

PREA Facility Audit Report: Final

Name of Facility: Wisconsin Resource Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/05/2022

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: 11/05/2022

AUDITOR INFORMATION	
Auditor name:	Gorton, Yvonne
Email:	yvonnegorton@yahoo.com
Start Date of On-Site Audit:	03/14/2022
End Date of On-Site Audit:	03/16/2022

FACILITY INFORMATION	
Facility name:	Wisconsin Resource Center
Facility physical address:	1505 North Drive, Winnebago, Wisconsin - 54985
Facility mailing address:	

Primary Contact	
Name:	Joel Kalata
Email Address:	Joel.Kalata@dhs.wisconsin.gov
Telephone Number:	920-426-4310 Ext

Warden/Jail Administrator/Sheriff/Director	
Name:	Suzanne DeHaan
Email Address:	Suzanne.DeHaan@dhs.wisconsin.gov
Telephone Number:	920-236-4180

Facility PREA Compliance Manager	
Name:	Joel Kalata
Email Address:	joel.kalata@dhs.wisconsin.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Holly Puhl
Email Address:	holly.puhl@dhs.wisconsin.gov
Telephone Number:	920-236-4189

Facility Characteristics	
Designed facility capacity:	404
Current population of facility:	403
Average daily population for the past 12 months:	391
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18-78
Facility security levels/inmate custody levels:	Medium/Maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	695
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	288
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	38

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:	2022-03-14
2. End date of the onsite portion of the audit:	2022-03-16

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:	Reach Counseling 1509 S. Commercial Street Neenah, WI 54956

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	404
15. Average daily population for the past 12 months:	391
16. Number of inmate/resident/detainee housing units:	21
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:	405
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:	2
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:	28
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:	2

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:	3
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:	13
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:	49
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:	0
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:	3
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:	51
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):	No text provided.
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:	695
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:	38
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:	288
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:	13
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" 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 checked="" 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?	The total number of inmates at the facility, on the first day of the onsite portion of the audit, was 405. I needed to interview at least 26 inmates, and there were 21 housing units, with varied numbers of inmates housed in them. I used rosters separated by housing unit and selected the middle name on each roster. That gave me 21 inmates to interview. I then took the four units with the highest populations and again selected the middle name on each roster. I then reviewed my list to see how well balanced it was by race, age, length of incarceration, etc. Where my list was unbalanced, I returned to the rosters, went to the name I had chosen, and went down the list to find the very next name that would help balance my list and substituted that name for the original name I had picked.
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):	The only barrier I encountered is that a female inmate I had chosen for interview had tested positive for Covid that morning. I went back to the roster and chose the next name that kept my selection balanced for race, age, length of incarceration, etc., and made the substitution.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	11
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>1</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>0</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 lists, from a computerized database, that lists different populations of inmates, i.e., those who have reported sexual abuse, those who reported prior sexual victimizations, inmates who are disabled and who are Limited English Proficient. In addition, auditor conducts informal interviews during the onsite review of the facility and ask inmates if they are aware of inmates who are LGBT or who other inmates think are LGBT, note if inmates they talk to appear to be hard of hearing or possibly cognitively disabled, look for walkers and wheelchairs, and ask staff, i.e., teachers and, mostly importantly, healthcare staff if they know of inmates who are disabled, LGBT or LEP. I also review investigations conducted during the audit period and look for allegations of sexual abuse that were made and look to see that those names are on my list. I also interview letter writers.</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>0</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>Auditors asked staff, particularly medical staff, if they were aware of any deaf or hard-of-hearing inmates.</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:	2
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:	1
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:	1
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 agency does not, in any of its facilities, place inmates in segregated housing due to 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):	On occasion, inmates will want to talk to auditors, in the housing units, while we are involved in the onsite review of the facility. I always try to take at least a few minutes to listen to them and based on what they tell me, I may call them out for an interview, in addition to the names I have already chosen.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12

<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 interviewing 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>14</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 checked="" 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>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>1</p>
<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input checked="" type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</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>
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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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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).	No text provided.

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
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	There were no barriers to sampling documentation. Staff was very forthcoming with everything we asked for.

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	0	0	0	0
Staff-on-inmate sexual abuse	2	2	2	2
Total	2	2	2	2

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	6	0	6	0
Staff-on-inmate sexual harassment	0	0	0	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	2	0	0	0
Total	0	2	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	0	0	0	1
Staff-on-inmate sexual abuse	0	0	1	0
Total	0	0	1	1

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	2	0	3	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	3	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:	8
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input 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:	1
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal 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 inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal 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 abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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 sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT 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 inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-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 inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<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 type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The agency uses a computerized database program to store information regarding allegations of sexual abuse and sexual harassment. The database stores comprehensive in</p>
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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>
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<p>a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:</p>	<p>1</p>
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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>
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<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
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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. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016 c. Memorandum of Understanding between Wisconsin Department of Health Services, Wisconsin Resource Center and Wisconsin Department of Corrections for compliance with Prison Rape Elimination Act (PREA), dated 04/10/2017 d. Wisconsin Resource Center Policy 3.2.13 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 03/05/2017 e. DOA-15302 Position Description, Agency PREA Director f. Agency Organizational Chart, January 2021 g. Wisconsin Department of Corrections, PREA Compliance Manager Victim Services Coordinators 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Facility PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.11 (a) - 1</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (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 (DOC) 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, "they told us about that at Dodge and again here," and "it's on all the posters." All 24 inmates who were formally interviewed, all 25 staff who were interviewed, and two volunteers, who were also 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, e. Providing offenders with a comprehensive orientation that details their right to be free from sexual abuse, sexual harassment, and report-related retaliation, f. Identifying core causal factors, and g. Taking corrective action so as to align with a zero tolerance environment.

The agency also has in place policy requirements that prevent hiring, or promoting, anyone who has engaged in sexual abuse in a confinement facility, that has been convicted of engaging, or attempting to engage, in nonconsensual sexual activity in the community, or has been civilly, or administratively, adjudicated to have engaged in these activities. The agency will, by policy, also consider incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee.

115.11 (a) - 3

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

115.11 (a) - 4

The facility indicated, in their response to the PAQ, that the policy includes sanctions for those found to have participated in prohibited behaviors. Identified on p. 2-3 of ED 72 are sanctions for those found to have participated in prohibited behaviors. The policy identifies that staff who are found to have violated the agency's sexual abuse and sexual harassment, and retaliation policies are subject to disciplinary sanctions up to and including termination and that termination is the presumptive sanction for a staff member who engaged in sexual abuse. By policy, inmates 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 its facilities. The DOC has one statewide PREA Director, Leigha Weber, who is responsible for PREA compliance for all state correctional institutions and correctional centers. ED 72, in Section V, (p. 5), C, says, "the DOC shall employ or designate a PREA Director to oversee department efforts to comply with PREA standards." The facility provided a position description for Ms. Weber's position that says, ". . . this position is responsible for the direction of the Prison Rape Elimination Act (PREA) provisions in the Department." It goes on to say, "the scope of this position encompasses the entire Wisconsin Department of Corrections in which capacity it serves as the department expert on the PREA and provides oversight and consultation to department management."

115.11 (b) - 2

The facility indicated, in their response to the PAQ, that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all 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 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 (PCM). 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 Captain Joel Kalata as the facility PCM. When asked, in an interview conducted onsite, if he had sufficient time to coordinate the facility's efforts to comply with the PREA standards, Housing Unit Supervisor Captain Kalata replied, "

To say that we could have a fulltime PREA Compliance Manager is not an understatement, but we have ebbs and flows. A lot of the reports that we get, because of the mental health status of some of our inmates, we know that they could not have happened but we still have to go through a certain routine of investigating, viewing camera footage, etc., and it's time consuming. Short answer, yes, I do have time but there are periods of time where I do more PREA related things than anything else."

Captain Kalata's position is an upper-level security supervisory position at the facility, and the position reports to the Deputy 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.

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. Contracts for the confinement of inmates with the following counties:

1. Fond du Lac
2. Jefferson
3. Juneau
4. Ozaukee
5. Milwaukee
6. Oneida
7. Forest
8. Marquette
9. Dunn
10. Sauk
11. Racine
12. Vilas
13. Vernon
14. Rock

c. Contract Compliance Review Reports for the following county jails:

1. Racine, dated 10/15/2021
2. Milwaukee, dated 06/08/2021
3. Vilas, dated 10/20/2021
4. Fond du Lac, dated 05/24/2021
5. Oneida, dated 06/03/2021
6. Vernon, dated 11/02/2021
7. Forest, dated 10/20/2021
8. Jefferson, dated 10/01/2021
9. Juneau, 12/03/2021
10. Sauk, 11/12/2021

d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 401.000.01 PREA Compliance Review of Contracted Facilities, effective date, 01/24/2022

e. DOC-2845, Agency Contract Compliance Review form, effective date, 04/20/2018, (blank)

2. Interviews

a. Agency Contract Administrator

Findings (By Provision):

115.12 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency currently has Memorandums Of Agreement (MOA), with 14 agencies, for the temporary housing of inmates. During the pre-on-site phase of the audit, the facility provided copies of all 14 MOAs. MOAs of all 14 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 14 MOAs are currently in effect. The agencies contracted with are County Jails in:

- Fond du Lac,
- Jefferson,
- Juneau,
- Ozaukee,

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

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 the above contracts require contractors to adopt and comply with PREA Standards. All 14 MOAs were reviewed, and it was noted that in Section VII, paragraph Q, in all the MOAs, there is 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.

115.12 (a) - 3

The facility responded to the PAQ by identifying 14 MOAs for the confinement of inmates and providing copies of each of the 14 MOAs. A review of the MOAs confirmed that all of them were entered into, or renewed, since the last audit date, which was April of 2017. Of the 14 MOAs, 12 were entered into since the day of the last audit and two 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 are not required 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 the contracts with county jails require the Wisconsin Department of Corrections (DOC) to monitor the contractors' compliance with PREA standards and provided copies of each MOA, as well as an agency policy, that requires the DOC to monitor the contractors' compliance. Division of Adult Institutions (DAI) Policy # 401.00.01 requires that the DAI review its contracted facilities for the confinement of inmates to ensure compliance with the Prison Rape Elimination Act (PREA), and, in Section I, A, (p. 2), requires that the contracts be monitored by the DOC annually except during the year in which the facility has scheduled a United States Department Of Justice (US DOJ) PREA audit.

Sections I, B and C, on the same page, specify that during US 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 contracted agency's self-report and the DOC evaluation. Reviews of each of the MOAs the DOC holds with the identified county jails revealed that all but two of the 14 MOAs require each contracted agency to be monitored by the DOC. 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 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 DOC, 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 conducting the reviews. The policy instructs the reviewer to report areas of non-compliance to the DOC 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 14 contracts with outside agencies, held by the DOC, do NOT require the DOC to monitor the contractor's compliance with PREA standards. A review of the MOAs offered as evidence proved that two of the 14 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 the contracted agencies' compliance with PREA, including the two whose contract language still uses the word, "may," rather than, "shall." 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 substantially 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.

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. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.50.05 Staffing Plan, effective date, 05/17/2021
 - c. Wisconsin Department of Corrections PREA Coordinator 2021 PREA Staffing Plan Annual Review Log
 - d. Wisconsin Department of Corrections Executive Directive 72 Sexual Harassment and Sexual Abuse in Confinement (PREA), Section IX. D, no date
 - e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.40.01 Unannounced Supervisory Rounds, effective date, 01/24/2022
 - f. Log book documentation of unannounced rounds conducted throughout the facility between 10/2021-2/2022
2. Interviews
 - a. Warden
 - b. PREA Coordinator
 - c. Facility PREA Compliance Director
 - d. Intermediate or higher level facility staff
3. Site Review Observations
 - a. PREA Rounds logged in logbooks in Housing Units

Findings (By Provision):

15.13 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. They provided agency policy Division of Adult Institutions (DAI) Policy#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 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (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.

- generally accepted correctional practices;
- any judicial, federal investigative and internal/external oversight agency findings of inadequacy;
- the facility's physical plant including blind spots or areas where employees or offenders may be isolated;
- the composition of the offender population;
- the number of placement and security staff
- institution programs occurring on a particular shift;
- the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and,
- applicable State or local laws, regulations, standards and other relevant factors.

In an interview conducted onsite, the facility PREA Compliance Manager (PCM), confirmed that the required elements listed above are taken into consideration during the annual review of the staffing plan. He said, "we consider all of them." He identified that a camera update, completed in 2019, placed cameras so as to reduce blind spots. They have also changed staffing levels, in certain areas and at specific times. He also said they have learned from the mistakes made at other facilities. For example, the doors on the janitor closets were changed from doors with small windows to doors with full windows because, he said, "it just made more sense."

The facility submitted copies of their staffing plan dated March of 2021. The staffing plan identifies that the Wisconsin

Resource Center (WRC) provides care and treatment for male and female mentally ill prison residents with severe and persistent mental health concerns. The facility houses maximum, medium and minimum-security residents and county hold residents. There are two high management housing units for males and one for females which provide maximum supervision and restricted movement. The primary focus, at WRC, is on mental health care. Treatment teams carefully review each resident's history to develop treatment plans for their stay at WRC. The targeted length of stay is three to nine months for most residents but there is a small population of residents who are permanently housed there.

