable physical evidence. According to their interviews, they would treat alleged victims and suspected perpetrators the same. Some of the staff used their pocket cards that do have the information printed on them but still didn't</p>

make the distinction, between the two, during the interview. This is a subtle, yet important distinction and auditor recommends that staff be reminded of the difference, via e-mail from the administration, or at the next PREA refresher opportunity.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. However, auditor recommends that staff be reminded of the difference between requesting that an alleged victim not take any action that might destroy useable physical evidence and ensuring that the alleged perpetrator not take any such actions.

115.64 (b)

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 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: Because staff were not aware of the distinction between requesting that an alleged victim not take any actions that might destroy useable physical evidence and ensuring that an alleged perpetrator not take any such actions, Auditor recommends that staff be reminded of the difference between the two via e-mail to all staff, from the Administration, or in the form of a PREA refresher, at the very next opportunity.

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="240 510 355 537" style="list-style-type: none"> <li data-bbox="240 510 355 537">a. Warden <p data-bbox="240 685 483 712">Findings (By Provision):</p> <p data-bbox="240 743 347 770">115.65 (a)</p> <p data-bbox="240 775 1490 1137">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 Warden said, in an interview, that the plan is based on requirements in agency policy ED 72.</p> <p data-bbox="240 1169 1265 1196">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1339 432 1366">Corrective Action</p> <p data-bbox="240 1370 1469 1433">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
	<p>Auditor Discussion</p> <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)</p> <p>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</p> <p>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 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 524" 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="240 499 655 526">e. Retaliation Monitoring Report Samples <li data-bbox="240 613 379 640">2. Interviews: <ol data-bbox="240 647 667 770" style="list-style-type: none"> <li data-bbox="240 647 517 674">a. Agency Head (designee) <li data-bbox="240 680 424 707">b. Superintendent <li data-bbox="240 714 547 741">c. Victim Services Coordinator <li data-bbox="240 748 667 775">d. Inmates Who Reported a Sexual Abuse <p data-bbox="240 920 483 947">Findings (By Provision):</p> <p data-bbox="240 981 384 1008">115.67 (a) – 1</p> <p data-bbox="240 1014 1477 1305">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, 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 1395 384 1422">115.67 (a) – 2</p> <p data-bbox="240 1429 1493 1821">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 Taycheedah Correctional Institution, staff responsible for retaliation monitoring are the Security Director and facility PREA Compliance Manager (PCM), Cindy Radtke who is assigned to monitor staff reporters for retaliation, and Cindy O'Keefe, Psychological Associate 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 three sample printouts from the Sensitive Information Network Communication (SINC), an agency computerized database that tracks all aspects of investigations, including retaliation monitoring. The printouts show the retaliation monitoring of three inmates who made allegations 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 1854 1110 1881">A final analysis indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1966 347 1993">115.67 (b)</p> <p data-bbox="240 2000 1493 2157">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-on-site phase of the audit, " We have Victim Services Coordinators (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 services can be provided. PCMs are tasked similarly, and all retaliation efforts are documented within</p>

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 VSC said, in an interview conducted onsite, that she takes all reports seriously and addresses it right away to keep everyone safe. She said she looks at conduct reports and room moves and can discuss with the security supervisors and follow up with the facility PCM. The Warden said staff will separate inmates as needed, investigate all allegations of retaliation and document them promptly, report to law enforcement if needed, assure alleged victim's safety, and provide Victim Services as needed.

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 at a minimum of 90 days and that she would continue monitoring as long as necessary. 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 nine times.

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 Warden said that they can separate inmates in the facility by monitoring they daily activities and movement.