WRC is subject to staffing allocations as determined through the Wisconsin State biennial budget process. The facility runs three shifts and is permitted 71 correctional officers, 31 sergeants and 8 Captains, all of which are employed by the Wisconsin Department of Corrections (DOC). The DOC staff are assigned to the cores, perimeter vehicle and utility posts. WRC is also staffed with 238 Psychiatric Care Technicians – Advanced (PCT-A), 32 Psychiatric Care Supervisors (PCS), and 16 Institution Unit Supervisors(IUS), as well as two Nursing Supervisors and two Clinical Coordinators, all of whom are Wisconsin Department of Human Service (DHS) staff. In addition, there are two Food Service supervisors that provide daily supervision with Coverage Monday through Friday from 5:30 am until 5:30 pm. The number of DHS staff on each housing unit varies according to the demographic needs and number of residents on the unit. Typically, WRC has one captain and one PCS assigned to oversee operations, in each housing unit, on each shift. They also have 16 IUS, as well as two Nursing Supervisors and a Clinical Coordinator, both of whom also function in a similar capacity overseeing a unit. Each is assigned on housing unit and oversees the security and professional staff. Additionally, there are unit-assigned PCS staff who supervise the daily unit operations on second shift, Monday through Friday. Noted in the staffing plan, as well as by Auditors, is that WRC has a robust staffing pattern with approximately 650 staff for a capacity of 443 residents.

The facility staffing plan also identifies that cameras are installed in all common areas with resident access and are available to be monitored and recorded by security staff. There are a total of 294 cameras in use at WRC with 240 designated for the inside and 54 for the outside. Cameras are also installed in special cells to supplement the security and observation rounds for resident that are at risk to themselves or for medical observation. These cameras are monitored by security staff. Also noted in the staffing plan is that additional mirrors and gates have been installed in response to blind spots.

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 391.

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 404.

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 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. The Warden said, in an interview, "If there is an area that is not being filled, and we just don't have the staff, we hire overtime, as everybody does, and we have redeployed people from other positions to ensure that housing have always covered the units."

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 March of 2021, with the facility PCM and the Security Director as participants to the review.

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.

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 in a separate logbook which makes them easy to audit.

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. However, when auditors reviewed logbooks, in the housing units, they noted that the time the round was made was not documented in the logbooks, thus auditors could not ascertain that the rounds covered all three shifts. The facility was asked to submit documentation demonstrating that the unannounced rounds cover all three shifts and on, April 20, Auditor was provided documentation that identified the shift each round, as logged in a housing unit logbook, was made and a memo sent from Captain Joel Kalata to all staff, on March 16, 2022, identifying that, going forward, all unannounced rounds must be logged with the name of the signer, the date and the time the round was made. Also included was documentation of the logging of unannounced rounds, from March 16, 2022, to April 20, 2022, showing that staff are logging both the date and time the unannounced round was made. The documentation submitted, of rounds logged prior to March 16, 2022, dated back to October 2021 and did show that rounds conducted in October, November and December 2021, as well as in January, February and March, 2022, did cover all three shifts.

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." Staff who were asked how they ensure that staff do not alert other staff that unannounced rounds are taking place said they vary their routines and do not tell staff when they are coming or where they are going next. None of them recalled ever having had to discipline staff for alerting other staff that the rounds were taking place.

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

Corrective Action

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

115.14

Youthful inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire
 - b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016, excerpt Section XIII. C
 - c. Agency Notice of Movement, dated 12/19/2016
 - d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 302.00.20 Placement of Juveniles in Adult Correctional Sites, effective date 2/22/21
 - e. Copy of PREA, copy of Age RPT, names, ages and admit dates of inmates
 - f. Wisconsin Department of Health Services Division of Care and Treatment Services, Wisconsin Resource Center, Policy# 3.2.13 Sexual Abuse and Sexual Harassment in Confinement

2. Interviews

- a. Line staff who supervise youthful inmates
- b. Youthful inmates
- c. Education and program staff who work with youthful inmates

Findings (By Provision):

115.14 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the Division of Adult Institutions (DAI) 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. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIII C, (p.10), prohibits placing youthful offenders in housing units where they have sight, sound or physical contact with adult offenders through use of shared dayrooms or other common areas, shower areas or sleeping quarters. Auditors verified that the Wisconsin Department of Corrections (DOC) 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.

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 Wisconsin Resource Center (WRC).

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 WRC.

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

115.14 (b) - 1 and 2

The facility indicated, in their response to the PAQ, that WRC does not house inmates under the age of 18.

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

115.14 (c) - 1

The facility indicated, in their response to the PAQ, that WRC does not house inmates under the age of 18.

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 WRC does not house youthful inmates.

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

Corrective Action

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

115.15

Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

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. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016
 - c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.70.24 Clinical Observation, effective date, 07/13/2021
 - d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.40.02 Opposite Gender Viewing and Announcing, effective date, 10/18/2021
 - e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.17.02 Searches of Inmates, effective date 12/21/2020
 - f. Wisconsin Department of Health Services Division of Care and Treatment Services, Wisconsin Resource Center, Policy #: 3.1.18 Searches and Inspections, last revised date 02/2017
 - g. Wisconsin Resource Center Policy #: 3.2.13 Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 10/11/2015
 - h. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.70.27 Transgender Inmates, dated 04/20/2018
 - i. DOC-544 Wisconsin Department of Corrections Division of Management Services Lesson Plan, Introduction to Searches of Inmates, dated 04/20/2020

- 2. Interviews
 - a. Non-medical Staff
 - b. Random Staff
 - c. Random Sample of Inmates
 - d. Transgender/intersex inmates

- 3. Site Review Observations
 - a. Shower Rooms and Bathrooms in Housing Units
 - b. Curtains on Cell Doors

Findings (By Provision):

115.15 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (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." Division of Adult Institutions (DAI) Policy #306.17.20 Searches of Inmates, in Section I, C, says that staff directly observing the inmate, during a strip search, are required to be the same sex as the inmate and that a second staff participating in the search shall only observe the staff performing the strip search. A total of 24 inmates, including two transgender inmates, were formally interviewed and 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.

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 was zero.

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.

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

115.15 (b) - 1

Wisconsin Department of Corrections (DOC) agency policies ED 72 and DAI Policy #306.17.02, prohibit pat searches of female inmates by male staff, absent exigent circumstances, at all of their institutions. Because the facility is a joint effort by the Wisconsin DOC and the Wisconsin Department of Human Services (DHS) the facility also presented a Wisconsin DHS policy, 3.1.18 Searches and Inspections, which says, in Section I, E, (p.2), "except under exigent circumstances, personal searches of female offenders will only be completed by a same gender employee."

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. Four 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.

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 that were conducted by male staff was zero and the number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstances was also zero.

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 strip searches and cross-gender visual body cavity searches be documented. DIV Policy #: 306.17.02 Searches of Inmates, requires, in Section I, E, 2 and 3, (p. 3), that documentation of exigent circumstances where cross-gender pat-down searches of female inmates by male staff are conducted shall be maintained and that documentation of exigent circumstances where cross-gender strip, body cavity or body contents searches are performed shall be maintained. 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." Of the 24 inmates who were interviewed all of them confirmed that they are never naked in front of opposite gender staff, and all confirmed that they have the opportunity to shower, change their clothes and use the toilet without being viewed by opposite gender staff. Inmates identified things such as curtains on the showers, half walls on the toilet stalls, curtains on the cell door windows in the female units, all things that help protect inmates' ability to shower, perform bodily functions and change clothing without being seen by non-medical staff of the opposite gender and auditors noted all of them during the review of the facility.

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 24 inmates formally interviewed, 17 said that opposite gender staff always announce their entry into the housing unit by ringing a tone and/or a blue light goes on, and seven said they did not always hear the tone but did say that opposite gender staff will knock on the door to the bathroom or shower room to check on them. Some of them also said that they know to

expect that there will likely always be both male and female staff assigned to any of the units. Auditors noted, during the site review, that staff did consistently ring the bell tone when the group entered a housing unit. All of the random staff who were interviewed identified that opposite gender staff always announce when entering a housing unit.

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

115.15 (e) - 1

The facility indicated, in their response to the PAQ, that the agency does have a policy that prohibits searching, or physically examining, a transgender or intersex offender for the sole purpose of determining the offender's genital status. ED 72 says, in Section X, D, (p. 7) that facilities may not search or physically examine 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 and two transgender inmates who were interviewed said that they were never searched for this reason.

115.15 (e) - 2

The facility indicated, in their response to the PAQ, the number of such 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 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.

115.16 Inmates with disabilities and inmates who are limited English proficient

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), effective date, 01/11/2016
 - c. Contract for Video Remote Interpreting (VRI) Services for American Sign Language (ASL), dated 10/25/2021
 - d. Wisconsin Department of Corrections Division of Adult Institutions Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates, revised 01/2021, large print
 - e. Contract for In-person Interpretation Services for American Sign Language (ASL), dated 10/25/2021
 - f. Wisconsin Department of Corrections Division of Adult Institutions Policy #:300.00.35 Americans with Disabilities Act, effective date, 09/14/2020
 - g. POC-41BS, Agency Handbook Addendum Spanish, dated 07/2016
 - h. Agency Posted Language Policy Notice
 - i. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 300.00.61 Language Assistance for Limited English Proficiency (LEP) Inmates, effective date, 01/01/2015
 - j. Contract for In-person Interpretation Services for Foreign Language, dated, 10/25/21
 - k. Contract for Written Foreign Language Translation Services, dated 10/25/2021
 - l. POC-41S Agency Inmate Handbook, Spanish, dated 07/2019

- 2. Interviews
 - a. Agency Head
 - b. Inmates with Disabilities or who are Limited English Proficient
 - c. Random Staff

- 3. Site Review Observations
 - a.

Findings (By Provision):

115.16 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XI, B, (p.4), that offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the Department of Correction's (DOC's) efforts to prevent, detect and respond to sexual abuse and sexual harassment. Division of Adult Institutions (DAI) Policy #300.00.35, in Section I, Paragraph A, requires all facilities to establish a process for inmates with qualified disabilities to request accommodations for access to programs, services, and activities. Paragraph C, of the same policy, outlines that individuals with disabilities may not be excluded from participation in, or be denied the benefits of, DAI services, programs or activities on the basis of their disabilities, and that all DAI programs, services and activities shall be readily accessible to, and useable by, individuals with disabilities. The same policy requires facilities to make reasonable accommodations for individuals with disabilities except where doing so would result in a fundamental alteration in the nature of the program, would threaten or destroy the historic significance of an historic property, or result in undue financial and administrative burdens. Section II, paragraph F says that inmate access to adaptive hearing devices for telephone calls must be equivalent to access to telephone calls by hearing inmates and allows for inmates using adaptive devices for phone calls to be allowed up to three times the amount of time usually permitted for phone calls. This policy also requires facilities to develop procedures to ensure visual alarms, or manual means of notifying deaf or hard of hearing inmates, are in place for such things as emergencies, counts, and announcements whenever, and wherever, the inmate is authorized to be in the facility. Accommodations that must be made may include a qualified sign language interpreter or other auxiliary aids, services, and devices.

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 and auditors were able to conduct

an interview using the language line. 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 several disabled inmates who said that the facility does provide information about sexual abuse and sexual harassment that they are able to understand

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. Auditors were also able to interview a LEP inmate, with the use of the language line, who said that he was given Prisoner Orientation materials printed in Spanish but that he cannot read either English or Spanish, so the materials were not helpful to him. Auditors requested that Staff provide the Spanish version of the PREA Education video, and they said it was available on the Institution television channel and that the unit staff would advise that particular inmate where he could view it. The same inmate also said that staff do provide an interpreter, either in person or via telephone, when they need to speak with him, including when he was enrolled in a class that he has now completed.

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 were familiar with the translation services that are available at the facility. None of the 12 staff randomly selected for interview were aware of any instance, at the facility, where one inmate was allowed to translate for another when making an allegation of sexual abuse or sexual harassment.

115.16 (c) - 2

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

115.16 (c) - 3

The facility reported on the PAQ, the number of times, in the past 12 months, where inmate interpreters, readers, or other types of inmate assistants were used and it was not the case that an extended delay in obtaining another interpreter could

compromise the inmate's safety, the performance of first-responder duties, or the investigation of the inmate's allegations, as zero.

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

Corrective Action

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

115.17

Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

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. Wisconsin Department of Corrections Executive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016
 - c. Agency Procedure Background Check, effective date, 11/26/2018
 - d. DOC-1098-D Background Check Authorization, dated 02/2021, (blank)
 - e. DOC-1098-R Candidate Reference Check, dated 10/2020, (blank)
 - f. Agency Procedure Fingerprints, effective date, 11/26/2018
 - g. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns, effective date, 02/10/2014
 - h. Wisconsin Department of Corrections Executive Directive 42 Police Contact, Arrest, and Conviction Policy for Current Employees, effective date 08/15/2016
 - i. Wisconsin Department of Corrections Human Resources Policy #: 200.30.507 Reference Checks – Guidelines for Obtaining and Providing References, dated 08/04/2020
 - j. Wisconsin Department of Corrections Division of Care and Treatment Services, Wisconsin Resource Center Policy #: 1.3.21 Arrest and Conviction, dated 12/2021
 - k. DOC-2674 Wisconsin Department of Corrections Division of Adult Institutions Volunteer Application, dated 09/2018 (blank)
 - l. Wisconsin Department of Corrections Division of Care and Treatment Services, Wisconsin Resource Center Policy #: 1.7.4 Contractor Services, dated 05/2017

- 2. Interviews
 - a. Human Resources Staff

Findings (By Provision):

115.17 (a)

The facility indicated, in their response to the Pre-Audit Questionnaire, (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:

- (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:
- (3) has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.

Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (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. Executive Directive 42 Police Contact, Arrest, and Conviction Policy for Current Employees (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.

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. 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, he replied, "yes we do."

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 12 application packets for employees who were hired in the past 12 months and determined that the proper reference check forms were used, and the required reference checks were made.

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 146. Auditors reviewed twelve 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, when asked in an interview if background checks are done for contractors as well, "yes."

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 47 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 have a company that the whole agency uses. We have a regular system." When asked if the fingerprint checks are done every five years, he confirmed that they are.

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

115.17 (f)

Auditors reviewed the background check authorizations contained in the human resource files and noted that nowhere on the form is the candidate for employment asked if they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; if they have 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 if the applicant has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) 2 of this section.

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

115.17 (g)

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, "yes, we have self-disclosure and also a requirement to report within our policy and if we find something that has gone unreported, employees can be disciplined for not reporting."

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

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 HR checks on employees going from our institution to another and vice versa. Other institutions will provide the same information for us."

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 not in compliance with all provisions of this standard.

The facility shall submit, to the Auditor, proof that applicants for employment are asked the questions outlined in provision (f)

of this standard. The facility can submit the employment applications that go with the 12 application packets already submitted if those applications have the appropriate questions printed on them. Any documentation that shows the applicants name, the date of the application, and demonstrates that applicants are asked the specific questions will be appropriate.

The facility submitted a Background Check Authorization form, (F-03047), to be used as part of the employee employment application process. The form, which was developed and implemented in August 2022, specifically asks all applicants for employment:

- a) if they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution,
- b) if they have 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
- c) if they have been civilly or administratively adjudicated to have engaged in the activity described above.

The facility also submitted four samples showing that prospective employees were required to answer these questions to move forward with the application and hiring process. All of the samples were dated in August 2022, demonstrating that the process is currently in process and will continue to be going forward.

During the corrective action period, the facility has demonstrated substantial compliance with this provision. No further corrective action is required.

115.18	Upgrades to facilities and technologies
	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. Wisconsin Resource Center Unit A-4 Observation Cell Remodel Blueprint, dated 02/03/2022
 - c. Wisconsin Resource Center South Building Analog Camera Replacement Project, dated 02/24/2017
 - d. VR Camera Recommendations

2. Interviews
 - a. Agency Head
 - b. Warden

3. Site Review Observations
 - a. Camera Upgrades
 - b. Unit 4 Observation Cell Upgrades
 - c. Air Temporing Project in Process

Findings (By Provision):

115.18 (a)

The facility indicated, in response to the Pre-Audit Questionnaire (PAQ), that the facility underwent a Unit 4 Observation Cell upgrade, since the last audit, and submitted a blueprint binder for that project. They also identified that a South Building Camera Replacement Project took place since the last PREA audit and submitted a document that includes the objective, scope, specifications, and parts for that project. The objective of the project was to replace the ageing and failed analog cameras in the South Building with new Pelco IP cameras and network CAT6A U/FTP cabling. The new cameras are connected and monitored on the Facility Network. The Warden said, in an interview conducted onsite, "we have additional Cameras, and electronic health records, to include rounds documentation for every housing unit in the EMR. We also have a project going on right now, the air tempering project so, two units have been displaced to a surge space. A lot of our inmates are on psychotropic meds and temperature is important, so two units are in the process of having air tempering equipment installed. Next year we are hoping to have a wet cell project."

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."

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

115.18 (b)

The facility indicated, in their response to the PAQ, that the facility has installed a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit in April of 2017. 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." The Warden said that when installing new cameras or updating existing ones, they look for the best angle and visibility to ensure that they are getting the areas that could be vulnerable while not limiting the privacy that inmates may have individually.

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

Corrective Action

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

115.21

Evidence protocol and forensic medical examinations

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. Wisconsin Department of Corrections 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
 - c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.00.14 Protection, Gathering and Protection of Evidence, effective date, 10/18/2021
 - d. Reference, Standards for Health Services in Prisons (2014 ed.) (2018). Chicago, Illinois: National Commission on Correctional Health Care
 - e. Agency Inmate Handbook Excerpt
 - f. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016
 - g. Memorandum of Understanding between Wisconsin Department of Corrections Department of Health Services – WRC and Reach Counseling, Inc. of Neenah, WI, dated 02/10/2017
 - h. Agency Victim Service Coordinators Support Services Workshop Agenda, 04/04/2018
 - i. Certificate of attendance for Support Services Workshop, dated 04/04/2018-04/05/2018
 - j. Agency Victim Service Coordinators Victim Accompaniment Guide
 - k. Agency Victim Services Coordinators Sexual Abuse and Sexual Harassment in Confinement Reference Guide
 - l. DOC-2767 Sexual Abuse Incident Victim Services Coordinator Response Checklist, dated 09/2015, (blank)
 - m. Agency Law Enforcement Compliance Request, 2019

2. Interviews
 - a. Random Staff
 - b. SANE/SAFE Staff
 - c. Facility PREA Compliance Manager
 - d. Inmates who reported a sexual abuse

Findings: (By Provision):

115.21 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ) that the facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct.) Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED72), 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."

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."

115.21 (a) – 3

The facility indicated, in their response to the PAQ that the Oshkosh Police Department is the local law enforcement agency designated to investigate allegations of sexual abuse that involve potentially criminal behavior.

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 Division of Adult Institutions (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. 3-6). 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 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.

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

115.21 (b) - 1

The facility indicated, in their response to the PAQ, that this portion of the standard does not apply because the facility does not house youthful offenders and 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 Wisconsin Resource Center (WRC) 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 PREA Compliance Manager (PCM) identified, during an onsite interview, that Aurora Medical Center – Oshkosh, 855 N Westhaven Drive in Oshkosh, WI, 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 conducted a telephone interview with staff at Aurora Medical Center - Oshkosh who verified that there is always a SANE either on duty or on call. She said that they do perform SANE exams for inmates, just like any other victim. She was not certain if they had provided forensic exams for any WRC inmates, in the past 12 months.

115.21 (c) - 2

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

115.21 (c) - 3

The facility indicated, in their response to the PAQ, that the agency does offer all inmates who experience sexual abuse access to forensic medical examinations at an outside facility. DAI Policy #: 500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse, identified, in Section III, C, (p.4) that when it is determined evidentiarily or medically appropriate by health care staff in consultation with the SANE, staff will send the alleged victim to the designated Emergency Room (ER) for the SANE to conduct an evidentiary exam. The policy goes on to say that an alleged victim cannot refuse to be transported to the ER but may refuse to be evaluated once at the ER. A telephone interview, with staff at Aurora Medical Center – Oshkosh, conducted during the post-onsite phase of the audit, confirmed that the hospital will conduct SANE exams for WRC upon request. 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.” Division of Adult Institutions (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 interviewed a SANE at Aurora Medical Center – Oshkosh who confirmed that there is always a SANE on duty, or on call, and that Aurora Medical Center will conduct forensic exams for inmates from WRC upon request.

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 exams 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 forensic medical exams 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 resulted 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 05/08/2017, between the Wisconsin Department of Corrections (WDOC) and Reach Counseling, in Neenah, WI. According to the MOU, Reach Counseling 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 WRC. Auditor interviewed a representative from Reach Counseling who confirmed that the services identified in the MOU are provided upon request for inmates housed at WRC. Staff said that few calls are received from WRC 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 Reach, that the DOC has an MOU with them, and that they can call them if they have an inmate victim who requests the services provided by Reach Counseling. He also said that inmates typically prefer to work with facility psychological staff. This is likely due to the robust psychological services the Wisconsin Department of Correction employs. At WRC, there is a psychologist assigned as part of a treatment team for each housing unit. Auditor did note that, in the investigations reviewed, inmates were offered services from an outside advocate.

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 Facility PCM said, in an interview conducted onsite, "Reach Counseling will come in." He went on to say that, "everyone here has access to a psychologist and to a social Worker, so they typically will work with our staff rather than with an outside counseling agency."

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 outside agency, Reach Counseling, will come in if asked, but that most inmates prefer to work with staff psychologists that they already have a rapport with and also have easy access to.

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 WRC 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. Reach Counseling 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 Reach Counseling.

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 Oshkosh 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 Warden identified that a qualified advocate is available through Reach Counseling 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 an advocate is always available from Reach Counseling.

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

Corrective Action:

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

115.22	Policies to ensure referrals of allegations for investigations
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="244 327 1445 1021" style="list-style-type: none"> <li data-bbox="244 327 858 353">1. Documents: (policies, directives, forms, files, records, etc.) <ol data-bbox="244 358 1445 779" style="list-style-type: none"> <li data-bbox="244 358 515 385">a. Pre-Audit Questionnaire <li data-bbox="244 421 1430 479">b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 <li data-bbox="244 483 858 510">c. Spreadsheet of Investigations Conducted - 5 Month Period <li data-bbox="244 515 1414 573">d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 303.00.05 Law Enforcement Referrals, effective date, 02/22/2021 <li data-bbox="244 577 1445 636">e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.00.15 Inmate Investigations, effective date, 05/17/2021 <li data-bbox="244 640 1414 698">f. Wisconsin Department of Corrections Human Resource Policy #: 200.30.304 Employee Disciplinary Investigations, effective date, 10/28/2020 <li data-bbox="244 703 738 730">g. Wisconsin Department of Corrections Website <li data-bbox="244 734 911 761">h. Wisconsin Resource Center Law Enforcement Referral Example <li data-bbox="244 922 379 949">2. Interviews <ol data-bbox="244 954 451 1021" style="list-style-type: none"> <li data-bbox="244 954 408 981">a. Agency head <li data-bbox="244 985 451 1012">b. Investigative staff <p data-bbox="244 1137 483 1164">Findings (By Provision):</p> <p data-bbox="244 1200 379 1227">115.22 (a) - 1</p> <p data-bbox="244 1232 1489 1729">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct.) They said that all reports of sexual misconduct are documented and tracked for appropriate response. Those that meet the definitions of sexual abuse or sexual harassment transition to an administrative investigation. The facility makes a referral to law enforcement for criminal conduct when indicated. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XVII, A, (p.15), that the agency will ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment. The Agency Head said, in a telephone interview conducted during the pre-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="244 1760 379 1787">115.22 (a) 2</p> <p data-bbox="244 1792 1489 1921">The facility indicated, on the PAQ that, in the past 12 months, eight 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. Two of the eight allegations ended in a finding of substantiated, four ended in a finding of unsubstantiated, and two are ongoing.</p> <p data-bbox="244 1953 379 1980">115.22 (a) - 3</p> <p data-bbox="244 1984 1489 2114">The facility reported, on the PAQ, that in the past 12 months, the number of allegations resulting in an administrative investigation was eight. A database printout was submitted showing all eight allegations. Auditors reviewed the investigations on the agency's Sensitive Information Communication Network (SINC), where all the investigation information is stored electronically.</p>

115.22 (a) - 4

The facility reported, on the PAQ, that in the past 12 months, the number of allegations referred for criminal investigation was two. Auditor noted that of the eight allegations that were made, two were for sexual abuse and six were for sexual harassment.

115.22 (a) - 5

The facility reported, on the PAQ, that, in the last 12 months of the eight allegations that were made, all allegations were investigated. The computerized database printout indicated that six of the eight investigations are closed and two remain ongoing.

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

115.22 (b) - 1

The facility indicated, in their response to the PAQ, that the agency's policy requires that allegations of sexual abuse or sexual harassment 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. Division of Adult Institutions (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. An investigator who was interviewed said, " We refer to the City of Oshkosh. I don't make the referrals but either the Security Director or one of the Captains makes the referrals." 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 to the Oshkosh Police Department. ED 72, in Section XVII, B, (p. 15) requires that all referrals to law enforcement be documented. The facility also submitted a DOA-15807-B form that was prepared for one of the sexual abuse investigations that was conducted. This documentation also shows the date of the referral to Oshkosh Police Department and the name of the staff who made the referral. Auditors reviewed the referral, and the printout of investigations conducted during the audit period and ascertained that this particular investigation was of an allegation of sexual abuse.

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.

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. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016
 - c. Wisconsin Department of Corrections Correctional Officer Preservice Program, effective date, 01/2015
 - d. Agency Training Module - All Staff
 - e. Wisconsin Department of Corrections Agency Newsletters, PREA Page, Fall 2019, Fall 2017, Spring 2017, Winter 2017, Spring 2018, Fall 2020, Spring 2020
 - f. Wisconsin Department of Corrections Employee Training Refresher Modules, 2017, 2019 and 2021
 - g. DOC-1558 Employee Statement of Acknowledgment, dated 6/2018

2. Interviews

- a. Random staff

Findings (By Provision):

115.31 (a) 1 - 10

The facility indicated, in their response to the Pre-Audit Questionnaire, (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 by saying that all new staff are required to take the module "PREA," and that all staff were required to take this module in the fall of 2015. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XI, A, 1, (p. 7), requires the agency to train all employees who may have contact with prisoners on:

- 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.

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."

The facility provided a copy of a DOC Correctional Officer Pre-service Curriculum, effective date 01/2015, 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 of them were able

to articulate the training they received and were able to identify the above components of the training. Auditors reviewed the training records of 12 staff, randomly chosen. The printouts list the names of the staff, their current positions in the facility, and all PREA trainings completed. Auditors noted posters, with PREA information printed on them, throughout the facility and staff showed auditors pocket cards, provided by the facility, with 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 staff who are reassigned from facilities housing the opposite gender facility, entitled, “Sexual Misconduct and Harassment Brochure.”

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 refresher trainings, in the form of Agency Newsletters from 2017 through 2021. Also submitted were refresher training modules staff were required to complete in 2017, 2019, and 2021.