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="242 210 451 239">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 1477 636" style="list-style-type: none"> <li data-bbox="242 329 852 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="242 360 1477 490" style="list-style-type: none"> <li data-bbox="242 360 512 389">a. Pre-Audit Questionnaire <li data-bbox="242 392 1477 421">b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), Effective date 01/11/2016 <li data-bbox="242 423 1321 452">c. Division of Adult Institutions (DAI) Policy #: 306.05.01 Protective Confinement, Effective date, 07/01/2018 <li data-bbox="242 454 1043 483">d. Form DOC-30 Review of Inmate in Restrictive Housing (blank), Date, 10/2015 <li data-bbox="242 577 371 607">2. Interviews <ol data-bbox="242 609 708 636" style="list-style-type: none"> <li data-bbox="242 609 708 636">a. Staff who Supervise Inmates in Segregation <p data-bbox="242 781 483 810">Findings (By Provision):</p> <p data-bbox="242 840 349 869">115.68 (a)</p> <p data-bbox="242 871 1489 1435">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. 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. In an interview conducted onsite, a staff member who supervises inmates in segregation said that the facility rarely puts inmates in segregation for protection. He said, "it's a large facility and there are other ways to separate inmates for their safety."</p> <p data-bbox="242 1464 1262 1494">A final analysis of the evidence indicates that the facility is in substantial compliance with the standard.</p> <p data-bbox="242 1581 424 1610">Corrective Action:</p> <p data-bbox="242 1612 1469 1673">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 style="list-style-type: none"> <li data-bbox="242 331 852 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol 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 1369 495">c. Department of Corrections (DOC) 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="242 647 379 674">2. Interviews <ol style="list-style-type: none"> <li data-bbox="242 680 456 707">a. Investigative Staff <li data-bbox="242 714 349 741">b. Warden <li data-bbox="242 748 421 775">c. PREA Director <li data-bbox="242 781 699 808">d. Facility PREA Compliance Manager (PCM) <p data-bbox="242 952 483 978">Findings (By Provision):</p> <p data-bbox="242 1010 349 1037">115.71 (a)</p> <p data-bbox="242 1043 1477 1205">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 are Executive Directive 72; DAI Policy #306.00.15 and DOC Human Resources Policy 200.30.304. Agency policy, ED 72, in Section XVII, A through M, (p. 15) requires:</p> <ol style="list-style-type: none"> <li data-bbox="242 1211 1166 1238">a - an investigation be completed for all allegations of sexual abuse and sexual harassment, <li data-bbox="242 1245 1358 1272">b - allegations that involve potentially criminal behavior to be referred to local law enforcement for investigation, <li data-bbox="242 1279 1490 1404">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 1411 1422 1473">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 1480 1477 1574">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 1581 1458 1644">f – administrative investigations to include an effort to determine whether employee actions or failures to act contributed to the abuse, <li data-bbox="242 1650 1453 1713">g – the 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 1720 1466 1783">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 1789 1477 1852">l - the departure of an alleged abuser or victim from employment or control of the facility, or the recantation of the allegation, to not provide a basis for terminating an investigation, <li data-bbox="242 1859 1477 1921">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 1928 1353 1991">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 1998 1477 2092">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 2098 1394 2161">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 the Employee Disciplinary Investigations policy both specifically state that investigations are to be 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, "once we learn about it and we have done the initial first responding responsibilities, we start immediately." The other one said, "The investigation would start as soon as it is reported." When asked if anonymous or third-party reports are handled differently, one said, "no, we wouldn't do anything differently. They'll be treated the same no matter how they report. We're still going to do all the legwork. No matter how it's reported, we'll do the same thing." The other one said, "I would treat them the same way, conducting interviews and reviewing possible witnesses, interviewing the subject and the alleged perpetrator to see if anything might have taken place. Based off my findings, I'm not going to have any bias, so I will treat it serious and reach a conclusion that way."

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. 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.

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 make sure we are separating them immediately, make sure they are in an area where they are not in view of anyone else, where it's private for them, follow up with people involved, ask appropriate questions, how it happened, what happened, has it happened before, were there witnesses, etc." Another investigator who was interviewed said the first steps he would take would be, "separating and interviewing, determining the nature of the offense. As an investigator I want to determine the nature of the situation."

About evidence they would collect, they said, "letters, video footage, there could be ripped clothing or undergarments, bodily fluid, or there would be things used to penetrate individuals," and, "clothing, evidence from the room, anything misplaced in the room, video footage to ensure they were both in there at that time, my interviews of witnesses and all other interviews, anyone who might have been in the area."

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, the investigators said, "no, we would not do compelled interviews. We conduct our investigation, but we would also talk with outside law enforcement and give them our information."

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. One said, "we would never conduct an investigation with the idea that someone's credibility is better than someone else's." They also both said that they would not ask an inmate to take a lie detector test. Auditors interviewed three inmates who had reported a sexual abuse and they all confirmed that they had not been asked to take a lie detector test.

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 33 investigations of an allegation of sexual abuse, during the past 12 months, and presented those investigate materials for auditor review. Auditors noted that the investigative reports identified that investigative interviews were well conducted and documented, and the reasoning behind credibility assessments and the investigative facts and findings, were well laid out in the reports.

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. DOC 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 Warden, verified that the facility refers all allegations of sexual abuse to the Fond du Lac 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 agency PREA Director, 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, "they will either e-mail us or we make regular checks with them to find out status, so we maintain contact with each other, and we've got a couple detectives that we work with pretty regular and keep regular contact. Here, at the facility, it's either me or it's Brandon, so we've got a good system for communication set up as well."

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)</p> <p>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, 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:</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to</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 837" 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 622" style="list-style-type: none"> <li data-bbox="240 362 512 389">a. Pre-Audit Questionnaire <li data-bbox="240 394 1490 421">b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72), Effective date, 01/11/2016 <li data-bbox="240 425 799 452">c. Agency PREA Investigation Close Out, Substantiated <li data-bbox="240 456 715 483">d. Agency PREA Report Close Out, Non-PREA <li data-bbox="240 488 967 515">e. Agency PREA Investigation Close Out Letter (blank), Unsubstantiated <li data-bbox="240 519 906 546">f. Agency PREA Investigation Close Out Letter (blank), Unfounded <li data-bbox="240 551 786 577">g. Agency PREA Report Close Out Non-PREA (Blank) <li data-bbox="240 582 687 609">g. Copy of Outcome Letter, Unsubstantiated <li data-bbox="240 712 379 739">2. Interviews <ol data-bbox="240 743 660 837" style="list-style-type: none"> <li data-bbox="240 743 472 770">a. Warden or designee <li data-bbox="240 775 448 801">b. Investigative Staff <li data-bbox="240 806 660 833">c. Inmates who Reported a Sexual Abuse <p data-bbox="240 985 483 1012">Findings (By Provision):</p> <p data-bbox="240 1043 475 1070">115.73 (a) – 1, 2 and 3</p> <p data-bbox="240 1075 1490 1469">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, 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, 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. A review of the Investigator training module verified that included in the training is the information that, PREA Disposition Letters are sent to the inmate victim by the PREA Office. The module says that a copy of the disposition letter shall be uploaded to the Sensitive Information Network Communication (SINC), the agency's sexual abuse and sexual harassment allegation and investigation tracking database.</p> <p data-bbox="240 1473 1490 1706">The facility reports that 27 allegations of sexual abuse or sexual harassment were made, in the last 12 months, and investigations were conducted. The facility indicated, in their response to the PAQ, that all 27 inmates were notified in writing, of the results of the investigation. Interviews with the agency PREA Director, 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 and demonstrated where the information, regarding the provision of the disposition letter to the inmate, is documented in SINC. Three inmates who reported a sexual abuse were interviewed. Two of them said they received notification of the disposition of their case and one said they did not.</p> <p data-bbox="240 1738 1265 1765">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1850 480 1877">115.73 (b) – 1, 2, and 3</p> <p data-bbox="240 1881 1490 2047">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.</p> <p data-bbox="240 2078 1265 2105">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p>

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 has been a substantiated or unsubstantiated complaint of sexual abuse, committed by a staff member against an inmate, in the past 12 months and that the facility informed the inmate appropriately.

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.

Because none of the allegations of inmate-on-inmate sexual abuse, made in the past 12 months, resulted in criminal investigations being conducted by an outside law enforcement agency, there were no notifications of this type to be made.

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 27 and that all of them were documented in SINC. The facility submitted copies of five of the 27 notifications that were made within the past 12 months.

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
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 329 1382 488" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 360 1382 488" 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. Executive Directive #2 <p data-bbox="240 577 483 607">Findings (By Provision):</p> <p data-bbox="240 636 411 665">15.76 (a) and (b)</p> <p data-bbox="240 672 1493 1263">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, 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 one of those serious acts of misconduct, as, 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. Auditors reviewed a database printout of allegations of sexual abuse and sexual harassment filed, in the past 12 months. Of the total, two of the investigations involved allegations of staff-on-inmate sexual abuse. The dispositions of those investigations were unsubstantiated and unfounded. A third investigation involved staff, in an allegation of staff-on inmate sexual harassment and that allegation involved an allegation against staff at another facility.</p> <p data-bbox="240 1294 1278 1323">A final analysis of the evidence indicates that the facility is in substantial compliance with the provisions.</p> <p data-bbox="240 1413 336 1442">115.76 ©</p> <p data-bbox="240 1449 1493 1771">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 one staff from the facility was disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies other than actually engaging in sexual abuse. The facility said that, during the reporting period, there was a staff-on-inmate sexual abuse allegation made that resulted in a disposition of unfounded. However, the staff member was disciplined for not having had his body camera on during the alleged interaction.</p> <p data-bbox="240 1803 1150 1832">A final analysis of the evidence indicates that the facility is in compliance with the provision.</p> <p data-bbox="240 1921 347 1951">115.76 (d)</p> <p data-bbox="240 1957 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</p>