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.

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 employee 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 no documentation that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.

The facility presented, as documentation, a blank form, Agency 1558 Policy Acknowledgment, that employees are asked to sign verifying that they have read Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) but offered no completed forms to show employees’ understanding of the what they read. They also offered no documentation of online trainings, with the quiz at the end, to verify that staff understood the training they completed.

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

Corrective Action

A final analysis of the evidence indicates the facility is not compliant with all provisions of this standard. Specifically, the facility offered no proof that staff understand the training they receive through employee signature or electronic verification.

The facility shall provide proof that the staff understand the training they receive by submitting, to the Auditor, copies of documentation of online training bearing signatures of staff verifying their understanding. Such documentation should be submitted for all of the training records that were submitted for this standard.

The facility submitted an Excel spreadsheet identifying all that all staff at the facility had completed the appropriate PREA training. The spreadsheet identified the staff name, position, the completion date, and the type of training completed. They

also submitted training rosters identifying staff participation at the various training sessions, and statements signed by staff indicating that they understood the training they received. A total of five samples were submitted for auditor review.

During the corrective action period, the facility has demonstrated substantial compliance with this provision. No further correction action is required.

115.32 Volunteer and contractor training

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 Questionnaireb. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns, effective date 05/17/19
 - c. POC-54 Sexual Abuse and Sexual Harassment in Confinement, A Guide for Volunteers and Contractors, dated 09/2018
 - d. POC-0080 DAI Brief Volunteer Orientation, dated 05/2019
 - e. Agency Contractor and Volunteer Training Module, dated 02/2018
 - f. Agency Volunteer Orientation Presentation
 - g. Agency Volunteer Manual
 - h. DOC-2809 Sample Volunteer Orientation Roster Attendance Record, dated 02/2018 (blank)
 - i. DOC-2786 Agency Contractor Acknowledgment, dated 05/2016 (blank)
 - j. F-02014 Acknowledgement of the Content and Requirements of PREA, dated 01/2017

- 2. Interviews
 - a. Volunteers
 - b. Contractors

Findings (By Provision):

115.32 (a) - 1 and 2

The facility indicated, in their response to the Pre-Audit Questionnaire, (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. Division of Adult Institutions (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. Interviews with two active volunteers verified that they did receive volunteer orientation prior to beginning their volunteer service.

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.

The facility indicated, in their response to the PAQ, that 326 volunteers and contractors, who may have contact with inmates, have been trained in agency policies and procedures regarding sexual abuse and sexual harassment. They also said that 603 contractors had been trained as well but that many of them were no longer coming into the facility. The facility provided no proof of training provided to volunteers.

A final analysis of the evidence indicates that the facility is not in 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.

Auditor had the opportunity to interview a contractor during the facility review. The contractor verified that he had received all of the appropriate orientation prior to entering the facility but the facility provided no proof of having provided training to volunteers or contractors.

A final analysis of the evidence indicates that the facility is not in 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 but presented none of the documentation. A memo dated March 02, 2018, that contains instructions on how to document the orientations was 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. None of these forms were presented as documentation that would confirm that volunteers and contractors understand the training they receive.

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

Corrective Action

A final analysis of the evidence indicates that the facility is not compliant with all provisions of this standard. Specifically, the facility provided samples of materials to train volunteers and contractors but no proof that volunteers and contractors completed the training.

The facility shall provide documentation verifying that volunteers and contractors have completed the training they are required to complete prior to entering the facility.

The facility submitted attendance rosters from training presented to volunteers, and samples of documentation identifying that both contractors and volunteers had completed the appropriate training and understood, indicated by their signatures, the training they received. In all, nine samples were submitted, five for contractors and four for volunteers. Four of the five documentation samples submitted for contractors were dated prior to the onsite portion of the audit, indicating that the practice was already in place prior to the audit. Documentation samples submitted for volunteers showed that the practice is being continued as required by the standard.

During the corrective action period, the facility has demonstrated substantial compliance with this provision. No further correction action is required.

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. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.20.01 Inmate PREA Education, effective date, 05/17/2021
 - c. POC-0041C Inmate PREA Education Facilitator Guide, revised 01/2022
 - d. Agency Video References to Video Sexual Abuse and Sexual Harassment in Confinement (PREA), in nine different formats
 - e. Agency ID Card Statement
 - f. POC-0041B Agency Handbook Addendum, Sexual Abuse in Confinement, A Resource for Offenders, revised 01/2022
 - g. Wisconsin Department of Corrections Division of Adult Institutions Inmate Handbook, Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates
 - h. Inmate Education Directive, dated 12/17/2015
 - i. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016
 - j. Agency Handbook - Spanish
 - k. Agency Handbook Addendum - Spanish
 - l. POC-99S Agency Inmate Acknowledgment - Spanish
 - m. Agency Inmate Acknowledgment User Guide
 - n. POC-99 Agency Inmate Acknowledgment
 - o. Agency Audio Reference
 - p. Agency Braille Reference
 - q. Acknowledgement of Receipt of/Access to information PREA Education, dated 02/24/2021

2. Interviews
 - a. Intake staff
 - b. Inmates

3. Site Review Observations
 - a. Educational and Informational Posters

Findings (By Provision):

115.33 (a) - 1

The facility indicated, in their response to the PAQ, that inmates receive information, at time of intake, about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Division of Adult Institutions (DAI) Policy #410.20.01, in Section 1, (p.1), requires that, upon arrival at an intake facility, each inmate receive Inmate PREA Education, including viewing a video entitled, "Sexual Abuse and Sexual Harassment Prevention and Intervention," and an agency handbook addendum with local sexual assault service provider contact information. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XI, B, 1, (p. 8), says that at intake, offenders shall receive information detailing the Department of Corrections' (DOC) zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents and suspicions. Of the 24 inmates who were interviewed, all 24 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. 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 the facility plays the appropriate video(s) depending on the audience's needs.

115.33 (a) - 2

The facility indicated, in their response to the PAQ, that the number of inmates admitted, in the past 12 months, who were given the above information, at intake, as 426. 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 24 inmates who were interviewed, all but three of the 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.

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 388 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 within 30 days of intake.

Auditors requested, and were given, the Acknowledgment of Receipt of/Access to Information Prison Rape Elimination Act (PREA) Education forms inmates who were interviewed at the time of the onsite portion of the audit. Of those, 70% demonstrated that the information had been presented within 30 days of intake.

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

115.33 © - 1, 2, and 3

The facility indicated demonstrated that all inmates currently housed at the institution have been educated within 30 days of admission.

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 compliant with all aspects of 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. Two inmates who are LEP were interviewed, one who required the assistance of a phone translator and one who was able to communicate without the assistance of a translator. Both of them communicated that they were given the orientation, and that they understood what they had learned. They also 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. Auditors requested, and received, documentation of inmate participation in PREA education sessions for inmates who were interviewed during the onsite portion of the audit.

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 that the facility is substantially compliant with this standard. There is no corrective action to take.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire
 - b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016
 - c. Agency Investigation Training Outline
 - d. Agency Investigation Training Module
 - e. Agency Investigation Resource Guide
 - f. Directory of Wisconsin Department of Corrections Staff Trained to Investigate Reports of Sexual Abuse and Sexual Harassment in Confinement

2. Interviews

- a. Investigative staff

Findings (By Provision):

115.34 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that agency policy requires that investigators be trained in conducting sexual abuse investigations in confinement settings. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XI, A, 4, (p. 8), that staff who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsen warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The facility presented a copy of their investigator training module. Auditor reviewed the module and determined that it does cover investigation of sexual abuse allegations made in confinement settings. A facility investigator was interviewed who confirmed receipt of training specific to conducting sexual abuse investigations in confinement settings. She said that the training she received was part of a 40-hour investigator training that devoted two days to specifically investigations of sexual abuse. She 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.

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

115.34 (b)

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. The investigative staff who was interviewed verified having received this training.

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

115.34 © - 1 and 2

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. Reported on the PAQ was that the agency currently employs 485 investigators who have completed the specialized training. The facility provided a computerized database printout that the agency uses to record agency investigators completion of the appropriate training. The database groups the investigators who have completed the training by agency institution. Auditor noted that the name of the investigator, who was interviewed, did

appear on the list.

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.

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. Wisconsin Department of Corrections Executive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016
 - c. Agency Healthcare Training Module
 - d. Spreadsheet of PREA Medical and Psych Employees

2. Interviews
 - a. Medical staff
 - b. Mental health staff

Findings (By Provision):

115.35 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (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) (ED 72), 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. 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 received the training.

115.35 (a) - 2

The facility indicated, in their response to the PAQ, that 57 medical and mental health care staff, who work regularly at the facility, completed the required training. Auditors interviewed five medical and/or psychological staff, all of whom verified having received the appropriate training. 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 who were interviewed were well able to describe the components included in the training.

115.35 (a) – 3

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.

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

115.35 (b) – 1

The facility indicated, in their response to the PAQ, that the medical staff, at the facility do not conduct forensic medical exams. If a forensic exam is needed, the facility will transfer an inmate to Aurora Medical Center in Oshkosh, WI for that service. The Nursing Supervisor confirmed, in an interview, that forensic exams are not done at the facility and a phone call to Aurora Medical Center confirmed that the hospital will perform SANE exams for the Wisconsin Resource Center (WRC).

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

The facility indicated, in their response to the PAQ, that the agency maintains documentation showing that medical and 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 WRC, have received training for health care workers.

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. However, no training documentation that demonstrated that medical staff and treatment specialists receive this training was presented.

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

Corrective Action

A final analysis of the evidence indicates that the facility is not compliant with all aspects of the standard. Specifically, the facility presented no documentation verifying that medical and mental health care practitioners also received the training mandated for employees under 115.31 or for contractors and volunteers under 115.32, depending upon the practitioner's status at the agency.

Facility shall provide documentation of medical and mental health care staff's completion of the training mandated for employees under 115.31 or for contractors and volunteers under 115.32, depending upon the practitioner's status at the agency.

The facility provided PREA training for Healthcare Staff to healthcare employees during the 180 day corrective action period and submitted training documentation samples for 23 of those staff.

During the corrective action period, the facility has demonstrated substantial compliance with this provision. No further correction action is required.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization, effective date 05/24/2021 d. Agency Screening User Guide Security Special Handling e. Agency Risk Screening Directive, dated 04/19/2016 f. DOC-2781A PREA Screening Tool Adult Female Facility, dated 09/2017 g. DOC-2781B PREA Screening Tool Adult Male Facility, dated 09/2017 h. WICS Screening Warning 2. Interviews <ol style="list-style-type: none"> a. Staff Responsible for Risk Screening b. Facility PREA Compliance Manager c. PREA Coordinator <p>Findings (By Provision):</p> <p>15.41 (a) - 1</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 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." Staff who perform risk screening were interviewed, who said that inmates who come in as new admissions and are screened by an Institution Unit Supervisor, a Social Worker, or a Psychological Associate, all of whom make up the housing unit treatment team. The screening consists of two parts, an in-person, face-to-face interview and a records review.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p>115.41 (b) - 1</p> <p>The facility indicated, in their response to the PAQ, that the agency policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. Division of Adult Institutions (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."</p> <p>115.41 (b) – 2</p> <p>The facility indicates, in their response to the PAQ, that the number of inmates, whose length of stay at the facility was for 72 hours or more, and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility, within the past 12 months, was 423. Auditors reviewed 25 screens for inmates they had interviewed and noted that all the risk screens were completed within 72 hours of the inmates' admission to the facility. All but two of the 13 inmates who were randomly chosen for interview 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. Two staff who are responsible for conducting risk screening said inmates are screened within 72 hours of arrival, and one said the screening is often done as soon as</p>

inmates arrive.

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

115.41 (c and d)

The facility indicated, in their response to the PAQ, that the risk assessment is conducted using an objective screening tool. Submitted as documentation was Form DOC-2781, dated 09/2017, entitled PREA Screening Tool Adult Male 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 388. Auditor reviewed the 25 sample screens submitted by the facility and determined that all but one of them was reassessed within 30 days.

A final analysis of the evidence indicates that the facility is in 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 examples of investigations where it was identified that the inmate victim was referred for rescreening. This information is electronically stored in the agency's computerized data base system, Sensitive Information Communication Network, (SINC).

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.

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 are protected." The facility PCM, when asked if the agency has outlined who should have access to an inmate's risk assessment said, "access is based on the need to know based on the position. The Psychological Services Unit and I have access to portions of it and the PREA Director's team has access. General line staff does not have access to it."

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

Corrective Action

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire
 - b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016
 - c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.00.23 Special Placement Needs of Inmates, effective date 04/12/2021
 - d. Agency Screening User Guide Security Special Handling
 - e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.70.27 Transgender Inmates, effective date 07/19/2021
 - f. Agency Pre-hearing Classification Processg. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization, effective date 11/01/2017
2. Interviews
 - a. Staff Responsible for Risk Screening
 - b. Facility PREA Compliance Manager
 - c. PREA Coordinator
 - d. Transgender/Intersex/Gay/Lesbian Inmates
3. Site Review Observations
 - a. Housing Unit Shower Rooms

Findings (By Provision):

115.42 (a)

The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that the agency/facility uses information from the risk screening required by Standard 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIII, A, (p. 10), requires that information obtained from the initial, or follow up screening, be used to inform housing, bed, work, education and programming assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff who conduct risk screening verified, in an onsite interview, that the information is used to determine housing, work or programming assignments. The facility PREA Compliance Manager (PCM) said, in an interview conducted onsite, "we utilize for both bed assignments and for programming needs. We're a specialized programming place for WIDOC. 90 % of inmates are coming here for programming, so it makes it difficult to ensure safety, but when we do put ROV and ROA together in a program, we know that they are in there and that we are going to have direct supervision at all times. Also, COVID has taken us from groups of 15 to groups of 5, so we have eyes on all the time. It's a practice that our therapeutic providers like so I don't see that going away."