sexual abuse and sexual harassment policies, including resignations that would have resulted in termination if not for the resignation, shall be reported to any relevant licensing bodies. The facility reports that, in the past 12 months, no facility staff have been 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 a database printout listing allegations of sexual abuse and sexual harassment that were investigated in the past 12 months. Of the total, two of the investigations involved allegations of staff-on-inmate sexual abuse. The dispositions of those investigations were unsubstantiated and unfounded. A third investigation involved staff, in an allegation of staff-on inmate sexual harassment which involved an allegation against staff at another facility.

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 454" style="list-style-type: none"> <li data-bbox="242 362 507 392">a. Pre-audit Questionnaire <li data-bbox="242 396 1382 454">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 1485 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. 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 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 347 1384">115.77 (b)</p> <p data-bbox="242 1388 1474 1653">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. In an interview, the facility Warden said, that during her time at the facility, there has not been an incident of violation of sexual abuse or sexual harassment policies by a contractor or volunteer, but, that if there were, the contractor or volunteer would be suspended from entering the facility, an investigation would ensue, the facility would notify law enforcement as needed and would provide victim services to the alleged victim.</p> <p data-bbox="242 1682 1265 1711">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="242 1796 419 1825">Corrective action:</p> <p data-bbox="242 1830 1469 1890">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="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1382 725" 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 1382 488" style="list-style-type: none"> <li data-bbox="240 362 507 389">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="240 461 983 488">c. Agency Administrative Code Chapter 303 Discipline, Dated March 2018 <li data-bbox="240 636 371 663">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="240 873 483 900">Findings (By Provision):</p> <p data-bbox="240 931 387 958">115.78 (a) – 1</p> <p data-bbox="240 963 1477 1191">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. Agency policy 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 1223 1270 1249">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1339 347 1366">115.78 (b)</p> <p data-bbox="240 1370 1493 1532">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 Warden said, that any sanctions imposed on inmates would be commensurate with the nature and circumstances of the violation, the offender’s disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories.</p> <p data-bbox="240 1563 1270 1590">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1680 339 1706">115.78 ©</p> <p data-bbox="240 1711 1489 1805">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 in an interview.</p> <p data-bbox="240 1836 1265 1863">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1953 347 1980">115.78 (d)</p> <p data-bbox="240 1984 1489 2145">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 Psychological Services Unit</p>

Supervisor was interviewed and asked if the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse, and does the facility consider whether to offer these services to the offending inmate. In answer to the question, she said, "yes, if we have a prisoner who has a history of being a sexual abuser, we will talk about offering those services to them. Absolutely, we would be following up within 60 days and doing a more thorough evaluation with that person. And we ask is this someone who needs sex offender treatment? We have 12 mental health providers on site here and five vacancies, a myriad of psychologists, three licensed clinical social workers, and two other professional counselors and all are licensed psychologists or are doctoral candidates and working on their license." When asked if the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits, she said, "that would not be my philosophy. Even if we recommend sexual offender treatment, it's just one thing we might do and we would not punish an inmate, in anyway, if they refused. I certainly wouldn't pull other forms of treatment from that individual."

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, say, 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 database printout of allegations made in the past 12 months and found that the two allegations of staff-on-inmate sexual abuse resulted in findings of unsubstantiated and unfounded.

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 if 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.

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 no corrective action to take.

A staff person who conducts risk screening said, in an interview, that inmates who disclose prior sexual victimization are offered a follow-up meeting with mental health. When asked how soon those meetings take place, she said, "within a week of the referral." Medical and mental health staff use an electronic medical record (EMR) database to maintain inmate health records. Another intake screener said, in an interview, that the referral is built into the system. He said, "if you click on yes, a box pops up. When asked how quickly the follow-up meeting is held, he said, "typically the same day. I would contact PSU immediately after the screen is done, and PSU is part of intake, so they see PSU, typically the same day."

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.

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, in the EMR. 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 13 inmates, many of whom had been interviewed during the onsite portion of the audit. Upon review, Auditor found that none of the 13 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 psychological associate 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. PSU staff, social workers, the Security Director, and the Warden are staff who can access information from risk screenings. The information is used to determine housing, 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 XII, F, (p. 9), 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, "yes, any abuse situation, physical harm, we have to report. As a nurse, we have a duty to report, and harm to minors, and if they are going to harm themselves, we have to report to Security and PSU." The psychologist said, in an interview, psychological staff do explain the limits of confidentiality to inmates they work with.

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 1437 801" 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 1437 589" style="list-style-type: none"> <li data-bbox="240 365 507 392">a. Pre-audit Questionnaire <li data-bbox="240 398 1437 456">b. 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="240 463 756 490">c. Agency Form DOC-3001, (blank) Dated 03/2011 <li data-bbox="240 497 1374 555">d. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72), Effective Date, 01/11/2016 <li data-bbox="240 562 1177 589">e. DAI Policy#: 316.00.01 Inmate Co-Payment for Health Services, Effective Date, 11/01/2017 <li data-bbox="240 678 371 705">2. Interviews <ol data-bbox="240 712 660 801" style="list-style-type: none"> <li data-bbox="240 712 660 739">a. Inmates who Reported a Sexual Abuse <li data-bbox="240 745 588 772">b. Medical and Mental Health Staff <li data-bbox="240 779 812 801">c. Security Staff and Non-Security Staff First Responders <p data-bbox="240 893 483 920">Findings (By Provision):</p> <p data-bbox="240 954 384 981">115.82 (a) – 1</p> <p data-bbox="240 987 1490 1447">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. Agency policy, DAI Policy#: 500.39.19 says, in its policy statement, "Division of Adult Institution facilities shall ensure health care staff provides prompt and appropriate health care interventions in response to reported incidents of sexual abuse." The same policy, in Section II, A, (p.3,) says, "the first staff member to receive information regarding an incident of sexual abuse shall notify the on-site Security Supervisor and the HSU Manager/designee." The next paragraph, paragraph B, says, "if there is no RN on site, Security shall immediately contact the on-call nurse." The Health Services Unit Manager said, in an interview, "yes," and when asked how quickly they receive those services, she said, "immediately. Our response time is required by policy to be within five minutes. We would treat them and then send them out for a SANE/SAFE exam and their response time is, by policy, two hours." Another nurse, who was interviewed, confirmed that by saying that treatment would be provided in, "anywhere from five to 10 minutes." She went on to say, " if it's in Monarch or SEG, it's very quick, but if it's in a housing unit, it might take about five minutes for the nurse to get there." The Psychological Services Unit (PSU) Supervisor said, "yes, we have an on-call weekend person that could come in and work with the person." She went on to say, "If we were onsite my staff would meet within a half hour. On the weekend, they would contact my on-call staff and generally they would meet with them within two hours."</p> <p data-bbox="240 1476 1490 1570">Three inmates who reported a sexual abuse were interviewed. When asked if they were able to see a medical or mental health doctor/nurse in a timely fashion after they reported the abuse, two of them said that they were. One said that she was not even offered the opportunity.</p> <p data-bbox="240 1601 384 1628">115.82 (a) – 2</p> <p data-bbox="240 1635 1490 1928">The facility indicated, in their response to the PAQ, that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Agency policy, ED 72, identifies, in Section XVI, B, 1, (p.14), that victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, that nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. When asked if they thought this was true, the HSU Nurse Manager said, "yes, we have nursing protocols and yes, we can use our nursing judgment." The staff nurse who was interviewed said, "yes, and according to policies and procedures that guide us, yes, I believe they are." The PSU Supervisor said, "certainly policy guides our follow-up, but in terms of actual services we are providing based on standard of care for psychologists, social workers, and our ethics code as well. In fact, they rely on us for those things."</p> <p data-bbox="240 2018 384 2045">115.82 (a) – 3</p> <p data-bbox="240 2051 1474 2145">The facility indicated, in their response to the PAQ, that medical and mental health staff do maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported, and the</p>

provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. The facility submitted an Agency Off-Site Review Form, that is completed whenever an inmate is transported off-site for medical treatment. The form asks for the date and time to be recorded which can then be cross-referenced with an Incident Report to determine if the emergency medical treatment provided was done timely.

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

115.82 (b)

Security staff who were interviewed identified that, as a first responder, they would immediately call a supervisor and health services. Non-security staff, when asked this question, said that they had not been in a position to be a first responder but if they were, they would call Security right away.

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 appropriate. Agency policy, ED 72 requires, in Section XVI, B, 3, (p. 14), that the DOC's medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted infections prophylaxis." The HSU Nurse Manager said, in an interview, "they would receive both. They would be tested and offered contraception and prophylaxis at the hospital, but they may come back and want something different, and we are prepared to have those conversations and offer solutions." All three of the inmates who reported a sexual abuse said that emergency contraception and sexually transmitted infections prophylaxis was not appropriate in the incidents they reported.