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

115.42 (b)

The facility indicated, in their response to the PAQ, that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. Agency policy, ED 72, requires, in Section XIII, A, (p.10), that individualized determinations be made regarding the safety of each inmate, using information obtained from the initial or follow-up screening. The staff uses information from risk screening to make housing assignments, as demonstrated by the facility PCM and Control Center staff.

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

115.42 (c)

The facility indicated, in their response to the PAQ, that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. ED 72, in section XIII, paragraph E, No. 2, (p. 11) requires staff to consider on a case-by-case basis, housing and programming assignments for transgender or intersex offenders. The placement should be one that ensures the offender's health and safety and whether the placement would present management or security problems. Division of Adult Institutions (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 Department Of Corrections 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 one confirmed that she does but the other said she does not feel safe living in a male housing unit and that she would prefer to be housed in a female housing unit. They also said, and staff confirmed, that they have the ability to meet with a psychologist regularly. Audit did note that there is a question, on the screening tool, that the screener asks of all inmates, regarding their feelings about their own safety.

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. The PCM said, in an interview conducted onsite, "I believe it's every six months but it's always a continuing process with all the psych staff and Social Workers we have here who work regularly with inmates." Auditor noted that the facility staffing plan identifies that there are a medical staff, a psychological staff and at least one Social Worker assigned to each housing unit. These staff make up a treatment team that is present on each housing unit.

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 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. However, both of them said they would prefer to be housed in a housing unit for females and are aware that the agency is currently writing a new policy regarding housing of transgender inmates.

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. The PCM said the facility allows only one person in the shower room at a time and auditors noted, during the tour of the facility, that staff only allowed one shower to take place at a time. The transgender inmates who were interviewed identified 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 Wisconsin Resource Center 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." 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.

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. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016
 - c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.05.01 Protective Confinement, effective date 11/22/2021
 - d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization, effective date 11/01/17
 - e. DOC-30 Review of Inmate in Restrictive Housing Form, revised 02/2019, (blank)

2. Interviews
 - a. Warden
 - b. Inmates in segregated housing who reported sexual abuse
 - c. Staff who supervise inmates in segregated housing

Findings (By Provision):

115.43 (a) – 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIII, B, 1 (p. 10), says that offenders at high risk for sexual victimization shall not be separated from the general population unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. It also says that if an assessment cannot be conducted immediately, the facility may separate the offender involuntarily from the general population for less than 24 hours while completing the assessment. Division of Adult Institutions (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 said, in an interview, “that seems like we would be re-victimizing the person and we are fortunate that we have lots of housing situations, and we have really high max, so we can make arrangements because we have multiple units of same security level. It’s moving people around, trying to find the best fit, and monitoring closely, and we’re very fortunate to have treatment teams to work with all inmates. We want never to make it seem that reporting is a bad thing. We do have some people here who have delusions, who have trouble distinguishing reality from some things they are delusionally experiencing, and we know that some people fabricate, but we want to create an environment where people don’t fear reprisal from us for reporting. I am passionate about safe places. No sexual harassment or abuse is tolerated.”

115.43 (a) – 2

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.

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

115.43 (b) - 1

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. ED 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 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, that placement in involuntary segregation while awaiting alternative placement was zero. The facility indicated, and the Warden verified, that they do not place inmates in involuntary segregation for this purpose.

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

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. Zero Tolerance Poster with Reporting Information
 - c. Zero Tolerance Poster with Reporting Information, Spanish
 - d. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016
 - e. Agency Inmate Handbook Spanish Reference, Spanish
 - f. Agency Inmate Handbook
 - g. Agency ICE Locations
 - h. DOC-2466 Incident Report, dated 06/08/202

2. Interviews
 - a. Random Staff
 - b. Random Inmates
 - c. Facility PREA Compliance Manager

3. Site Review Observations
 - a. PREA Posters throughout the Institution

Findings (By Provision):

115.51 (a)

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIV, A, (p.11), says that the agency will provide multiple ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents.

The agency provided copies of handbooks, which 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 Department of Corrections (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. 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 the housing units. All but one of the 26 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. Several of the inmates identified that they could talk to a Psychological staff member who is on their housing unit treatment team. One identified that he would talk to his Housing Unit Social Worker because he sees her often and has a rapport with her. Auditors tested telephones inmates use and were able to access the reporting services identified on the posters by dialing #777 and reporting to agency officials. Feedback was

provided showing that the calls had been received and reported appropriately. All 12 random staff who were interviewed were familiar with the #777 number and 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. ED #72, in Section XIV, A, requires the agency to provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. The agency provided copies of handbooks that are given to inmates, printed in both English and Spanish, which contain the reporting information. The handbook, on page 11, outlines how to use the #888 number. It tells inmates that they can dial #888 if they choose to remain anonymous and that they do not need to use their PIN. It also tells them that this is a hotline that is monitored by an agency outside of DOC but that the report will be sent back to the agency. They also provided copies of postings, in English and Spanish, which are made available to inmates in the facility, which 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 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.

Feedback was provided 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 Facility PREA Compliance Manager (PCM) was well able to articulate how inmates can report to a public or private office outside the agency. He said that they can, "call out through the phone, can also write to outside of the institution and mail goes out unmonitored, it can go out anonymous, and they can contact their people on the outside who can make a third-party report if they need to. We go one step further here, because this is a DHS institution, inmates can also write their own referrals to Oshkosh Police Department (OPD). OPD can see those before the facility PCM, or other staff do. DHS driven thing that you won't see in most institutions. Almost like their own 911 – takes a little longer but that's what it is."

115.51 (b) - 2

The agency indicated, in their response to the PAQ, that the Wisconsin DOC 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 but one of the 26 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.

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. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016
 - c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 310.00.01 Inmate Complaints Regarding Staff Misconduct, effective date 04/01/2018
 - d. Wisconsin Department of Corrections Administrative Code Chapter 310

2. Interviews
 - a. Inmates who reported a sexual abuse

Findings (By Provision):

115.52 (a)

The facility indicated, in their response to the Pre-Audit Questionnaire (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 Department Of Corrections (DOC) policy must address the requirements that investigations regarding allegations of sexual abuse or sexual harassment be completed within established time frames. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) Section XV, (p.12), says that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System shall be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. Division of Adult Institutions (DAI) Policy #310.00.01 Inmate Complaints Regarding Staff Misconduct outlines the agency procedure for processing administrative complaints regarding staff misconduct by saying, in Section 1, A, (p.1), that such complaints will be handled according to the provisions of ED 72 to ensure an investigation by facility or law enforcement is not impeded. Paragraph B identifies that if an inmate alleges staff sexual misconduct, the Inmate Complaint Examiner shall not interview the complaining inmate, or anyone else, but instead shall immediately refer the complaint to the Warden/designee to ensure processing in compliance with ED72. 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 ED 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 he retrieves complaints at least three times weekly, from locked boxes, in the housing units, that only he has the key for. He said that he processes complaints daily and that when a complaint appears to be PREA related, he immediately refers the complaint to the Security Director or to the Administrative Captain for investigation.

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

115.52 (b) 1 and 2

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. 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.

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

115.52 © 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 48 grievances filed, in the past 12 months, that alleged sexual abuse but, although they were coded as, "PREA," not all of those grievances met the definition of sexual abuse or proceeded to a sexual abuse investigation. The facility indicated, on the PAQ, that the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was zero because, in Wisconsin DOC all complaints alleging sexual abuse are routed to facility leadership for review and action, and the complaint process stops. 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 he receives inmate complaints involving sexual abuse or sexual harassment, he 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.

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 is 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 five 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="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1026 295">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 1485 1016" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016 c. DOC-2937S Agency Advocacy Request Form, (Spanish), revised 01/2022 d. DOC-2937 Agency Advocacy Request Form, revised 01/2022 e. POC – 0041B Handbook Addendum Sexual Abuse in Confinement A resource for Offenders, dated 03/2020 f. Memorandum of Understanding between Wisconsin Department of Corrections and Reach Counseling, Inc. of Neenah, WI g. Zero Tolerance Poster with Reporting Information h. Zero Tolerance Poster with Reporting Information, Spanish i. Agency Inmate Handbook Reference 2. Interviews <ol style="list-style-type: none"> a. Random Inmates b. Inmates who reported a sexual abuse 3. On-site Observations <ol style="list-style-type: none"> a. PREA posters throughout the facility <p data-bbox="242 1223 483 1247">Findings (By Provision):</p> <p data-bbox="242 1279 443 1303">115.53(a) – 1 and 2</p> <p data-bbox="242 1314 1485 1675">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. Agency policy, Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) 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 Reach Counseling, an agency in the city of Neenah, WI. The MOU identifies that Reach Counseling 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 Reach Counseling. 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="242 1706 1485 2134">The facility provided a copy of a poster that tells inmates that Reach Counseling 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. Of the 24 inmates who were interviewed, eight were not aware of the available services of the Reach Counseling agency but that they thought there probably were. A preponderance of the inmates who were interviewed said they would have no need for that because they have a psychologist they can talk to anytime. A female inmate said that she would rather talk to Psychological staff on her unit because they are always nice to inmates. Auditors did see the posters, with that information, throughout the facility, and did review Orientation materials with the information in them. The facility does have a psychologist assigned to, and housed on, each housing unit. Therefore, inmates do have very good access to psychological services and may not have as much need for this type of outside service as inmates at a facility with fewer psychological services available might. Auditors dialed #999, from telephones in the various housing units, and were successful in reaching the agency that provides the outside support services.</p>

Auditor interviewed staff at Reach Counseling, who confirmed that the agency does have an MOU with the Wisconsin Resource Center (WRC) to provide advocacy services and emotional counseling. She also said that they do not get a lot of calls from the facility. She 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.

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 Reach Counseling 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. Four inmates who reported a sexual abuse, who were interviewed, said they were given information about the availability of outside support services and were given a telephone number and a mailing address but that they chose to work with psychological staff at the facility instead.

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

115.53 (b) - 1

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

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 MOU between the DOC and Reach Counseling, 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 Health Services Director, at the facility, said they do inform inmates of the limits of confidentiality before 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, Reach Counseling, 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 Reach Counseling during the post-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 WRC.

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

Corrective Action

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

115.54	Third-party reporting
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 327 847 752" 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 Third Party Poster c. Agency Website Reporting Information 2. Interviews <ol style="list-style-type: none"> a. None 3. Site Review Observations <ol style="list-style-type: none"> a. PREA Posters throughout the Facility <p data-bbox="242 837 483 866">Findings (By Provision):</p> <p data-bbox="242 896 432 925">115.54 (a) 1 and 2</p> <p data-bbox="242 929 1477 1292">The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) identifies, in Section XIV, B, (p.11), that the Department of Corrections (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.</p> <p data-bbox="242 1296 1490 1525">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 data-bbox="242 1554 1270 1583">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="242 1671 416 1700">Corrective Action</p> <p data-bbox="242 1704 1477 1765">A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no correction action to take.</p>

115.61

Staff and agency reporting duties

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. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016

2. Interviews
 - a. Random Staff
 - b. Medical Health Staff
 - c. Mental Health Staff
 - d. Warden
 - c. PREA Director

Findings (By Provision):

115.61 (a) – 1, 2 and 3

The facility indicated, in their response to the Pre-Audit-Questionnaire (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. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (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 Department of Corrections (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.

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

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 she said, "absolutely," that she is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it and again said, "absolutely," when asked if she discloses the limitations of confidentiality and her duty to report. She said that inmates are given a PREA booklet, during Orientation, but that if during her visit with them they start to disclose something, she reminds them of her duty to report.

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

115.61 (d)

The facility indicated, in response to the PAQ, that 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. The PREA Director said, and the Warden verified in interviews conducted onsite, that there are no inmates under 18 housed at the Redgranite Correctional Institution (RCGI) (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 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.

115.62	Agency protection duties
	<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. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/16/2011 2. Interviews <ol style="list-style-type: none"> a. Agency head b. Warden 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 Pre-Audit Questionnaire, (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. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (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.” When asked what types of immediate action would be taken to protect an inmate at substantial risk of imminent sexual abuse, the Warden said, “we would immediately remove the inmate from the environment and better understand what was taking place so we could address that as well. We can separate by building and unit and we do that at times. We could also separate by location if we really needed to. We could transfer, if we needed to, to protect safety. We would ensure that we find out what the threat is, either staff or resident, and address the aggressor, and it may be moving the aggressor rather than the victim.”</p> <p>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>

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. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/16/2011
 - c. Sample DOC-2933 Notification to External Confinement Facility, dated 10/27/2021
 - d. Sample E-mail Notification between Wardens, dated 10/05/2021
 - e. DOC 2933 Notification to External Confinement Facility, revised 07/2020, (blank)
 - f. Sample E-mail Notification between Wardens, dated 12/17/2021
 - g. Sample E-mail Notification between Wardens, dated 04/14/2021

2. Interviews
 - a. Agency head
 - b. Warden

Findings (By Provision):

115.63 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XIV, C, 8, (p.11), that within 72 hours of receiving an allegation that an offender was the victim of sexual abuse at another facility, the information shall be forwarded to the head of the facility where the alleged abuse occurred.

115.63 (a) – 2

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 13.

115.63 (a) – 3

The facility indicated, on the PAQ, that in addition to completing an Incident Report, the facility enters the report of Sexual Abuse into the Sensitive Investigative Information Communication Network (SINC), a computerized database the agency uses to store information regarding allegations of sexual abuse and sexual harassment and the accompanying investigative information. When the information regarding allegations of sexual abuse is entered into SINC, the system automatically routes a notification to the facility leadership where the alleged sexual abuse incident took place if that facility is part of the Wisconsin Department of Corrections (DOC) system. If the facility where the alleged sexual abuse occurred is not within the Wisconsin DOC system, the Warden will prepare, and send, a notification of the alleged incident, using a DOC-2933 form, which is an Agency External Facility Notification Template. The facility provided copies of notices sent to agencies that were not within the Wisconsin DOC system, specifically, the Fond du Lac County Sheriff's Department, the Kenosha County Detention Center, and the Milwaukee County Jail. They also provided a copy of a notice that was sent to the administration of a correctional institution in the state of Mississippi.

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

115.63 (b)

The facility indicated, in their response to the PAQ, that 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." The facility submitted sample reports, made by the Warden, of allegations of sexual abuse that occurred at other facilities, to the administration at the facilities where the incidents occurred. The facility provided copies of notices sent to agencies that were not within the

Wisconsin DOC system, specifically, the Fond du Lac County Sheriff's Department, the Kenosha County Detention Center, and the Milwaukee County Jail. They also provided a copy of a notice that was sent to the administration of a correctional institution in the state of Mississippi. Not all of the notifications fit the standard requirements exactly. For example, one notification sent to a county jail identified that the reporting inmate said that she reached out to a county jail staff person, after she was released from that same county jail, and that he came to her residence where they had sexual intercourse and he told her that he was also involved with other women he had met while they were confined in the county jail where he was employed.

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

115.63 © - 1

The facility indicated, in their response to the PAQ, that when an inmate reports having been sexually abused at another facility that is within the Wisconsin DOC system, the employee taking the report immediately completes an Incident Report and the information is entered into SINC, the agency's computerized database system. SINC then generates a notification to the administration of the facility identified as the place where the alleged sexual abuse occurred. Thus, the facility can ensure that all notifications made to other institutions within the Wisconsin DOC system are made within the required 72-hour time limit. Notifications to agencies outside the Wisconsin DOC system may take longer for various reasons, such as the notification identified in 115.63 (b). In some instances, inmates report incidents that occurred in another state's correctional system but do not recall the name of the facility and it may take staff more than 72 hours to discover where the alleged incident took place and notify the proper administration. However, staff were able to demonstrate that the majority of notifications that are made are done within the 72-hour requirement.

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

115.63 (d) 1 and 2

The facility indicated, in their response to the PAQ, the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. 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 facility indicates that, in the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was one and identified that the subsequent investigation was one of the investigations conducted during the audit period.

The agency head said, in an interview, "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 Warden said, also in an interview, "Warden to warden notice comes to me and I immediately forward to the Security Director and they will collaborate with facility where the resident now is. We also get a lot of people from the community, and they may have been abused at a county jail so we notify them and we cooperate with their investigation, allowing them to visit here for an interview, or phone call, etc. "

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. No corrective action is necessary.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 327 1430 801" style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Sexual Abuse Incident Response, Healthcare Staff, First Responder Action Steps c. Sexual Abuse Incident Response, Security Staff, First Responder Action Steps d. Sexual Abuse Incident Response, Non-Security Staff, First Responder Action Steps e. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date, 01/11/2016 2. Interviews <ol style="list-style-type: none"> a. Security Staff First Responders b. Non-Security Staff First Responders c. Random Staff d. Inmates who reported a sexual abuse <p data-bbox="240 949 483 976">Findings (By Provision):</p> <p data-bbox="240 1008 427 1034">115.64 (a) – 1 - 11</p> <p data-bbox="240 1041 1485 1198">The facility indicated, in their response to the Pre-Audit Questionnaire, PAQ, that the agency has a first responder policy for allegations of sexual abuse. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) Section XVI, A, 1, (p.13), outlines the required response of staff upon learning of an allegation of sexual abuse. The policy says that upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to, at a minimum:</p> <ol data-bbox="240 1205 1485 1469" 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 1500 1485 1962">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 2 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 2. The facility also indicated, in response to the PAQ, that in 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 both incidents were reported too late 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 both incidents were reported too late 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 1993 1485 2150">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. All of the staff who were randomly chosen for interview articulated the difference between asking the victim not to take any actions that would potentially destroy useable evidence and ensuring that the perpetrator, if known, not take any actions that would</p>

destroy useable evidence. The staff do have pocket cards that list the steps that should be taken when acting as a first responder to an incident of sexual abuse and some of them did use them during the interviews.

An inmate who had reported a sexual abuse said that he could not recall the amount of time it took staff to respond but did recall that staff had immediately separated him from his abuser.

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

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. Staff who were randomly chosen for interview said 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, and attempt to preserve any potentially useable evidence, 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.

115.65	Coordinated response
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="242 327 858 356">1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="242 360 517 389">a. Pre-Audit Questionnaire <li data-bbox="242 394 1422 456">b. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.50.06 Coordinated Response Plan, effective date, 01/24/2022 <li data-bbox="242 461 1374 490">c. Wisconsin Department of Corrections Sexual Abuse in Confinement Coordinated Response Plan, dated 02/201 <li data-bbox="242 633 379 663">2. Interviews <ol style="list-style-type: none"> <li data-bbox="242 667 355 696">a. Warden <p data-bbox="242 873 483 902">Findings (By Provision):</p> <p data-bbox="242 929 347 958">115.65 (a)</p> <p data-bbox="242 963 1485 1359">1 - The facility indicated, in their response to the Pre-Audit Questionnaire, (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, "Yes, certainly, we have a plan. Although incidents are few and far between, it is really important that everyone is knowledgeable about protecting and victims and evidence."</p> <p data-bbox="242 1391 1265 1420">A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p data-bbox="242 1505 416 1534">Corrective Action</p> <p data-bbox="242 1538 1469 1601">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> <ol style="list-style-type: none"> 1. Documents: (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-Audit Questionnaire 2. Interviews <ol style="list-style-type: none"> a. Agency head <p>Findings (By Provision):</p> <p>15.66 (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 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>

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. Wisconsin Department of Corrections Executive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016
 - c. DOC-2805 Sexual Abuse Allegation Staff Retaliation Monitoring Form, revised 6/2020, (blank)
 - d. DOC-2767 Sexual Abuse and Sexual Harassment Incident Victim Services Coordinator Response Checklist, revised 09/2015, (blank)
 - e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.50.04 Support Services and Retaliation Monitoring, effective date, 10/18/2021
 - f. Sexual Abuse Incident Victim Support Contact Checklist, dated 01/14/2022

2. Interviews
 - a. Agency Head
 - b. Warden
 - c. Designated staff member charged with monitoring retaliation (or Warden if none available)
 - d. Inmates in segregated housing for risk of sexual victimization/who allege to have suffered sexual abuse
 - e. Inmates who reported a sexual abuse

Findings (By Provision):

115.67 (a) – 1

The facility indicated, in their response to the Pre-Audit Questionnaire (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. Executive Directive Sexual Abuse and Sexual Harassment in Confinement (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. Division of Adult Institutions (DAI) Policy: #410.50.04 Support Services and Retaliation Monitoring identifies, in Section I, A, (p.2), that every Wisconsin Department of Corrections facility is required to identify a primary and back-up staff member to serve as the facility's Victim Services Coordinator (VSC). In part D of the same section, the policy identifies that, for every alleged victim of sexual abuse, the VSC is tasked with, among other responsibilities, monitoring for retaliation.

115.67 (a) – 2

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 the Wisconsin Resource Center (WRC) for retaliation monitoring is, Nancy Irizzary, the VSC, who is assigned to monitor inmate reporters for retaliation. The facility PREA Compliance Manager (PCM) is also responsible for retaliation monitoring. 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 a sample printout from the Sensitive Information Network Communication (SINC), an agency computerized database that tracks all aspects of investigations, including retaliation monitoring. The printout shows the retaliation monitoring of an inmate who made an allegation of sexual abuse. The form identifies the tasks involved in the retaliation monitoring, such as, "schedule a meeting with the alleged victim," the date the meeting took place, and the actions that were taken as a result of the meeting, any comments made by the retaliation monitor, and the anticipated follow-up.

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

115.67 (b)

ED 72, in Section XVIII, C, (p.16), says that for offenders or staff who express fear of retaliation, the facility shall take appropriate protective measures. The agency head, said in an interview conducted via telephone, during the pre-onsite phase of the audit, “ We have 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 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 have 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, that she works closely with Unit Supervisors and staff to determine how well the inmate seems to be understanding and interacting. She said she sends a report to the housing units, at the first of the month, so that staff know who the inmates are that she is monitoring, and they can help be eyes and ears for signs of retaliation. She also gets information from security staff who will alert her if they think an inmate she is monitoring is acting in a manner unusual for that person. She does also work with people from the outside advocacy agency but not on any regular basis. She said that inmates there rarely request services from the outside agency, and she credits that to the fact that the facility has a wealth of psychological staff that inmates have ready access to.

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. 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, “I will always go the 90 days and sometimes even post outcome, when a case has been closed and I will still check in with that individual, or their treatment team, to see how they are doing.” She went on to say, “I will sometimes check with the treatment team when an inmate is getting ready to transfer back to a facility, or even into the community, to make sure they know where the agencies are in the community in case they need them.” The facility reports that the number of times an incident of retaliation occurred in the past 12 months was zero.

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

115.67 (e)

In response to the question, on the PAQ, that asks if the agency takes appropriate measures to protect any other individual who cooperates with an investigation and expresses a fear of retaliation, the Agency head said, “we have protection measures that include housing changes within facility, or transfer to another facility, could remove alleged abuser and provide emotional support services.” When asked the same question, the Warden said, “we let everyone know that retaliation is not tolerated and that they should report it right away . . . and we have staff to monitor to ensure that that is not taking place and if we do get a report we take immediate action to address any misconduct or to ensure it doesn’t happen again. I tell staff that retaliation can be more egregious than original wrong act. We hold anyone responsible; staff or inmate and it’s about protecting the reporter and the victim. “ When asked what measures the facility takes when they suspect retaliation, the Warden said, “actions may include disciplinary action, or we can move aggressor or someone who is retaliating, or both. If there are instances of staff on inmate, I first move staff because that gives us more information. It also helps us to assess if we believe a staff person has been compromised. Based on credible information, we can remove staff from the facility and put them on administrative leave. If our information is not real credible, we can move them to another part of the facility. We wouldn’t move someone unless the information is credible.”

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
	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. Wisconsin Department of Corrections Executive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016
 - c. DOC-30 Review of Inmate in Restrictive Housing, revised 10/2015, (blank)

2. Interviews
 - a. Warden

Findings (By Provision):

115.68 (a) - 1

The facility indicated, in their response to the Pre-Audit Questionnaire (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. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (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.

115.68 (a) – 2

The facility reports as zero, the number of inmates, who alleged to have suffered sexual abuse, who were held in involuntary segregated housing, within the past 12 months, for one to 24 hours, while awaiting completion of assessment.

115.68 (a)- 3

The facility reports as zero, the number of inmates, who alleged to have suffered sexual abuse, who were assigned to involuntary segregated housing, in the past 12 months, for more than 30 days, while awaiting alternative placement.

115.68 (a) – 4

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.

115.68 (a) – 5

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. ED 72, in Section XIII, B, 3, (p.10), says that if involuntary separation is used, "every 30 days, the facility shall review the offender's circumstances to determine whether there is a continuing need for separation from the general population and document accordingly." The facility submitted a Department of Corrections Form #DOC-30, Review of Inmate in Restricted Housing, that would be used to conduct a 30-day review if the facility did hold any inmates in, or assign any inmates to, restrictive housing.

The Warden said, in an interview, that inmates at high risk of sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation can be arranged. She said, "that seems like we would be re-victimizing a person and we are fortunate that we have lots of housing situations so we can make arrangements." When asked how long, ordinarily, inmates at high risk for victimization or who have alleged sexual abuse are placed in involuntary segregated housing, she said, "only as long as it takes for staff to understand the situation and take the best solution. Again, we never want to re-victimize anyone or discourage anyone from reporting."

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

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.

115.71 Criminal and administrative agency investigations

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. Wisconsin Department of Corrections Executive Directive 73 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016
 - c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.00.15 Inmate Investigations, effective date 05/17/2021
 - d. Letter of Explanation of Expansion of Department Internal Affairs Office, dated 07/01/2021
 - e. Wisconsin Department of Corrections Human Resources Policy: 200.30.304 Employee Disciplinary Investigations, effective date 10/28/220
 - f. Wisconsin Department of Corrections Sensitive Investigation Network Communication User Guide, dated 02/19/2021
 - g. Sample PRB-001 Records Retention/Disposition Authorization, revised 09/2016
 - h. DOC-2135A Division of Adult Institutions/Division of Juvenile Corrections Investigations, dated 11/03/2021
 - i. DOA-15807-A Employee Investigation Report, First Report of Potential Work Rule Violation, dated 10/2021

- 2. Interviews
 - a. Investigative Staff
 - b. Inmates Who Reported a Sexual Abuse
 - c. Warden
 - d. Agency PREA Coordinator
 - e. PREA Compliance Manager

Findings (By Provision):

115.71 (a)

The facility indicated, in their response to the Pre-Audit Questionnaire (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 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72); Division of Adult Institutions (DAI) Policy #306.00.15 and Department of Corrections (DOC) Human Resources Policy 200.30.304. ED 72, in Section XVII, A through M, (p. 15) requires:

- a - an investigation be completed for all allegations of sexual abuse and sexual harassment,
- b - allegations that involve potentially criminal behavior to be referred to local law enforcement for investigation,
- 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,
- 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,
- 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,
- f – administrative investigations to include an effort to determine whether employee actions or failures to act contributed to the abuse,
- 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,
- 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,
- 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,
- 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,

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

l - the agency to inform an alleged victim when an employee is no longer posted within the alleged victim's unit, when the employee is no longer employed at the facility, or when the agency learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse and to document such notification, and

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 a staff who conduct investigations. When asked how long it takes to initiate an investigation following an allegation of sexual abuse or sexual harassment, he said, "we receive a complaint and the PREA Complaint Manager(PCM), or a Captain, will ask me to collect an initial statement with more detail to give the investigator a better scope of what might have happened. Then they know how many people are involved, etc.,. Sometimes it might take about 24 hours or less, to be assigned and begin formally. Initially, fact-finding, we can see if there is physical evidence that can be collected, that would bring on more immediacy."

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

115.71 (b)

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 name of the investigator interviewed at the facility was on the list of investigators who were properly trained. The investigator confirmed that he 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 ©

The investigator who was interviewed said, when asked what the first steps in initiating an investigation would be and how long those steps would take, "the first steps would be to separate victim and perpetrator and that would happen immediately."

He went on to say that the next steps would include determining if any evidence could be collected, conducting initial questioning of participants to determine how to proceed, determining if medical attention is needed, etc. After that it would be assigned to an investigator to begin the formal investigation process.

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

115.71 (d)

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. The investigator, when asked what his role is in criminal investigations, said, "we would still make sure that chain of evidence that is forwarded and that they have everything we have collected. We would get anything additional they need from us, any interviews they need to conduct, we would provide access. We would continue our investigation and document our findings in the Sensitive Investigative Network

Communication.” When asked about compelled interviews, the investigator said, “Oshkosh PD would do those. We might be present for them, but we would never conduct them.”

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

115.71 (e)

ED 72 identifies, in Section XVII, E, (p. 15) that the credibility of an alleged victim, suspect or witness is assessed on an individual basis, not by the person’s status as an offender or employee. It goes on to say that the Department Of Corrections (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 be assessed on an individual basis and not be determined by the person’s status as an offender or staff member. The facility investigator 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. He also said that he would not ask an inmate to take a lie detector test. Auditors interviewed two inmates who had reported a sexual abuse and they 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)

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.” The investigator who was interviewed said, “that’s absolutely important every time, in every effort. If the negligence of an employee lead to, or allowed for that to happen, it would absolutely be referred to supervision and there would be an incident report and likely some significant changes to make sure that it didn’t happen again.”

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

115.71 (g)

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 investigations of allegations of sexual abuse, during the past 12 months, and presented those investigate materials for auditor review. Auditors noted that the investigative reports showed 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. ED 72, in Section XVII, B, (p. 15) requires that all allegations that involve potentially criminal behavior be referred for investigation to local law enforcement. Department Of Corrections Human Resources Policy #200.30.304 identifies, in Section 5, D, (p. 8), that all allegations of sexual abuse shall be reported to law enforcement by the Security Director, PREA Compliance Manager, or other designee and that allegations of sexual harassment that involve potentially criminal behavior shall also be referred to law enforcement. The facility investigator, and the Warden, verified that the facility refers all allegations of sexual abuse to the City of Oshkosh 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 two.

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. 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)

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. The investigator, when asked if he would terminate an investigation if an alleged abuser or victim left the agency's employment or control, confirmed that he would not. He said, "we wouldn't have access to that person, but we could refer any finding of criminal activity."

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

115.71 (l)

ED 72, identifies, in Section XVII, J, (p. 15), that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall work to remain informed about the progress of the investigations. DAI Policy #: 306.00.15 Inmate Investigations, says, in Section III, F, (p.4), that investigators shall work collaboratively with law enforcement investigators and attempt to remain informed about the progress of the investigation. The facility PCM said, in an interview conducted onsite, "We have a liaison, a Lieutenant at OPD, I call and e-mail, and he will give an up to date. Not just with PREA matters, but with everything we refer to them. " 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 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	Evidentiary standard for administrative investigations
	<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. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Wisconsin Department of Corrections Human Resources Policy: 200.30.304 Employee Disciplinary Investigations, effective date 10/28/2020 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 Pre-Audit Questionnaire (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. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (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. An interview with a facility investigator 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 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. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016
 - c. Agency PREA Report Close Out Non-PREA (blank)
 - d. Agency PREA Report Close Out Unsubstantiated (blank)
 - e. Agency PREA Report Close Out Substantiated (blank)
 - f. Agency PREA Report Close Out Unfounded (blank)
 - g. DOA-15807-A Employee Investigation Report, First Report of Potential Work Rule Violation, date unknown
 - h. DOA-15807-A Employee Investigation Report, First Report of Potential Work Rule Violation, dated 10/2021
 - i. PREA Investigative Finding Inmate Notification, dated 01/10/2022
 - j. PREA Investigative Finding Inmate Notification, dated 12/07/2021
 - k. PREA Investigative Finding Inmate Notification, dated 01/12/2022

2. Interviews
 - a. Warden
 - b. Investigative Staff
 - c. Inmates Who Reported a Sexual Abuse

Findings (By Provision):

115.73 (a) – 1, 2 and 3

The facility indicated, in their response to the Pre-Audit Questionnaire (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. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), requires, in section XVII, K, (p. 16), that following an investigation of an allegation that an offender suffered sexual abuse in the facility, the facility shall inform the alleged victim, and document that notification, whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. Further policy review by the auditor determined that the two investigation policies, Division of Adult Institutions (DAI) 306.00.15, Inmate Investigations (Section III, L), and Human Resources Policy 200.30.304, Employee Disciplinary Investigations (Section VI, D) both require that victims of sexual abuse or sexual harassment complaints be notified in writing of the outcome of the investigation. 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 Investigative Network Communication (SINC), the agency's sexual abuse and sexual harassment allegation and investigation tracking database.

The facility reports that two allegations of sexual abuse were made, in the last 12 months, and investigations were conducted. The facility indicated, in their response to the PAQ, that both inmates were notified in writing, of the results of the investigation. Interviews with the agency PREA Director, and the Facility PREA Compliance Manager (PCM) 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. Two inmates who reported a sexual abuse were interviewed but neither could recall being informed of the outcome of the investigation. Auditors reviewed both investigations and identified copies of inmate notifications included in the packets.

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

115.73 (b) – 1, 2, and 3

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. 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 two allegations were investigated by an outside agency during the audit period and that of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was also two. The facility provided copies of the inmate notifications that were sent to inmates.

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

115.73 (c) 1, 2 and 3

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

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

Agency Policy, ED 72, in Section XVII, L, (p. 16) outlines that, following an offender's allegation that an employee committed sexual abuse against an offender and the findings are substantiated or unsubstantiated, the agency is required to inform the alleged victim, and document the notification, whenever the employee is no longer posted within the alleged victim's unit, when the employee is no longer employed at the facility, or when the agency learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse. The Directive goes on to say, that the agency will notify an alleged victim whenever it learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse. The facility presented form letters used to notify inmates when 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 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 copy of the notice sent to the inmate was provided for Auditor's review.

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 charges, 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 five and that all of them were documented in the agency's Sensitive Information Network Communication database (SINC). The facility submitted copies of two of the notifications made and indicated that three investigations are ongoing.

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

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. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016
 - c. Wisconsin Department of Corrections Executive Directive 7 Employee Discipline, effective date, 01/04/2019
 - d. DOA-15807-A Employee Investigation Reports First Report of Potential Work Rule Violation, date unknown
 - e. DOA-15807-A Employee Investigation Reports First Report of Potential Work Rule Violation, dated 10/202

Findings (By Provision):

15.76 (a) and (b)

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIX, A, 1 through 5, (p. 17) outlines administrative sanctions for staff who are found to have violated the agency's sexual abuse, sexual harassment, and retaliation policies as up to, and including, termination. Executive Directive #2, Employee Discipline (ED 2), 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 one and that, in the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is also one. Staff identified, on the PAQ, the investigation as being File 1001787 and said that the staff member resigned. Auditors were able to review the investigation during the onsite portion of the audit.

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

115.76 ©

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. 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 the number of staff from the facility who were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies other than actually engaging in sexual abuse, in the past 12 months, was zero.

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

115.76 (d)

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. ED 72 says, in Section XVII, B, (p.15), that allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall

be referred for investigation to local law enforcement and that all referrals to law enforcement must be documented. The same policy, in Section XIX, A, 3, (p. 17) identifies that all terminations for violations of the agency's sexual abuse and sexual harassment policies, including resignations that would have resulted in termination if not for the resignation, shall be reported to any relevant licensing bodies. The facility reports that, in the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies was two and presented both investigation for auditors' review.

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>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. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 2. Interviews <ol style="list-style-type: none"> a. Warden <p>Findings (By Provision):</p> <p>15.77 (a) 1 - 4</p> <p>The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Executive Directive Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XVII, B, (p.15), that allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement and that all referrals to law enforcement 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. Auditors reviewed and retained documentation from investigations conducted, by the facility, in the past 12 months and 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>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>115.77 (b)</p> <p>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. 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, "We have not had any, but we would ask them not to come in until the investigation is completed and we have determined whether or not there is any credibility. A contractor would be barred from entering the facility and we would also bar a volunteer. We check references and we do background checks because we would not want bad behavior to be repeated. We could also refer for criminal charges if confirmed and we would do that. It's important to us that anything that is confirmed is reported to law enforcement. We want to help people recover and not inflict more damage."</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 take.</p>

115.78

Disciplinary sanctions for inmates

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. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016
 - c. Agency Administrative Code Chapter 303, dated March 2018
 - d. DOC-9 Adult Conduct Report, dated 10/05/2021

2. Interviews
 - a. Warden
 - b. Medical staff

Findings (By Provision):

115.78 (a) – 1

The facility indicated, in their response to the Pre-Audit Questionnaire (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. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIX, paragraph B, 1, (p. 17), identifies that offenders who have committed offender-on-offender sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process. The facility reports, in their response to the PAQ, that, in the past 12 months the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility is zero. They also reported that, in the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility was zero.

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

115.78 (b)

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, “We have the kinds of sanctions here as the Wisconsin Department of Corrections because we use same administrative code. Perhaps a term of isolation in high management unit, loss of privileges, and criminal sanctions can include additional confinement time.” She also said that the PREA committee considers mental disability or mental illness considered when determining sanctions.

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

115.78 ©

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 Warden confirmed this is an interview.

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

115.78 (d)

The facility indicated, in their response to the PAQ, that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and that the same services that are offered to victims are also offered to abusers. ED 72, Section XIX, B, 4, (p. 17), says that the facility shall consider requiring perpetrating

offenders to participate in interventions, such as therapy or counseling, to address and correct underlying reasons or motivations for the abuse, . . . but not as a condition to general programming or education.” The Health Services Unit 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 offer these services to the offending inmate. In answer to the question, she said, “yes, we do offer psychological services, and we strongly encourage them to participate but we cannot force them to and we would not deny them any privileges or other treatment for refusing.”

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. ED 72, says, in Section XIX, B,5, (p. 18), that an offender may only be disciplined for sexual contact with an employee upon a finding that the employee did not consent to such contact. Auditor’s review of investigations conducted, in the last 12 months, did not find any instances where an inmate was disciplined for sexual conduct with staff.

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. ED 72, in XIX, B, 6, (p. 17), says that inmates will not be disciplined for filing an allegation in good faith, based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence to substantiate the claim. Auditor’s review of investigations conducted, in the last 12 months, did not find any instances where an inmate was disciplined for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if the investigation did not establish evidence sufficient to substantiate the allegation.

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.

115.81 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

- 1. Documents: (policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire
 - b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016
 - c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.70.01 Mental Health Screening, Assessment and Referral, effective date, 08/31/2020
 - d. Sample Agency Risk Screening Referral
 - e. Sample Agency Electronic Medical Record
 - f. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization, effective date 04/24/2021
 - g. DOC-1163 Authorization for Disclosure of Non-Health Confidential Records, revised 09/2021, (blank)
 - h. DOC-1163A Authorization for Use and Disclosure of Protected Health Information (PHI), revised 08/2021, (blank)

- 2. Interviews
 - a. Inmates Who Disclose Prior Sexual Abuse During Risk Screening
 - b. Staff Responsible for Risk Screening
 - c. Medical Health Staff
 - d. Mental Health Staff

Findings (By Provision):

115.81 (a) – 1

The facility indicated in their response to the Pre-Audit Questionnaire (PAQ), that all inmates at the facility who have disclosed prior sexual victimization, during a screening pursuant to Standard 115.41, are offered a follow-up meeting with a medical or mental health practitioner and that the follow-up meeting is offered within 14 days of the intake screening. Agency policy, Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XII, E, (p. 9), requires that if either the initial or a follow-up screening indicates that an offender has previously experienced sexual victimization, or has perpetrated sexual abuse, whether it occurred in an institutional or community setting, staff shall ensure the offender is offered a follow-up meeting with a mental health provider, to take place within 14 days of the initial, or follow-up, screening. Division of Adult Institutions (DAI) Policy #500.70.01 holds staff who conduct PREA risk screening responsible for offering inmates a follow-up meeting with Psychological Services Unit (PSU) staff when the screening reveals that the inmate has experienced prior sexual victimization or has been previously sexually abusive. If an inmate accepts the follow-up meeting with PSU, that meeting is to take place within 14 days of the PREA screening. The facility reports, in response to the PAQ, that, in the past 12 months, 100 percent of inmates who disclosed prior sexual victimization during risk screening were offered a follow-up meeting, with medical or mental health staff. Staff indicated that the Wisconsin Integrated Computer System, (WICS) the agency's computerized database system, is used to record screenings of inmates. A sample risk screening form was provided, on the PAQ, that shows the questions that are asked during the screening. Questions 6, and 7, in Part A of the Screen, ask the inmate about prior sexual victimization in the community or in confinement. 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 at the time of the screening, when they report the prior victimization and that the meetings are typically held within the next 24 or 48 hours. Auditor noted that there is an automatic referral system built into the program so that if the inmate answers yes to either of the questions, the system will prompt screening staff to ask the inmate to either accept or refuse a medical or mental health referral. If the inmate accepts the referral, the date of acceptance is documented, and the referral is submitted. When the inmate is seen, mental health staff providing the service will make a notation, in the electronic medical record, noting the date, time, reason and staff who met with the inmate. Auditors reviewed sample screens for inmates who were interviewed during the audit and noted that inmates who identified having been the victim of unwanted or abusive sexual contact in the community, or in confinement, were offered a referral to meet with PSU. A sample electronic medical record note type used to document both the referral to PSU and the subsequent PSU visit, was provided on the PAQ.

Medical and mental health staff use an electronic medical record (EMR) database to maintain inmate health records. Submitted as documentation was a printout from an EMR database used to track referrals and the subsequent meetings with PSU. Of 25 sample risk screens reviewed, only two inmates accepted a referral to meet with PSU. An inmate who had accepted a referral said that he met with PSU the following day. It should be noted that every housing unit has a treatment team that has medical and psychological staff on the team, as well as at least one Social Worker so inmates have ready access to psychological staff. This may make them less likely to accept a referral to a psychologist they don't know and don't have a rapport with.

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. 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, in part A of the Screen, 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 inmates who had been interviewed during the onsite portion of the audit. Upon review, Auditor found that on none of the 25 screens did inmates report that 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 PREA Compliance Manager (PCM). 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 Facility PREA Compliance Manager (PCM) said, "access is based on the need to know based on the position. PSU, PCM has access to portions of it. General line staff does not have access to it." He also said that the information from risk screenings is used in housing and room decisions, and in job placements.

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

115.81 (e)

ED 72, in Section XII, F,(p. 9), states, in part, " Medical and mental health practitioners shall 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 operation, 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. Both the Health Services Director and the PSU Director confirmed that staff do obtain the appropriate consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

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.

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. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse, effective date 04/17/2017
 - c. DOC-3001 Off-Site Service Request and Report, revised 03/2011, (blank)
 - d. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016
 - e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 316.00.01 Inmate Co-Payment for Health Services Attachment Co-payment Table, effective date 11/01/2017
2. Interviews
 - a. Medical Health Staff
 - b. Mental Health Staff
 - c. Inmates Who Reported a Sexual Abuse
 - d. Security and Non-Security First Responders

Findings (By Provision):

115.82 (a) – 1

The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Department of Adult Institutions (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 Health Services Unit (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 HSU Manager confirmed, in an interview, that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. When asked how quickly they receive those services, she said, "Immediately. As soon as we find out."

Two inmates who reported a sexual abuse said, in an interview that they were offered the opportunity to see a medical or mental health professional in a timely fashion after the abuse was reported. One said he saw a medical health professional within 24 hours and the other said he is still receiving ongoing services.

115.82 (a) – 2

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. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (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. The HSU Supervisor and PSU Supervisor both confirmed this.

115.82 (a) – 3

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 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. There were no completed forms available from the audit period.

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 randomly chosen for interview, 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. 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 Supervisor confirmed this in an interview.

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. 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. DAI Policy: #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, confirmed that treatment services are provided with financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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.

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. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016
 - c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse, effective date 04/17/2017
 - d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.30.09 Provision of Services to Pregnant Patients, effective date 01/25/2021
 - e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.70.01 Mental Health Screening, Assessment and Referral, effective date 04/08/2019
2. Interviews
 - a. Inmates Who Reported a Sexual Abuse
 - b. Medical Health Staff
 - c. Mental Health Staff

Findings (By Provision):

15.83 - a and b

The facility indicated, in their response to the Pre-Audit Questionnaire (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. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (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 confirmed, in interviews, that follow-up treatment for inmates entails medicines, regular follow-up, treatment plans, ensuring that trauma is addressed, and, when necessary, referrals for continued care after leaving the facility.

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

115.83 - ©

When asked if medical and mental health services offered are consistent with community level of care, both the HSU Supervisor and the PSU Supervisor confirmed that they are. In an interview, they identified that inmates are seen more quickly and more often than they might be in the community.

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

115.83 - d and e

Division of Adult Institutions (DAI) Policy: #500.30.09 Provision of Services to Pregnant Patients, requires the Division of Adult institutions to provide access for all female patients to medical services related to pregnancy and says that the services shall include timely and appropriate prenatal, intrapartum and postpartum care in accordance with community standards. The HSU director said that if pregnancy results from sexual abuse while incarcerated, victims are given timely information and access to all lawful pregnancy-related services. She said that the inmate would be transferred to the Taycheedah Correctional Institution, a female institution where staff are well versed in handling pregnancies.

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.

ED 72, says, in Section XVI, B, 7, (p. 15), that victims of sexual abuse shall be offered tests for sexually transmitted infections. Two inmates who reported a sexual abuse who were interviewed said that they declined any medical treatment offered and/or that this type of treatment was not appropriate in the 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. 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. Division of Adult Institutions (DAI) Policy: #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 confirmed that treatment services are offered to victims without financial cost regardless of the circumstances. Two inmates who reported a sexual abuse who were interviewed said that they declined any medical treatment offered and/or that this type of treatment was not appropriate in the circumstances.

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. 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 are assigned to housing unit treatment teams and meet with the inmates assigned to their units when they arrive. They provide regular, and ongoing services to inmates on their caseloads, and inmates have ready access to them.

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.

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 Questionnaireb. DOC-2863 Sexual Abuse Incident Review (SAIR) Form - PREA, revised 10/2020, (blank)
 - c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.50.01 Sexual Abuse Incident Review, effective date, 4/12/2021
 - d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 300.00.70 Assaults by Inmate, Reporting and Tracking, effective date 05/15/2020
 - e. Sample DOC-2863 Sexual Abuse Incident Review (SAIR) - PREA forms from SAIR Review in 2021
2. Interviews
 - a. Warden
 - b. Facility PREA Compliance Manager
 - c. Incident Review Team

Findings (By Provision):

115.86 ©

The facility indicated, in their response to the PAQ, that the SAIR team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. ED 72, in Section XX, A, (p. 18), says that the review must be conducted by a team that consists of upper-level management officials with input from supervisors, investigators, and medical and mental health staff. The documentation provided shows that the team included the the Security Director, an Administrative Captain, the Psychological Services Unit (PSU) Director, a PSU Supervisor, a Housing Unit Manager, and Program Assistant, and the Facility PREA Compliance Manager (PCM). The Warden verified, in an interview, that all areas of the facility are represented in SAIRs that are conducted.

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 SAIR presented 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 Facility PCM said, "if we think we are going to redo some area with cameras, doors, etc., we might bring in an electrician, or a building guy, etc., or whatever expertise we need, we bring them in." On the report of the SAIR that was conducted during the audit period it is documented that although there were no changes to staffing or the staffing plan, the team identified that staff performance issues needed to be addressed and specified that supervisory rounds are to be more frequent in that area. It also identifies that performance issues were addressed with staff, one staff resigned due to the incident, and the incident was reported to law enforcement.

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.

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. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016
 - c. Agency Adult SSV 2- Survey of Sexual Victimization, 2018
 - d. Agency Adult SSV 2 - Survey of Sexual Victimization, 2017
 - e. Agency Adult SSV 2 - Survey of Sexual Victimization, 2019
 - f. Agency Adult SSV 2- Survey Sexual Victimization, 2020

Findings (By Provision):

115.87 (a)

The facility indicated, in their response to the Pre-Audit Questionnaire (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.

Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), 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 the Department Of Justice DOJ) through their website or their portal. We complete an annual report every year that does not include identifying information, and the annual report is published on our website." Auditor reviewed the annual report for 2020 on the agency website and noted that the data provided shows changes in total allegations, changes in sexual abuse allegations, and changes in sexual harassment allegations between the years 2019 and 2020. The information is provided in tables, in bar graphs, and by facility, and is also reported in offender-on-offender allegations as well as staff-on-offender allegations with dispositions included.

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

115.87 (b)

The facility indicated, in response to the PAQ, that the agency aggregates the incident-based sexual abuse data at least annually. 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.

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 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 DOJ. 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 DOJ Survey of Sexual Victimization.

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

115.87 (d)

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 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 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.

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. Wisconsin Department of Corrections Prison Rape Elimination Act Annual Reports, 2018, 2019, and 2020
 - c. Agency Website

2. Interviews
 - a. Agency Head
 - b. PREA Coordinator
 - c. Facility PREA Compliance Manager

Findings (By Provision):

115.88 (a)

The facility indicated, in their response to the Pre-Audit Questionnaire (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:

- a. identifying problem areas:
- b. Taking corrective action on an ongoing basis: and
- c. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XXI, A, 2, (p.19) ,states, in part, "The data collected and aggregated shall be analyzed to assess and improve effectiveness of the DOC's sexual abuse prevention, detection and response policies, practices and training by identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility as well as the DOC as a whole." The agency does aggregate incident-based sexual abuse data at least annually. Annual reports are published online and can be found on the agency website. 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."

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

115.88 (b)

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. ED 72, in Section XXI, A, 2, (p. 19), requires that the report include a comparison of the current year's data and corrective actions with those from previous years and shall provide an assessment of the DOC's progress in addressing sexual abuse. The 2020 Annual Report, on page 6, provides data that compares the total number of sexual abuse and sexual harassment allegations, by disposition and division, from 2019 to 2020. The facility indicated, in their response to the PAQ, that the annual report provides an assessment of the agency's progress in addressing sexual abuse. Page 5 outlines achievements made, by the agency, during the 2020 year. Among them are updated inmate education materials, trained investigators, published bi-annual PREA PAGE newsletter, created or modified various Division of Adult Institution policies as they relate to PREA, conducted compliance monitoring of county jails serving in a contracted capacity, and submitted a Governor's PREA assurance for Audit Cycle III, Year II. Also listed are facility accomplishments and corrective action realized during the year 2020. Among those are modified physical plant, i.e., windows, mirrored bubbles, office/bathroom structures, for greater visibility, adapted shower rooms for greater privacy between inmates and to prevent cross-gender staff viewing, modified staffing patterns, traffic patterns, and movement

schedules, and provided first responder refresher training and resources.

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

115.88 © - 1, 2 and 3

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

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

115.88 (d) – 1 and 2

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.

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 Questionnaireb. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016
 - c. Agency Website
2. Interviews
 - a. PREA Coordinator

Findings (By Provision):

115.89 (a)

The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency ensures that incident-based and aggregate data are securely retained. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XXI, A, 3, (p. 19), states, "All data shall be securely retained and maintained for at least 10 years after the date of the initial collection." The agency PREA Director said, in an interview conducted via telephone during the pre-on-site 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 the Department of Justice (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.

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

115.89 (b)

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. 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.

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

115.89 © - 1

The facility indicated, in their response to the PAQ, that before making aggregated sexual abuse data publicly, the agency removes all personal identifiers. 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.

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

115.89 © - 2

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.

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 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="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="244 331 858 389">1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire</p> <p data-bbox="244 533 483 560">Findings (By Provision):</p> <p data-bbox="244 591 360 618">115.410 (a)</p> <p data-bbox="244 627 1489 819">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 14 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="244 851 1270 878">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="244 963 360 990">115.410 (b)</p> <p data-bbox="244 999 1489 1258">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 14 county jails that the agency contracts with for the confinement of inmates. Of the 14, three had PREA audits conducted within the past three years and eleven have audits scheduled for 2022, prior to August 19, 2022, and one began partnering with the Wisconsin Department of Corrections in mid-2021 and will begin contract monitoring in 2022.</p> <p data-bbox="244 1290 1270 1317">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="244 1402 360 1429">115.401 (h)</p> <p data-bbox="244 1438 1090 1464">Auditor was granted access to, and had the ability to observe, all areas of the facility.</p> <p data-bbox="244 1496 1270 1523">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="244 1608 360 1635">115.401 (l)</p> <p data-bbox="244 1644 1473 1769">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="244 1800 1270 1827">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.</p> <p data-bbox="244 1912 360 1939">115.401(m)</p> <p data-bbox="244 1948 1473 2007">The auditor was permitted to conduct private interviews with inmates, residents and detainees. The facility does not house detainees, but staff provided private setting for interviews of both staff and inmates.</p> <p data-bbox="244 2038 1270 2065">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. Two letters from this facility were received by the auditor and both 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	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents: (policies, directives, forms, files, records, etc.)</p> <p>a. Pre-Audit Questionnaire</p> <p>Interviews:</p> <p>a. PREA Director</p> <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 Wisconsin Resource Center is dated July 21, 2017, 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>

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

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	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.)	yes
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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