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, says, in Section, XVI, B, 2, (p.14) that 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 an investigation arising out of the incident, and in a manner consistent with the community level of care. Agency policy, DAI 316.00.01 has an attachment identified as a Copayment Table. The table identifies as treatment that does not require a copay, a written referral from a PREA Risk Assessment Screener and crisis intervention evaluation and treatment related to sexual abuse in confinement. Medical and Mental Health staff who were interviewed said, "Yes, a SANE exam is offered/completed at the local hospital. Testing and treatment of potential STDs and emergency contraception may be offered if appropriate to the time frame. Pregnancy counseling is offered at both locations, at the outside hospital as well as within the prison." Mental health staff said, "mental health services offered following victimization are consistent with, or exceed, a community level of care. Mental health services provided to those with a history of victimization, consistent with the community, are provided based upon the level of need of the patient."

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
	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 1453 734" style="list-style-type: none"> <li data-bbox="240 331 850 358">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="240 365 1453 555" style="list-style-type: none"> <li data-bbox="240 365 507 392">a. Pre-audit Questionnaire <li data-bbox="240 398 1374 456">b. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72), Effective Date, 01/11/2016 <li data-bbox="240 463 1453 521">c. Division of Adult Institutions Policy#: 500.30.19 Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse, Effective Date, 04/01/2017 <li data-bbox="240 528 1289 555">d. DAI Policy#: 500.70.01 Mental Health Screening, Assessment and Referral, Effective Date 07/15/2017 <li data-bbox="240 645 371 672">2. Interviews <ol data-bbox="240 678 660 734" style="list-style-type: none"> <li data-bbox="240 678 660 705">a. Inmates who Reported a Sexual Abuse <li data-bbox="240 712 592 739">b. Medical and Mental Health Staff <p data-bbox="240 887 483 913">Findings (By Provision):</p> <p data-bbox="240 947 416 974">115.83 - a and b</p> <p data-bbox="240 981 1481 1406">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, ED 72, says, in Section XVI, B, 6, (p. 15), “the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any confinement setting. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody.” Medical and Mental Health staff said, “if the patient transfers to another facility, treatment records are made available to the receiving staff to ensure continued services.” Psychological staff said, “mental health pre-release plans are completed for all patients who have a significant mental health need to aid in continuity of care following discharge and ensure the need for services in the community is identified.” Three inmates who reported a sexual abuse were interviewed and two of them indicated that follow-up care was not applicable to the incidents they were involved in. The third one indicated that medical and/or mental health staff did discuss with them follow-up services and identified resources that were recommended in the community.</p> <p data-bbox="240 1440 1106 1467">A final analysis indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1552 355 1579">115.83 - ©</p> <p data-bbox="240 1585 1449 1709">When asked if medical and mental health services offered are consistent with community level of care, the Psychological Services Unit (PSU) staff said, “mental health services offered following victimization are consistent with, or exceed, a community level of care. Mental Health services provided to those with a history of victimization, consistent with the community, are provided based upon the level of need of the patient.”</p> <p data-bbox="240 1742 1265 1769">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1854 416 1881">115.83 - d and e</p> <p data-bbox="240 1888 1485 2157">The facility indicated, in their response to the PAQ, that female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. Agency policy, ED 72, says, in Section XVI, B, 7, (p. 15), that victims of sexually abusive vaginal penetration shall be offered pregnancy tests. It goes on to say that victims of sexually abusive vaginal penetration shall be offered pregnancy tests, in addition to timely and comprehensive information about and timely access to lawful pregnancy related medical services. Medical health staff who were interviewed said that female victims of sexually abusive penetration while incarcerated are offered pregnancy tests and timely and comprehensive information about, and timely access to, lawful pregnancy related medical services. Three inmates who reported a sexual abuse were interviewed and all three identified that pregnancy tests, and information about timely access to lawful pregnancy related medical</p>

services were not applicable to their situations.

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

115.83 - f

The facility indicated, in their response to the PAQ, that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Agency policy, ED 72, says, in Section XVI, B, 7, (p. 15), that victims of sexual abuse shall be offered tests for sexually transmitted infections. All three inmates who reported a sexual abuse who were interviewed said that tests for sexually transmitted infections were not appropriate to their circumstances.

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

115. 82 - g

The facility indicated, in their response to the PAQ, that treatment services are 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.

Agency policy, ED 72, says, in Section, XVI, B, 2, (p.14) that 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 an investigation arising out of the incident, and in a manner consistent with the community level of care. Agency policy, DAI 316.00.01 has an attachment identified as a Copayment Table. The table identifies as treatment that does not require a copay, a written referral from a PREA Risk Assessment Screener and crisis intervention evaluation and treatment related to sexual abuse in confinement. Medical and Mental Health staff who were interviewed said, "Yes, a SANE exam is offered/completed at the local hospital. Testing and treatment of potential STDs and emergency contraception may be offered if appropriate to the time frame. Pregnancy counseling is offered at both locations, at the outside hospital as well as within the prison." Mental health staff said, "mental health services offered following victimization are consistent with, or exceed, a community level of care. Mental health services provided to those with a history of victimization, consistent with the community, are provided based upon the level of need of the patient."

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

115.83 (h)

The facility indicated, in their response to the PAQ, that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Agency policy, ED 72, says, in Section XVI, B, 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. Mental health staff said, in an interview, "upon learning of a history of perpetrating inmate-on-inmate abuse, a mental health provider will evaluate a patient to determine if treatment is warranted, and if so, evaluate what type or level of treatment may be necessary. For example, we may evaluate their risk for future sexual offending and make a recommendation for sex offender treatment. Evaluations of patients who have perpetrated abuse are completed as soon as practicable, but no later than 60 days of learning of the perpetration of inmate-on-inmate 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 no corrective action to take.

115.86	Sexual abuse incident reviews
	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 1377 887" style="list-style-type: none"> <li data-bbox="240 331 847 358">1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 365 1377 524" style="list-style-type: none"> <li data-bbox="240 365 512 392">a. Pre-Audit Questionnaire <li data-bbox="240 398 1155 425">b. DOC-2863 Sexual Abuse Incident Review (SAIR) FORM – PREA, (blank) Dated 10/2020 <li data-bbox="240 432 1377 459">c. Division of Adult Institutions (DAI) Policy #” 410.50.01 Sexual Abuse Incident Review, Effective Date 0412/2021 <li data-bbox="240 465 1227 492">d. DAI Policy #: 300.00.70 Assaults by Inmate, Reporting and Tracking, Effective Date, 05/15/2020 <li data-bbox="240 499 1139 526">e. DOC-2863 PREA Sexual Abuse Incident Review Printout from Computerized Database <li data-bbox="240 613 379 640">2. Interviews: <ol data-bbox="240 647 707 741" style="list-style-type: none"> <li data-bbox="240 647 501 674">a. Facility Superintendent <li data-bbox="240 680 320 707">b. PCM <li data-bbox="240 714 707 741">c. Sexual abuse incident review team member <li data-bbox="240 831 528 857">3. Site Review Observations <ol data-bbox="240 864 730 891" style="list-style-type: none"> <li data-bbox="240 864 730 891">a. Sexual abuse administrative investigation files <p data-bbox="240 1032 483 1059">Findings (By Provision):</p> <p data-bbox="240 1093 347 1120">115.86 (a)</p> <p data-bbox="240 1126 1485 1350">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, 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 17. Auditors reviewed documentation from 10 of the 17 reviews conducted during the past 12 months.</p> <p data-bbox="240 1384 1265 1411">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1500 347 1527">115.86 (b)</p> <p data-bbox="240 1534 1493 1861">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 is 17. 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 of 10 sexual abuse incident reviews that were conducted, in that past 12 months, and determined that of the 10 conducted, nine were conducted within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.</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 2011 347 2038">115.86 ©</p> <p data-bbox="240 2045 1461 2161">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. 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</p>

documentation provided shows that the seven of the 10 sexual abuse incident review teams included upper-level management staff including the Warden, a captain, and psychological staff. Three of the reports reviewed did not identify the team members. The Warden said, in an interview, that line supervisors, investigators, and medical or mental health staff are represented at the reviews. She also said, "all questions during the SAIR are presented to all disciplines involved in the process."

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 10 reviews indicated that factors listed above were considered and were included in their final reports. In interviews, SAIR team members indicated that all these factors are considered in their reviews.

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. Regarding changes made based on SAIRs, the Warden said, "we take the information and do corrective action if needed. We then document appropriate changes on the SAIR form." The PREA Compliance Manager said, "we make changes where we can to ensure greater safety." The Health Services Unit Manager said, "we can make changes to prisoner movement, camera placement and angles, and we walk through all of these things."

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 data-bbox="240 362 1161 524" 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 data-bbox="240 645 497 672" style="list-style-type: none"> a. Agency PREA Director <p data-bbox="240 761 483 788">Findings (By Provision):</p> <p data-bbox="240 819 347 846">115.87 (a)</p> <p data-bbox="240 855 1485 1281">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, 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 provide 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, in bar graphs, and 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 1312 1265 1339">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1429 347 1456">115.87 (b)</p> <p data-bbox="240 1464 1481 1554">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. Auditor's review of the agency website verified that the data is aggregated annually.</p> <p data-bbox="240 1585 1265 1612">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1702 347 1729">115.87 ©</p> <p data-bbox="240 1738 1485 1863">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, Executive Directive, also requires that the extracted data, at minimum, include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization.</p> <p data-bbox="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 2011 347 2038">115.87 (d)</p> <p data-bbox="240 2047 1485 2161">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 Director identified that the SINC database serves as the agency's standardized instrument for collecting accurate and uniform</p>

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
	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 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="240 365 512 392">a. Pre-Audit Questionnaire <li data-bbox="240 398 552 425">b. Agency Annual Report 2020 <li data-bbox="240 432 552 459">c. Agency Annual Report 2019 <li data-bbox="240 465 552 492">d. Agency Annual Report 2018 <li data-bbox="240 499 512 526">e. Agency Website Posting <li data-bbox="240 533 1485 560">f. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72), Effective date, 01/11/2016 <li data-bbox="240 703 371 730">2. Interviews <ol style="list-style-type: none"> <li data-bbox="240 736 405 763">a. Agency Head <li data-bbox="240 770 416 797">b. PREA Director <li data-bbox="240 804 624 831">c. PREA Compliance Manager (PCM) <p data-bbox="240 976 483 1003">Findings (By Provision):</p> <p data-bbox="240 1037 347 1064">115.88 (a)</p> <p data-bbox="240 1070 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"> <li data-bbox="240 1167 528 1193">a. identifying problem areas: <li data-bbox="240 1200 767 1227">b. Taking corrective action on an ongoing basis: and <li data-bbox="240 1234 1469 1563">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, 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. The agency head said, in an interview conducted via telephone during the pre-onsite phase of the audit, "after each incident, facilities convene Sexual Abuse Incident Review Teams of facility leadership, supervisors, medical and mental health staff, Victim Service Coordinators, and investigators and review for potential policy, procedure, or physical plant change. Our PREA office collects data and prepares SSV and we review that to take corrective action." <p data-bbox="240 1597 1270 1624">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="240 1709 347 1736">115.88 (b)</p> <p data-bbox="240 1742 1493 2134">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</p>

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.

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

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.

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="240 719 504 745">Findings (By Provision):</p> <p data-bbox="240 779 347 806">115.89 (a)</p> <p data-bbox="240 813 1490 1104">The facility indicated, in their response to the PAQ, that the agency ensures that incident-based and aggregate data are securely retained. 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 1137 1265 1164">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1249 347 1276">115.89 (b)</p> <p data-bbox="240 1283 1490 1541">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 1574 1265 1601">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 1686 368 1713">115.89 © - 1</p> <p data-bbox="240 1720 1490 1888">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 1910 1265 1937">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="240 2011 368 2038">115.89 © - 2</p> <p data-bbox="240 2045 1490 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 10 years after the date of the initial collection. A review of the agency website shows that annual reports are available, for</p>

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="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="242 329 842 423" 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 Website <p data-bbox="242 624 483 654">Findings (By Provision):</p> <p data-bbox="242 683 360 712">115.410 (a)</p> <p data-bbox="242 719 1489 911">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="242 943 1270 972">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="242 1055 360 1084">115.410 (b)</p> <p data-bbox="242 1090 1489 1319">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="242 1350 1270 1379">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="242 1462 360 1491">115.401 (h)</p> <p data-bbox="242 1498 1086 1527">Auditor was granted access to, and had the ability to observe, all areas of the facility.</p> <p data-bbox="242 1559 1270 1588">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="242 1671 360 1700">115.401 (l)</p> <p data-bbox="242 1706 1469 1832">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="242 1863 1270 1892">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="242 1975 360 2004">115.401(m)</p> <p data-bbox="242 2011 1469 2069">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> <p data-bbox="242 2101 1270 2130">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p>

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. Four letters from this facility were received by the auditor and all four letter writers were interviewed. 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 <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 the Taycheedah Correctional Institution is dated January 1, 2019, 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.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for 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.)	na
	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.)	no

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?	no
	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?	no
	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?	no
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	no
	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?	no

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

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

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

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	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).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes