

PREA Facility Audit Report: Final

Name of Facility: Waupun Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: 10/20/2022

Date Final Report Submitted: 03/06/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Deborah Striplin	Date of Signature: 03/06/2023

AUDITOR INFORMATION	
Auditor name:	Striplin, Deborah
Email:	dstriplin@doc.nv.gov
Start Date of On-Site Audit:	09/20/2022
End Date of On-Site Audit:	09/22/2022

FACILITY INFORMATION	
Facility name:	Waupun Correctional Institution
Facility physical address:	200 Madison Street, Waupun, Wisconsin - 53963
Facility mailing address:	

Primary Contact	
Name:	Karen Strobel
Email Address:	karen.strobel@wisconsin.gov
Telephone Number:	608-445-1982

Warden/Jail Administrator/Sheriff/Director	
Name:	Randall Hepp
Email Address:	randall.hepp@wisconsin.gov
Telephone Number:	920-324-7200

Facility PREA Compliance Manager	
Name:	Yana Pusich
Email Address:	yana.pusich@wisconsin.gov
Telephone Number:	O: 920-324-7232

Facility Health Service Administrator On-site	
Name:	Robert Weinman
Email Address:	robert.weinman@wisconsin.gov
Telephone Number:	920-324-5571

Facility Characteristics	
Designed facility capacity:	882
Current population of facility:	978
Average daily population for the past 12 months:	964
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	Males
Age range of population:	18-76
Facility security levels/inmate custody levels:	Maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	261
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	49
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	49

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:	
1	<ul style="list-style-type: none"> • 115.73 - Reporting to inmates
Number of standards met:	
44	
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:	2022-09-20
2. End date of the onsite portion of the audit:	2022-09-22

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:	Protect, Advocate, Validate and Educate (PAVE), Dodge County Community Victim Advocate Assist Survivors, Treatment, Outreach, and Prevention (ASTOP), Fond Du Lac County Community Victim Advocate

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	882
15. Average daily population for the past 12 months:	964
16. Number of inmate/resident/detainee housing units:	4

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
--	---

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

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p style="text-align: center;">977</p>
<p>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:</p>	<p style="text-align: center;">0</p>
<p>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:</p>	<p style="text-align: center;">126</p>
<p>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:</p>	<p style="text-align: center;">0</p>
<p>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:</p>	<p style="text-align: center;">0</p>

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:	0
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:	24
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:	10
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:	2
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:	33
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

<p>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):</p>	<p>The one offender who wrote the auditor was on quarantine status at the time of the onsite audit and was unable to meet with the auditor. Two offenders requested to speak to the auditor while onsite, the auditor spoke to both of them individually and were not included in the offender's overall interview quota. The audit team was provided with a list of offenders who were under the care of PSU and only referenced an internal code for confidentiality. The audit team worked with the regional PCM to identify those who would fall under the target interview criteria.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>344</p>
<p>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:</p>	<p>3</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>The total number of employees on site as of the first day of the onsite audit includes security staff from each shift and a total number of non-security employees. The non-security employee roster only noted those who are employed and unable to confirm if all were working on day one of the onsite audit.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	22
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The rosters provided to the audit team had been separated by housing unit and included the offender's race/ethnicity. The audit team reviewed and selected a diverse population based on the information provided.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.

Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	20
<p>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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility staff stated they did not have any offenders who were disabled. The audit team did not identify or perceive offenders within this criteria during interviews or during the site review.

<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>8</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 facility staff stated they did not have any offenders who were blind or had low vision. The audit team did not identify or perceive offenders within this criteria during interviews or during the site review.</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>The facility staff stated they did not have any offenders who were deaf or hard of hearing. The audit team did not identify or perceive offenders within this criteria during interviews or during the site review.</p>
<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:</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 facility staff stated they did not have any offenders currently housed who were Limited English Proficient (LEP). The audit team did not identify or perceive offenders within this criteria during interviews or during the site review.</p>
<p>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:</p>	<p>5</p>
<p>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:</p>	<p>3</p>

<p>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:</p>	<p>2</p>
<p>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:</p>	<p>3</p>
<p>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:</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 audit team did not identify or perceive offenders within this criteria during interviews or during the site review.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The facility did not have some offenders onsite for meeting all the required targeted interviews. Those not meeting the required number were moved to other target offender categories to meet the overall required interviews. The facility had two offenders who requested to speak with the audit team while onsite. The auditor spoke to both offenders who had concerns however they were unrelated to PREA.</p>
--	--

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>27</p>
<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 checked="" 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>The audit team interviewed a total of twenty-two security staff and selected from each shift and different housing units or program/work areas. Five non-security employees were selected at random and worked during regular business hours.</p>

Specialized Staff, Volunteers, and Contractor Interviews

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.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	30
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <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)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff

	<input type="checkbox"/> Intake staff <input type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Regional PREA Compliance Manager, Facility Victim Services Coordinator, and Inmate Complaint Examiner. Some staff was interviewed for more than one targeted interview protocol.
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The facility did not have any onsite during this audit.

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.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

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)?

Yes

No

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)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The restrictive housing unit had one wing that was placed under quarantine while onsite. The audit team interviewed offenders from other wings within the restrictive housing unit.</p>
--	--

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.

<p>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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
---	--------------------------

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	16	16	16	16
Staff-on-inmate sexual abuse	10	10	10	10
Total	26	26	26	26

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	13	0	13	0
Staff-on-inmate sexual harassment	4	0	4	0
Total	17	0	17	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	1	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	1	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	0	15	0
Staff-on-inmate sexual abuse	0	1	7	2
Total	1	1	22	2

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	9	4
Staff-on-inmate sexual harassment	0	1	1	2
Total	0	1	10	6

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:	13
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:	6
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

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

Sexual Harassment Investigation Files Selected for Review

106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
107. Did your selection of SEXUAL HARASSMENT 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 harassment investigation files)

Inmate-on-inmate sexual harassment investigation files

108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
--	---

<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>
<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>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The agency/facility investigators conduct administrative investigations for all allegations of sexual abuse and sexual harassment. They do not have the authority to conduct criminal sexual abuse or sexual harassment allegations, those are referred to local law enforcement. The auditor prioritized selecting investigations involving sexual abuse, one substantiated investigation for offender-on-offender sexual harassment (refer to standard 115.71 of this audit report). The auditor received written correspondence from one offender prior to the onsite audit and requested to review incidents reported by this offender.</p>
--	--

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

Non-certified Support Staff

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

<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>2</p>
--	----------

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input checked="" 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>
Identify your state/territory or county government employer by name:	Nevada Department of Corrections
Was this audit conducted as part of a consortium or circular auditing arrangement?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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.

<p>115.11</p>	<p>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Agency PREA Director position description • Agency Organizational Chart • WIDOC Facility PREA Compliance Managers and Victim Services Coordinator roster <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Agency PREA Director • Regional PREA Compliance Manager • Facility PREA Compliance Manager • Random Staff • Offenders <p>(a) ED #72 states “The Wisconsin Department of Corrections has zero tolerance for sexual abuse, sexual harassment and report-related retaliation in its facilities, including those with which it contracts for the confinement of offenders.</p> <ol style="list-style-type: none"> 1. The DOC provides a coordinated victim-centered response to reports of sexual abuse and sexual harassment. This includes providing medical and mental health services to victims of sexual abuse and sexual harassment while investigating all allegations. 2. The DOC provides multiple avenues to report allegations of sexual abuse and sexual harassment and, further, recognizes the right of employees and offenders to be free from retaliation for reporting sexual abuse and sexual harassment. 3. The DOC trains all staff members, contractors, and volunteers to recognize, respond to and report sexual abuse and sexual harassment. 4. The DOC provides offenders with a comprehensive orientation that details their right to be free from sexual abuse, sexual harassment, and report-related retaliation.
----------------------	--

5. The DOC employs a data collection method to accurately track and aggregate sexual abuse and sexual harassment incidents, identify core causal factors and take corrective action so as to align with a zero-tolerance environment

(b) ED #72 states “The DOC shall employ or designate a PREA Director to oversee department efforts to comply with PREA standards. This position shall have sufficient time and authority to develop, implement and oversee DOC’s efforts to comply with PREA standards in all of its facilities.” The agency policy, agency PREA Director position description, and specialized interview with the Agency PREA Director supported compliance with this provision to include the guidance posted on the PREA Resource Center under the Frequently Asked Questions (FAQ) dated December 18, 2015, which reads in part:

1. In terms of authority, PREA Directors at the agency level must, at a minimum, have:
2. Direct access to the agency’s most senior leader or chief executive officer (e.g., Director, Secretary, Commissioner, Administrator, etc.);
3. Direct access to the agency’s executive or senior leadership team; and
4. The influence necessary to create and implement agency-wide policies, procedures, and practices, without any interference from other levels of bureaucracy or supervision, and in accordance with the PREA standards and interpretative guidance issued by the DOJ.

Pre-on-site PREA Director interview: While the PREA Standards reference and defines “PREA Coordinator”, WI DOC policy defines this position as the “PREA Director.” The PREA Director is assigned to the PREA Office in Madison (Headquarters) and reports to the Assistant Deputy Secretary with direct access to the Secretary. The PREA Director supervises four employees to provide additional support and assist in monitoring the designated facility's PREA Compliance. The PREA Director stated that they have the time and authority to oversee the agency's efforts to comply with the PREA standards with direct access to the agency's Executive Leadership. In coordinating the agencies and facility's efforts to comply with the PREA standards, the PREA Office staff conducts quarterly status checks with the facility PREA Compliance Managers (PCM). This is completed through email, telephone, virtual meetings, and on-site visits, and should issues or concerns be identified they will work with the facility PCM to brainstorm solutions and ensure there is open communication to discuss and resolve problems to include but not limited to: policy and procedure revisions, training, or looking at other facilities on how they are meeting compliance.

(c) ED #72 states “The appointing authority or designee at each facility shall assign one employee as the facility-based PREA Compliance Manager with sufficient time and authority to coordinate the facility’s efforts to comply with PREA standards as set forth by DOC.”

Pre-on-site PCM interviews: The agency PREA Division implemented regional PREA Compliance Managers to oversee facility PREA compliance in select locations. For this

audit, the Regional PREA Compliance Manager (PCM) and Facility PCM were interviewed before the onsite review.

Regional PCM: The Regional PCM stated they were hired into this position around March 2022 reporting to the PREA Director and assigned to oversee PREA compliance at four facilities located in Dodge County. They stated they have the time and authority to coordinate PREA compliance and onsite at least once a week and they meet every other week with the Warden, facility PCM, and the facility PREA team.

Facility PCM: The auditor interviewed the facility PCM who was recently promoted to the Security Director position at the time of this audit. During their interview, they stated they are very familiar with the PREA standards, a certified DOJ PREA auditor and they have the time authority to oversee the PREA program, working collaboratively with the regional PCM to correct any deficiencies identified.

On-site: The audit team interviewed random and targeted staff and offenders. Those interviewed stated they had knowledge of the agency's Zero-Tolerance Policy and referenced the PREA posters around the facility. The primary contact during this audit was the regional PCM who had support staff from the PREA office in Madison.

Conclusion: The auditor finds the facility meets compliance with this standard

115.12

Contracting with other entities for the confinement of inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation reviewed

- Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institutions (DAI) policy 410-00-01, effective 1/22
- Contract Compliance Review Report - Prison Rape Elimination Act
- Twelve contracts
- Summary of Contracts for the Confinement of Inmates

Interviews conducted

- Agency Contracts Administrator

Pre-on-site review: The agency has twelve contracts with other agencies for the confinement of offenders. The auditor reviewed agency policies, contract agreements, and contracted facility public websites. One of the facilities received an audit during audit year two of cycle three. Eleven were scheduled and received on-site audits during audit year three of cycle three with two receiving and posting final audit reports on their agency website by the end of audit year three. The remaining were still pending final audit reports at the time of this pre-on-site review.

Contract Facilities

- Fond Du Lac County
- Milwaukee County House (MCH)
- Jefferson County
- Juneau County
- Marquette County
- Oneida County
- Ozaukee County
- Racine County
- Sauk County
- Vernon County
- Vilas County
- Rock County

(a) (b) ED #72 states "All new or renewed contracts for the confinement of the DOC offenders not within a DOC operated facility shall include a provision regarding the contractor's obligation to adopt and comply with PREA standards. In addition, any new contract or contract renewal shall provide for contract monitoring to ensure that the contractor is complying with PREA standards."

Excerpt from the contract agreement Q. Prison Rape Elimination Act - 1 thru 5 reads:

1. The Sheriff agrees to comply with the Federal Prison Rape Elimination Act of 2003 and any subsequent standards imposed by the United States Attorney General. If the Sheriff is not in full compliance with the Federal Prison Rape Elimination Act of 2003, the Sheriff shall take all feasible and necessary steps to work toward full compliance, shall continue to do so until full compliance is achieved, and shall continue to maintain full compliance. The Sheriff shall have policies and procedures in place for responding to sexual abuse and sexual harassment allegations as defined by PREA, in addition to report-related retaliation allegations, and shall further have procedures or policies for maintaining reports and records necessary for reporting data consistent with PREA. The Sheriff shall provide training for its staff, contractors, interns, volunteers, and any others who may have contact with inmates pursuant to its policy, procedures, and PREA standards. See 28 C.F.R. § 115.12. 2.
2. The Sheriff shall schedule and subject itself to a Department of Justice (DOJ) PREA Audit pursuant to 28 C.F.R. § 115.401-405 at least once every three years beginning August 20, 2013. The Sheriff shall bear the costs of conducting the audit. The Sheriff shall forward all interim and final facility PREA audit reports within 30 days of receipt to DOCPREData@wisconsin.gov.
3. The Sheriff agrees to timely completion of the Bureau of Justice Statistics Annual Survey of Sexual Victimization (SSV) and/or its current equivalent survey. The Sheriff will forward a copy of the SSVIA Adult Incident Form and/or SSVIJ-Juvenile Incident Form for each incident involving DOC inmates in the prior calendar year to the DOC within 30 calendar days of the date the Bureau of Justice Statistics publishes the Annual Survey on Sexual Victimization. These forms shall be forwarded to the DOC PREA Office at OCPREData@wisconsin.gov. See 28 C.F.R. § 115.87.
4. During the years in which the Sheriff is not audited by a US DOJ PREA auditor in accordance with 28 C.F.R. § 115.401-405, DOC shall conduct an annual compliance review to ensure that the Sheriff is compliant with PREA standards. This review may include, but is not limited to, facility tour, staff and inmate interviews, and examination of Sheriff policies, procedures, staff records, inmate records, training records, and incident records related to sexual abuse or sexual harassment allegations as defined by PREA, or report-related retaliation allegations. See 28 C.F.R. § 115.12.
5. The Sheriff shall notify the DOC within 24 hours of any sexual abuse or sexual harassment allegation as defined by 28 C.F.R. § 115.5-6, or any report-related retaliation allegation. The notification shall be made via email to DOCPREData@wisconsin.gov and shall include a copy of the facility's

incident report. If the DOC has reason to believe that any of these incidents have occurred, it shall have immediate access to relevant Sheriff's records as defined by DOC. Section R. of the contract requires they report serious incidents committed by inmates which include any PREA allegations and/or investigations.

Pre-on-site Agency Contracts Administrator interview: The agency PREA contracts monitor has worked for WIDOC for 21 years and reports to the Agency PREA Director. Currently, the agency has thirteen active contracts with sheriff departments in several counties that may temporarily house Wisconsin Offenders within the jail or detention center. The contract monitor conducts on-site reviews and internal audits for monitoring compliance. She communicates regularly with these agencies and is notified of any reported incidents of sexual abuse and sexual harassment involving any WIDOC offender who is in their care. This includes the status of an investigation when the investigation has been closed and the outcome of the investigation.

Conclusion: The auditor finds the agency meets compliance with this standard.

115.13 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation reviewed

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institutions Policy and Procedures (DAI) #410-05-05 Chapter 410 Prison Rape Elimination Act
- Facility Staffing Plan
- PREA Director Annual Staffing Plan Review Log
- Division of Adult Institutions Policy and Procedures (DAI) #410.40.01 Unannounced Supervisory Rounds
- Sample documentation of the supervisor's unannounced rounds logbook entries

Interviews conducted

- Warden
- PREA Compliance Manager
- PREA Director
- Targeted Supervisors who conducted announced tours
- Random Staff
- Offenders

(a) ED 72 requires, "Each facility shall develop, document and make its best efforts to comply with a staffing plan that provides for adequate levels of employees and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall consider:

1. Generally accepted correctional practices;
2. Any judicial, federal investigative, and internal/external oversight agency findings of inadequacy;
3. The facility's physical plant including blind spots or areas where employees or offenders may be isolated;
4. The composition of the offender population;
5. The number and placement of security staff;

6. Institution programs occurring on a particular shift;
7. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
8. Applicable State or local laws, regulations, standards, and other relevant factors.

DAI 410.50.05 supports ED 72 outlining the general guidelines each facility is required to follow. Additionally, the auditor reviewed the facility's most recent staffing plan report which was signed electronically by the Facility leadership which included the PCM and Agency PREA Director.

Pre-on-site Warden interview: The Warden is responsible for completing and submitting the annual staffing plan report to PREA Director. The Warden works with and receives input from the Security Director and PCM when preparing the staffing report. The facility has not requested any new positions through the legislative process since the last audit.

(b) ED 72 states "In circumstances where the staffing plan is not complied with, the facility shall document in written form and justify all deviations from the plan."

(c) ED 72 requires, "Whenever necessary, but not less frequently than once each year each facility, in consultation with the PREA Director, shall assess, determine and document whether adjustments are needed to:

1. The facility's staffing plan;
2. The facility's deployment of video monitoring systems and other monitoring technologies; and
3. The resources the facility has available to ensure adherence to the staffing plan

Pre-on-site PREA Director interview: Each facility consults with the Agency PREA Director each year around April or May to review staffing plan information. This information is assessed to determine if any adjustments are needed under provision (a) of this standard. The PREA Office maintains a tracking log to ensure all facilities are complying with this standard provision.

(d) ED 72 requires that "Supervisory staff shall conduct and document unannounced rounds, covering all shifts to identify and deter employee sexual abuse and sexual harassment. The DOC employees are prohibited from alerting other employees that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility." In accordance with ED 72, DAI 410.40.01 requires supervisors to conduct rounds at random times across all shifts and days of the week. Following the unannounced round, supervisors are required to document their name, the time, and the date of the round using one of the following three methods:

1. Maintain a designated PREA/Unannounced round logbook

2. Record the unannounced round in an existing logbook using a red pen
3. Documented in the shift commander's shift report

On-site interviews: The audit team interviewed targeted supervisors who conduct unannounced rounds from each shift and who stated they regularly conduct rounds within the housing units and document their names in the log books. When they conduct unannounced they do not notify staff where they are going and if they hear staff alerting others, they will address the staff member. The audit team asked the unit staff if have observed supervisors consistently touring housing units and if the supervisor is of the opposite gender, are they completing the opposite gender tone (115.15). The staff interviewed affirmed the supervisor's conduct and document tours. Additionally, the audit team asked offenders in housing units and program/works areas if they observed supervisors in areas regularly.

On-site physical plant review observations:

1. 115.13 (a)(3) - The physical plant review identified a blind spot in the main laundry offender clothing storage area.
2. 115.15 (d) - The audit team reviewed the supervisor logbooks in all housing units and program/work areas to ensure supervisors consistently document unannounced tours on all shifts. The housing unit supervisor log book entries supported the supervisor documenting unannounced rounds on all shifts. When requesting supervisor log books for review in program/work areas most of the security staff had to "search" for the supervisor log book including the Security Director who requested the supervisor log book to make an entry. Reviewing program and work area supervisor log books, entries were not regular or consistently documented during hours and days offenders were in these areas

Corrective action:

(a)(3) During the out brief the laundry was discussed with some options that could be considered such as installing a mirror or re-arrange the storage area that would allow for more visibility. **Follow-up:** The facility provided photos of the laundry storage where they moved shelving to open the area allowing a direct view and eliminating the blind spot.

(d) The facility staffing plan stated that unannounced rounds of the entire facility are conducted by security supervisors at a minimum of once per shift and Administrative Supervisors conduct daily rounds of the facility at various times, including weekends and occasional third-shift visits. All supervisory rounds are documented in area log books." Onsite observation and review of the program/work area logbook identified the facility supervisors were not documenting periodic rounds in work and program areas. **Follow-up:** The regional PCM and auditor mutually agreed they would provide copies of the supervisor's documented log book entries from the program and work areas. The facility also sent a memo to the supervisors as a reminder that they are to document their unannounced rounds in the supervisor log book.

	<p>Conclusion: After receiving and reviewing additional and relevant evidence the facility meets compliance with this standard.</p>
--	--

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA). • Agency movement memo date 12/19/2016 • Division of Adult Institutions (DAI) Policy and Procedure #302.00.20 <p>The agency has policies related to this standard Effective December 19, 2016, the Wisconsin Department of Corrections, Division of Adult Institutions moved all youthful inmates out of the adult institutions. Youthful inmates are now housed within Division of Juvenile Corrections (DJC) facilities.</p> <p>(a) (b) (c) ED 72 states, “Youthful inmates shall not be placed in a housing unit in which they have sight, sound or physical contact with any adult offender through use of a shared dayroom or other common space, shower area or sleeping quarters. In areas outside of housing units, DOC shall either: maintain sight and sound separation between youthful inmates and adult offenders or provide direct staff supervision when youthful inmates and adult offenders have sight, sound, or physical contact. Adult facilities shall make best efforts to avoid isolating youthful inmates to comply with this provision. Absent exigent circumstances, adult facilities shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. Such exigent circumstances leading to the denial of large-muscle exercise, legally required education services, and/or other programming shall be documented.”</p> <p>DAI #302.00.20 states, “The Division of Adult Institutions shall not house juveniles in adult correctional facilities. the placement of adjudicated juveniles or juveniles sentenced as adults.” The policy includes definitions and procedures which clearly state that Adjudicated Juveniles who are less than 18 years of age shall not be admitted to a Division of Adult Institutions (DAI) facility or Wisconsin Resource Center (WRC).</p> <p>Conclusion: This auditor finds the agency meets compliance with this standard and noted that this facility does not house youthful offenders.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Division of Adult Institutions (DAI) Policy and Procedures 500.70.24 Clinical Observation • Division of Adult Institutions (DAI) Policy and Procedures 306.17.02 Searches of Inmates • Division of Adult Institutions (DAI) Policy and Procedures 306.16.01 Use of Body Cameras • Division of Adult Institutions (DAI) Policy and Procedures 410.40.02 Opposite Gender Viewing and Announcing • Division of Adult Institution (DAI) Policy and Procedures 500.70.27 Transgender Management Care • Cell Hall PREA alert training • Transgender Inmate Information Guide • Transgender Shower Undergarments • Agency Searches Lesson Plan <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Random Staff • Random Offenders • Targeted Offenders <p>(a) ED 72 states “Facilities shall not permit cross-gender strip or body cavity searches except in exigent circumstances or when performed by medical practitioners.” DAI 306.17.02 states “Staff directly observing the inmate during a strip search shall be required to be the same sex as the inmate. A second staff shall only observe the staff performing the strip search” and “All body cavity searches and certain body content searches must be conducted by off-site health professionals.” In, accordance with this policy, DAI 306.16.01 addresses the use of body-worn cameras (BWC) during a strip search or staff-assisted strip search.</p> <p>Additionally, DAI 306.17.02 prohibits cross-gender strip searches, except in exigent circumstances or when performed by medical practitioners. If a strip search is</p>

required for a non-compliant inmate, the staff member shall be the same gender as the inmate, except in exigent circumstances.

Onsite random staff interviews: Staff selected for interview affirmed compliance with the agency policy and did not conduct cross-gender searches or cavity body searches.

(b) ED 72 states “Except in exigent circumstances, adult facilities shall not permit cross-gender pat-down searches of female offenders nor shall juvenile facilities permit cross-gender pat-down searches of either gender.”

- This provision does not apply to this facility audit as the facility does not house female offenders.

(c) ED states “All cross-gender strip and body cavity searches, in addition to cross-gender pat-down searches of females, shall be documented.”

(d) ED 72 states “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.”

Cross-gender viewing

DAI policy 500.70.24 defines cross-gender constant observation as a constant observation that is conducted by a staff member with gender identity (male or female) that varies from inmate sex assigned at birth (or gender recognized by DOC, if different than the sex assigned at birth).

The policy outlines the procedures when an inmate has been placed on constant observation status. “Cross-gender constant observation may be conducted when privacy accommodations are provided for toileting, showering, and changing clothing. Exceptions are allowed in exigent circumstances. Privacy accommodations may be accomplished through a variety of means, including but not limited to:

1. Ensuring the individual has a smock, paper gown, etc., to maintain privacy while toileting.
2. Providing a shower with a partial curtain or other privacy shields which still allow staff to observe the patient and ensure his/her wellbeing.
3. Having staff of the same gender provide the constant observation or at minimum, substituting staff of the same gender during these activities.
4. Exigent circumstances shall be documented.”

Cross-gender announcements

DAI 410.40.02 requires each facility to develop and be responsible for implementing local procedures to ensure that a consistent announcement is made each time a staff member, contractor, or volunteer of the opposite gender enters a housing unit. At a minimum, the announcement must be made when an opposite-gender staff member enters the housing unit and there are no other opposite-gender staff members present in the housing unit. When an opposite-gender staff member is entering a housing unit and it is unknown to him/her whether the opposite-gender announcement has been made on his or her behalf, the entering staff member shall be responsible for making an announcement.

The policy lists three available options of generally accepted practices for executing such announcements.

1. A designated tone, sign, and/or light that is used only for the purpose of announcing a member of the opposite gender entering housing units.
2. An announcement made by the staff working the control desk via the intercom or alternate system.
3. The opposite-gender staff person makes an audible announcement of their presence

In accordance with DAI 300.00.35 and 300.0061 policy, facilities shall develop an alternative or supplementary notification method for deaf or blind inmates.

Onsite interviews and observations: When the audit team entered one housing unit they identified four male security staff standing at the officer's station. The lead auditor asked the security staff to initiate the opposite gender (female) tone, at which time the staff member stated that they did not know what that was or how to do it. They further stated they work at another facility and were working temporarily at this facility due to staffing. The lead auditor asked another staff member who was standing nearby to initiate the tone before we walked past the offender's cells, who also stated they did not know. With the assistance of the regional PCM and one of the other security staff, the opposite gender tone was initiated. As the audit team continued the housing unit reviews, they had to ask security staff to initiate the tone. Some of the units had the "female" visual aid posted to alert offenders which led the audit team to believe that the staff believed the "visual" aid replaced the required "audio" announcement. Interviewing offenders the majority stated staff does not initiate the "tone" and they had only started hearing it after they saw us walking around the day before. Most of the offenders stated they are not viewed in undress by opposite-gender staff when showering, dressing, or using the restroom.

(e) ED 72 states "Facilities may not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner." In accordance with ED 72, DAI 306.17.02 states "Staff shall not physically examine or search a transgender or intersex inmate for the sole purpose of

determining the inmate's genital status. If unknown, an inmate's genital status may be determined through the following methods:

1. Conversation with the inmate.
2. Review of medical records.
3. As part of a broader medical examination conducted in private by an ACP

Onsite interviews: All staff interviewed stated they do not search a Transgender or Intersex Offender for the sole purpose of determining the offender's genital status. Transgender offender interviews affirmed the agency policy and staff interviews, stating they have never been searched by security staff for the sole purpose of determining genital status.

(f) ED 72 states "All security staff shall be trained on how to conduct cross-gender pat-down searches and searches of transgender and intersex offenders to ensure professionalism and to utilize the least intrusive manner possible consistent with security needs." In addition to ED 72 outlined training requirements, DAI Policy 500.70.27 page 5 provision H Pat searches states. "Staff shall use the back of hand or bladed hand for the chest and groin area in a professional and respectful manner, and in the least intrusive manner as possible, consistent with security needs." The auditor reviewed the agency lesson plan to ascertain the training provided to staff on how to professionally search Transgender inmates. The agency has adopted a "universal" pat search that they use for all offenders regardless of gender using the back/blade of the hand around the breast area and never coming down over the areola.

Onsite interviews and observations: All security staff interviewed stated they had received training on how to conduct proper pat searches of Transgender and Intersex Offenders. The auditor team asked staff to describe how they conduct pat searches for all offenders including those who identify as Transgender female or Intersex. While the interviews with security staff supported substantial compliance with provision (f), the auditor felt obligated to share some information learned from some of the security staff that could be safety and security concerns unrelated to PREA compliance.

Corrective action placed for provision (d): As referenced under this provision and triangulating relevant and available evidence from observations and offender interviews, the facility was not meeting substantial compliance. While the facility does have security staff from other facilities temporarily assigned to support staffing at this facility, opposite-gender announcements are an agency-wide and Institution policy requirement. **Follow-up:** The facility presented a plan of action to the auditor and maintained consistent communication providing the auditor with a status of their progress. The facility developed an At-A-Glance Procedure which was posted in areas visible to staff and included opposite gender announcing and process. The facility followed up with an in-person staff training on the At-A-Glance procedure and provided the auditor with a copy of the lesson plan and staff training roster.

Conclusion: After receiving and reviewing additional and relevant evidence the facility meets compliance with this standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Executive Directive 71 (excerpt reference): WIDOC Sexual Abuse and Sexual Harassment Prevention and Intervention, Resources for Inmates (Large Print) • Division of Adult Institutions Policy and Procedures (DAI) 300.00.35 Americans with Disabilities Act • Agency ASL/LEP Video Contract • Agency ASL In-Person Contract • Agency LEP Written Contracts • Agency LEP In-Person Contracts • WIDOC Sexual Abuse and Sexual Harassment Prevention and Intervention, Resources for Inmates (Large Print) • WIDOC Sexual Abuse and Sexual Harassment Prevention and Intervention, Resources for Inmates (Spanish) • Agency Posted Language Policy Notice (English and Spanish) <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Assistant Deputy Secretary • Targeted Offenders • Random staff <p>(a) (b) ED 72 states “Offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. This includes providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, in addition to the provision of offender education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with offenders with disabilities.” In accordance with ED 72, (DAI) 300.00.35 outlines procedures facilities will take to identify and provide accommodations for inmates with disabilities including during intake and</p>

when they transfer to another facility.

(c) ED 72 states “The facility shall not rely on offender interpreters, offender readers or other types of offender assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first-responder duties or the investigation of the offender’s allegations. The exigent circumstances in which offender assistants are used shall be documented.”

Pre-onsite interview and documentation review: The Assistant Deputy Secretary is aware of and familiar with the agency policy and available services for offenders who are limited English proficient, deaf/hard hearing, or blind/with limited vision. She was able to describe the intake process and when staff would utilize services. The auditor requested a list of offenders who fell under this standard criteria for this audit time frame and the current roster for day one of the onsite audit. The regional PCM informed the auditor that the facility does not have a report to isolate offenders for specific physical and/or mental disabilities, providing a roster of offenders housed in the Behavioral Health Unit (BHU)

On-site: The audit team selected offenders to the best of their ability by race/ethnicity and asked the regional PCM to work with PSU and HSU staff to identify the type of disability for each offender for target interviews. The audit team interviewed targeted offenders and found that most had been at this facility for a few years with most having knowledge about "PREA" with one stating staff did not explain the information to them. Some of these offenders had some level of cognitive or mental health disability which may have contributed to them not remembering some information. The facility did not have many offenders documented who were limited English proficient, one was interviewed who stated they speak and read Hmong and English. The interviews with random staff identified that most were not aware there was a translation service and stated they generally do not have offenders at this facility that don't speak English.

Corrective action: While the facility may not have offenders regularly assigned who are Limited English Proficient, staff should have knowledge that the facility has a language line service and who to contact if services are required. **Follow-up:** The facility presented a plan of action to the auditor and maintained consistent communication providing the auditor with a status of their progress. The facility developed an At-A-Glance Procedure which was posted in areas visible to staff and included accessibility and accommodation contact information for Limited English Proficient and disabled offenders. The facility followed up with an in-person staff training on the At-A-Glance procedure and provided the auditor with a copy of the lesson plan and staff training roster.

Conclusion: After receiving and reviewing additional and relevant evidence the facility meets compliance with this standard.

115.17 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation reviewed

Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)

- Agency Executive Directive #42: Police Contact, Arrest, and Conviction Policy for Current Employees
- Division of Adult Institutions (DAI) Policy and Procedures 309.06.03: Volunteers, Pastoral Visitors, Program Guests, and Interns
- Division of Adult Institutions (DAI) 309.06.03 Volunteer Application
- Agency Human Resources Policy 200.30.507 Reference Checks
- Agency Human Resources Background check procedure
- Agency Human Resources Fingerprint Procedures
- DOC-2430 Contractor Background Check
- DOC-1098D Background Check Authorization Form
- DOC-1098R Candidate Reference Check Form
- DOC-2674 DAI volunteer application (blank)
- DOC-2786 PREA Sexual Abuse and Sexual Harassment in Confinement Training Contractor acknowledgment form
- Sexual abuse and sexual harassment in confinement: A guide for volunteers and contractors (brochure)

Interviews conducted

- Human Resources Director
- Program Services Administrator for Contractors and Volunteers

(a) (b) ED 72 Hiring and Promotion Decisions states, “The DOC shall not hire or promote anyone who has engaged in sexual abuse in a confinement facility; has been convicted of engaging or attempting to engage in nonconsensual sexual activity in the community, or has been civilly or administratively adjudicated to have engaged in activity described above. The DOC shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee.”

(c) (d) (h) ED 72 states, “Prior to hiring new staff members and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a

criminal background records check” and “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.” In accordance with ED 72, the Agency Human Resources Policy 200.30.507 Reference Checks outlines procedures for HR staff to follow when completing background and reference checks.

(d) DAI 309.06.03 requires the agency to conduct criminal background checks for all volunteers. The policy additionally requires a new background check if the prior review was completed more than one year ago. Any volunteers who have been inactive at all facilities for more than one year shall reapply as new volunteers. August of 2022 DOC-2674 DAI Volunteer Application was revised to include an acknowledgment of their understanding of all DOC and DAI policies, Wisconsin and Federal laws, and the DOCs zero tolerance regarding sexual abuse and sexual harassment, as well as their responsibilities for adhering to PREA as a volunteer.

Pre-onsite: PREA audit team was required to complete the agency 1098D background check as a contractor in compliance with the standard provision. Additionally, the auditor reviewed random contract employee, and volunteer backgrounds check information.

(e) ED 72 states, “The DOC shall conduct a criminal background records check every five years for current employees.”

(f) (g) ED 72 page five requires all applicants to disclose instances of sexual misconduct and applicants who fail to disclose such information shall be ineligible for hire for the current vacancy and, if applicable, may be grounds for termination.

Pre-onsite Human Resources Director interview: The facility's HR Director stated they utilize Portal 100 and LiveScan FBI fingerprints are completed All new hires and staff selected for promotion are required to complete the background check form which includes questions referenced above in provisions (a) and (b) of this standard. HR staff conducts five-year background checks for all facility staff and they will pull monthly reports to identify which staff the five-year background check to be conducted.

Volunteer/Contractor Coordinator: This position is responsible for conducting background checks for volunteers and contractors following the same background check process as those conducted for staff. Contractors are also required to complete and sign the background release form which includes questions outlined above in provisions (a) (b). The facility completes annual background checks for volunteers and contractors.

Pre and Post onsite document review: In conjunction with standards 115.31, 115.32, 115.34, and 115.35, the auditor selected random staff and utilized the PREA Audit Employee Files/Records review guide. The auditor was provided with screenshots of the database which reflected the dates background checks were completed for staff, contract employees, and volunteers. The facility did not have

some of the background check forms and this auditor was informed the State of WI Human Resources Division has records retention requirements and some of the documents may not be available, however, the facility was able to provide a screenshot of the database which reflected dates they were completed.

Conclusion: Based upon the available evidence, this auditor finds they meet compliance with this standard.

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation reviewed

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Agency meeting minutes addressing camera upgrades
- Facility camera check-off list (confidential)

Interviews conducted

- Assistant Deputy Secretary
- Warden

(a) ED 72 states, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the DOC shall consider the effect of the design, acquisition, expansion or modification upon the DOC’s ability to protect offenders from sexual abuse.”

(b) ED 72 states, “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the DOC shall consider how such technology may enhance the DOC’s ability to protect offenders from sexual abuse.”

Pre-on-site interviews: The Deputy Assistant Secretary stated this facility has not had any substantial plant modifications. Should a facility be approved for modifications they ensure to follow correctional practices including those outlined in the PREA standards. They will consider staffing, blind spots, and areas video surveillance would be installed. Interviewing the Warden, they stated they have not had any substantial expansions or modifications and the facility is not anticipating any modifications in the near future. The facility has installed new/updated monitoring technology since the last PREA audit and before installing the Warden, Security Director, PCM, and other security staff review areas of concern and prioritizes areas where blind spots were identified.

On-site observations: The facility did not have any areas that had been renovated, modified, or expanded. During the physical plant review, the audit team identified cameras throughout the facility and viewed video monitors including requesting staff pull up specific locations.

	Conclusion: The auditor finds the facility meets compliance with this standard.
--	--

115.21

Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard. Reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation reviewed

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institutions (DAI) Policy and Procedures 500.30.19 Health Services Unit Procedure
- Division of Adult Institutions (DAI) Policy and Procedures 305.00.14 Protection, Gathering, and Preservation of Evidence
- Excerpt from the Agency Healthcare Manual Reference
- Excerpt from ED 72 XVI. Initial Response and Care
- Excerpt from the Inmate Handbook
- Sample Facility sexual abuse report and response
- MOU between WIDOC and Sexual Assault Service Provider
- Support Services Workshop - WIDOC Victim Services Coordinators Agenda
- Agency Victim Accompaniment Guide
- Agency Victim Services Coordinator Sexual Abuse and Sexual Harassment Reference Guide
- Agency Victim Services Coordinator Response Checklist (DOC-2767)
- Agency Law Enforcement Compliance Request

Interviews conducted

- PREA Compliance Manager
- Random Staff
- Sexual Assault Nurse Examiner
- Community Victim Advocate
- Agency Internal Affairs Investigator
- Facility Investigator
- Facility Victim Services Coordinator
- Target Offenders

(a) (b) ED #72 states “The DOC shall follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable physical evidence for administrative proceedings and criminal prosecutions. Such protocol shall be developmentally appropriate for youth, where applicable, and adapted from a

comprehensive and authoritative protocol developed after 2011.”

(c) ED #72 states, “The DOC’s medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted infections prophylaxis. Further, all victims shall be offered access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Nurse Examiners (SANEs) where possible. If SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SANEs

(d) (e) (h) ED #72 states, The facility shall attempt to make available to the victim an advocate from a local sexual assault service provider to accompany and support the victim through the forensic medical examination process and investigatory interviews. As requested by the victim, such a person shall also provide emotional support, crisis intervention, information, and referrals. If a sexual assault service provider is not available to provide victim advocate services, the DOC shall make available a member who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues.

(f) When the DOC is not responsible for investigating allegations of sexual abuse, the DOC shall request that the investigating law enforcement agency follow the requirements outlined in §115.21(a-e)

Pre-on-site document review: ED #72 the appointing authority or designee at each facility shall assign the facility-based Victim Services Coordinator. The staff member designated with this responsibility will assist in connecting victims of sexual abuse in confinement to outside support services. This staff member is not responsible for acting in the capacity of a community victim advocate.

Pre-on-site interviews

Sexual Assault Nurse Examiner (SANE): The auditor contacted Waupun Memorial Hospital as referenced in the PAQ, and informed this hospital does not have a SANE program at this time due to staffing. The nurse stated victims of sexual abuse would most likely be re-routed to St. Agnes in the county of Fond Du Lac. A call was made to St. Agnes Emergency Room, they have a SANE who was not available at the time and asked to return my call. **Follow-up:** The SANE from St. Agnes returned the auditor's call stating they would complete a forensic exam regardless of the victim's status as an incarcerated person. At this time they have five certified SANE and two in training and generally have at least one available to conduct an exam. Community victim advocates from ASTOP will respond as requested to support the victim during the exam.

Dodge County Community Victim Advocate: The auditor interviewed the victim advocate organization PAVE (protect, advocate, validate, and educate) which supports victims in Dodge County. The advocate has been working with and supporting offender victims of sexual abuse for the past three years and has regular

communication with the facility. The advocate stated they would support a victim during the SANE, however at this time Waupun Memorial does not have a SANE program. The auditor asked which victim organization would support a victim during a forensic exam if they were taken to St. Agnes which is located in the county of Fond Du Lac. PAVE victim advocate stated ASTOP is the victim advocacy organization in that county.

Fond Du Lac County Community Victim Advocate: On September 14, 2022, the auditor reached out to ASTOP (assist survivors, treatment, outreach, and prevention). When asked if ASTOP would provide support to an incarcerated person who was a victim of sexual abuse during the forensic exam at St. Agnes, they stated that they needed to do some research and would return my call. **Follow-up:** PREA Director provided a copy of the MOU between WIDOC and ASTOP to support incarcerated victims during a sexual assault forensic exam. The SANE affirmed this information during their interview that ASTOP is contacted prior to conducting an examination.

Facility Victim Services Coordinator (VSC): The auditor interviewed the VSC who stated that there is two staff who support this role and they are notified when an offender reports an incident of sexual abuse. When they are notified they meet with the offender victim and explain their role in this capacity as the VSC and provided information for the victim advocate.

PCM interview: The PCM stated should an offender victim of sexual abuse and as requested by the victim would contact the victim advocate to support the offender victim during the forensic exam

IA and Facility Investigator: Reported incidents of sexual abuse are referred to local law enforcement. The administrative investigation will be assigned to the IA Investigator and on a case-by-case basis could be assigned to the facility investigator unless the allegation involves a staff member, contractor, or volunteer. As requested by the victim-offender an attempt will be made to have a victim advocate present during the investigator interview. The agency and/or facility will complete a referral to outside law enforcement for sexual abuse criminal investigations and will work collaboratively with the agency during the investigation process

On-site: The audit team interviewed random and target staff which intertwines with standards 115.64 and 115.65. The responsibility of security staff is to secure the crime scene and notify the supervisor who will initiate the coordinated response. This facility only had one incident reported within a time frame where potential physical evidence, while the offender was at the facility during the onsite review they were having a medical concern, and the audit team was not able to interview them.

Conclusion: The auditor finds the facility meets compliance with this standard.

115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Division of Adult Institutions (DAI) Policy and Procedures 303.00.05 Law Enforcement referrals • Division of Adult Institutions (DAI) Policy and Procedures 306.00.15 Inmate Investigations (restricted) • WI Department of Corrections Human Resources Policy 200.30.304 • Screenshot of the agency website • Facility Law Enforcement Contacts log for the audit time frame <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Assistant Deputy Secretary • Office of Internal Affairs (IA) Investigator • Facility Investigator • PREA Director <p>(a) (d) ED 72 states, “The DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third-parties and anonymous sources. DOC shall maintain a policy(ies) that governs the conduct of such investigation.”</p> <p>(b) (c) ED 72 requires all allegations of sexual abuse or sexual harassment involving potentially criminal behavior to be referred for investigation to local law enforcement. All referrals to law enforcement shall be documented. The policy describing such referrals, in addition to the investigative responsibilities of the DOC and local law enforcement, shall be published and maintained on the DOC’s website. In accordance with provision (b) and ED 72, DAI 306.00.15 and policy 200.030.304 requires all reports of sexual abuse and sexual harassment that may involve criminal behavior to be reported to law enforcement by the PCM or designee.</p> <p>Pre-on-site: this auditor reviewed and verified the agency's public website DOC Prison Rape Elimination Act (wi.gov) includes ED 72 for public view.</p>

(d) In accordance with ED 72 the agency has policies governing the conduct of these investigations. DAI 303.00.05 under LE referrals requires the Warden or designee to refer allegations of sexual abuse or sexual harassment as defined in ED 72 that involve criminal behavior (WI Sexual Assault Statute 940.025)

Assistant Deputy Secretary: All allegations of sexual abuse and sexual harassment will be investigated and procedures have been implemented to ensure prompt investigations.

IA and Facility Investigator: Criminal investigations are conducted by local law enforcement, and the agency or facility investigator will attempt to communicate with the LE for the case number to follow up on the status of the investigation. The Administrative Investigation will be assigned to an IA Investigator or case by case to the facility investigator for incidents that do not involve staff, contractors, or volunteers.

PREA Director: The agency policy requires all allegations of sexual abuse or sexual harassment to be referred to local law enforcement if the allegation involves potential criminal behavior. The agency administrative investigator is responsible for conducting staff on offender sexual abuse and sexual harassment administrative investigation.

Document review: In conjunction with standard 115.71, the auditor received a log of reported incidents prioritizing and selecting sexual abuse investigations. The agency and facility completed the administrative investigations.

Conclusion: Based on relevant documentation, interviews, and review of selected investigations the facility meets compliance with this standard.

115.31 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation reviewed

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Agency Training Pre-Service Curriculum
- Agency Training Module All-Staff (screenshot)
- Agency Training Module (refresher 2017, 2019, 2021)
- Agency Newsletter for years employees do not receive staff refresher
- WCCS Staff Orientation Checklist
- Agency DOC form 1558 Employment Statement to Acknowledgment
- PREA Facility Staff Training Log

Interviews conducted

- Random Staff

(a-d) ED 72 states “The DOC shall train all new staff members on the department’s zero-tolerance policy for sexual abuse and sexual harassment. All staff members shall receive training every two years; in years in which a staff member does not receive such refresher training, the DOC shall provide refresher information on current sexual abuse and sexual harassment policies. The training shall include, but is not limited to the subparts listed below. Each staff member shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received.”

1. The DOC’s zero-tolerance policy for sexual abuse and sexual harassment;
2. How to fulfill staff responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, reporting and response policies, and procedures;
3. Offenders’ right to be free from sexual abuse and sexual harassment;
4. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in confinement;
6. The common reactions of sexual abuse and sexual harassment victims;
7. How to detect and respond to signs of threatened and actual sexual abuse;

8. How to avoid inappropriate relationships with offenders;
9. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders;
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
11. Relevant laws regarding the applicable age of consent;
12. Instruction tailored to male and female offenders; and
13. Instruction specific to the unique needs and attributes of juvenile

In years employees do not receive refresher training the agency newsletters include a PREA Page. The newsletters cover multiple topics from updated policy and procedures, quick links to resources, and guides that provide updates to staff on policy and procedure revisions, statistics on reporting incidents, investigations, the progress of National PREA audits, etc. Newsletters were uploaded into the OAS and were reviewed before the onsite review.

Pre-onsite: In conjunction with standard 115.17, this auditor selected a random sampling of staff from the roster provided. The auditor reviewed the training curricula and information sent to staff during years they do not attend PREA refresher. To support the staff training requirement, the auditor reviewed the computer-based electronic verification report reflecting the date staff completed training. Due to the pandemic causing a significant impact on the facility operations, they allowed staff to complete the 2021 staff PREA refresher by the end of February 2022.

Onsite interviews: The audit team selected and interviewed random security and non-security staff who all affirmed they have received and understood the PREA training provided. Staff was asked how they communicate with all offenders, especially those who identify as Transgender with staff stating they use the offender's last name. Targeted and random Transgender Offenders interviewed stated the majority of staff refer to them by their last name and have refrained from using gender-specific pronouns. During the interviews, the audit team identified concerns with security staff responses that are covered in the staff training module and will be addressed under standards 115.51, 115.61, and 115.64.

Conclusion: The agency and facility meet compliance with this standard

115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Division of Adult Institution (DAI) 309.06.03 Volunteers, Pastoral Visitors, Program Guests, and Interns • Agency Volunteer Orientation • A Guide for Volunteers and Contractors Brochure • DAI Volunteer, Pastoral Visitor, Program Guest & Intern Orientation • Agency Contractor & Volunteer Training • Volunteer Manual • Agency Contractor Acknowledgment form (blank) • Screenshot of the agency documentation process • Agency DOC 2809 form - Volunteer Orientation Roster Attendance Record • Revised DOC 2674 DAI Volunteer Application <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Volunteer interviews <p>(a) ED 72 states, "All volunteers and contractors who have contact with offenders shall be trained, in accordance with the type of service and level of contact they have with offenders, on the DOC's zero-tolerance policy as it relates to sexual abuse and sexual harassment. They shall, additionally, be trained on their responsibilities under the DOC's sexual abuse and sexual harassment prevention, detection and response policies and procedures. Each volunteer or contractor shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received." In accordance with ED 72 DAI 309.06.03 further outlines volunteer and contractor training procedures.</p> <p>(b) DAI 309.06.03 states, "Volunteers are required to complete an orientation prior to facility entry and inmate interaction, based upon type, frequency and level of inmate contact. The following are minimum expectations for all DAI volunteers:</p> <ol style="list-style-type: none"> 1. Full orientation shall be required for any volunteer entering any DAI facility

(one or any combination of sites) five or more times per year.

2. Brief orientation shall be required for any volunteer entering any facility four or fewer times per year.
3. Persons changing status to increase facility entry to five or more times per year shall be required to complete the full orientation.
4. Warden/designee may:
 - Require full orientation on a case-by-case basis at any time;
 - Limit volunteer one-to-one contact with inmates
 - Provide direct/line-of-sight staff supervision.

(c) DAI 309.06.03 requires volunteers to sign DOC 2809 to verify attendance for all brief and full orientations and annual orientation updates. Facilities are required to maintain a copy of the acknowledgment form and sent the original paper form to the facility PREA Compliance Manager. The agency recently revised DOC-2674 DAI Volunteer Application, including Pastoral Visitor, and Program Guests. The revised form included and was not limited to acknowledgment and understanding of PREA reporting, fraternization policy and procedures, confidentiality, mandatory reporting, and first responder responsibilities.

On-site: The audit team interviewed three religious volunteers who stated they have attended PREA training and understood the information provided including the agency's Zero Tolerance Policy.

Conclusion: The audit finds the facility meets compliance with this standard

115.33

Inmate education

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation reviewed

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institutions (DAI) 410.20.01 Inmate PREA Education
- Agency Offender Education Video and Braille Reference
- Offender ID Card (PREA) reporting options on the back
- Agency Offender PREA Education Facilitator Guide
- Agency Offender Handbook (English & Spanish)
- Agency Handbook Addendum
- POC-99 Acknowledgment of Receipt of PREA education
- POC-99S Acknowledgment of Receipt of PREA education (Spanish)
- Inmate Education Directive from the agency PREA Director
- PREA RHU Education
- Offender education log during the audit time frame
- Offender education/orientation documentation reviewed

Interviews conducted

- Target Staff
- Random Offender
- Targeted Offenders

(a) ED 72 states “At intake, offenders shall receive information detailing the DOC’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents or suspicions.” In accordance with ED 72, DAI 410.20.01 procedure outlines general intake guidelines for ensuring inmates receive PREA education during intake explaining the agency’s “zero tolerance” policy regarding sexual abuse and sexual harassment, including retaliation reporting, methods to make a report, and the agency response.

DAI 410.20.01 states, “At the intake facility, inmates shall acknowledge they received POC-0041, POC-0041B, and comprehensive education by signing the Acknowledgement of PREA Education offender standard form in WICS using an electronic signature pad.”

- POC-0041 – Sexual Abuse and Sexual Harassment Prevention and Intervention: A Resource for Inmates
- POC-0041B – Sexual Abuse in Confinement

This auditor reviewed the Agency Inmate Handbook which included and was not limited to:

1. The agency's "zero tolerance" policy,
2. methods and how to report,
3. definitions of sexual abuse, sexual harassment, retaliation, confidentiality, consent,
4. tools to help keep safe (prevention)
5. protection, support, and recovery for victims of sexual abuse
6. investigatory process after a reporting sexual abuse
7. In addition to the offender handbook, the PREA reporting options are printed on the back of the offender ID card.

(b) ED 72 states "Within 30 days of intake at adult facilities and within 10 days at juvenile facilities, the facility shall provide a comprehensive education to offenders either in person or through video regarding:

1. The DOC's zero-tolerance policy, including offenders' right to be free of sexual abuse, sexual harassment, and disclosure-related retaliation; and
2. The DOC's policies and procedures for responding to such incidents.

In accordance with ED 72, DAI 410.20.01 general intake guidelines state "upon transfer to a facility, each inmate shall receive POC-0041 and POC-0041B complete with local sexual assault service provider contact information. And within 30 days of intake, each inmate shall be provided comprehensive PREA education, which includes:

1. Viewing the video "Sexual Abuse and Sexual Harassment Prevention and Intervention."
2. Following the video a staff-facilitated discussion shall occur and include:
 - The facility's cross-gender announcement procedure.
 - Local sexual assault service provider contact information.
 - Notable facility-specific PREA procedures.
3. Facilities shall use POC-0041C to guide their comprehensive education

The auditor reviewed POC-0041C Inmate PREA Education Facilitator Guide as referenced in DAI 410.20.01 Inmate PREA Education. The guide may be modified to suit each facility.

(c) WIDOC began implementing PREA in 2015 and completed PREA inmate education to all inmates who were currently incarcerated and began providing inmate PREA

education to all inmates during the intake process.

ED 72 states “Upon transfer to another facility, offenders shall receive education specific to the facility’s sexual abuse, sexual harassment, and report-related retaliation policies and procedures to the extent they differ from the previous facility.” In accordance with ED 72, DAI 410.20.01 general transfer guidelines state “upon transfer to a facility, each inmate shall receive POC-0041 and POC-0041B complete with local sexual assault service provider contact information. Within 30 days of intake, 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.

The auditor reviewed POC-0041C Inmate PREA Education Facilitator Guide as referenced in DAI 410.20.01 Inmate PREA Education. The guide may be modified to suit each facility.

(d) ED 72 states “Offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. This includes providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, in addition to the provision of offender education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with offenders with disabilities.”

In accordance with ED 72, DAI 410.20.01 states, “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 in accordance with DAI Policies 300.00.35 and 300.00.61. Alternate formats of education may include:

1. POC-0041 Audio recording (obtain from PREA Office)
2. POC-0041 Braille translation (obtain from PREA Office).
3. POC-0041S, POC-0041BS Spanish translation.
4. Spanish and subtitled versions of the PREA education video
5. Special education teacher or similar to facilitate education.

When a facility uses alternate formats or resources to educate inmates with disabilities or for those who are limited English proficient, the facilitator shall at minimum document such provision in a DOC-2466 and denote “PREA” and

“Informational”.

As of the audit time frame, the PREA Education offender acknowledgment is on an electronic signature pad and only in English. The agency is in the process of updating the electronic signature pad to include the offender education acknowledgment in Spanish. When the institution/correctional center receives an offender who is limited English proficient, the staff member is responsible for having the information verbally translated and read to the offender. Staff will document the use of a translator and the offender signs the English version on the electronic pad. On October 24, 2022, the agency updated WICS to include a section staff will use for offenders who are Limited English Proficient (Spanish) to document their acknowledgment and receipt of education.

(e) ED 72 states “Each facility shall maintain documentation of offender participation in these education sessions.” DAI 410.20.01 states, “This acknowledgment shall be completed at the receiving site in WICS each time an inmate transfers.”

(f) ED 72 states” Each facility shall ensure that key information is continuously and readily available or visible to offenders through posters, handbooks or other written formats.” In accordance with ED 72, DAI 410.20.01 page 3. IV. Accessibility of PREA Education and Information requires information about reporting and receiving support shall be continuously and readily available or visible to inmates through posters, handbooks, and other written formats. Facilities shall have a copy of POC-0041 in the library and if equipped, make an effort to regularly play the video, “Sexual Abuse and Sexual Harassment Prevention and Intervention” on the institution channel.

Pre-onsite document review: (b) Auditor reviewed the offender's education report and identified the facility was not meeting the offender's comprehensive education during this audit time frame. The report had some improvement around April 2022 however, they still were not meeting substantial compliance. This auditor received a memo from the regional PCM who identified the same issues as the auditor and took action to correct the deficiency. The PCM and facility leadership developed a plan of action including training for staff who complete offender education, addressing overdue offenders, and continuing to monitor for maintained compliance.

Onsite interview with staff who conducts offender education: The audit support member interviewed the staff member who is responsible for providing PREA offender education. They described the education process including offenders signing the acknowledgment of the information received on the tablet.

Onsite offender interviews and document review: The audit team observed PREA posters throughout the facility. A substantial amount of offenders received during the audit time frame stated they could not remember seeing a video at this facility. Some stated they received a brochure or the social worker spoke to them. The audit support staff utilized the PRC PREA Audit Inmate File/Records guide to review documented PREA education for those offenders who had been selected for an interview and identified the facility was not meeting substantial compliance.

Corrective action: The regional PCM completed an internal audit and identified the

facility was not meeting timeframes consistently prior to the onsite review. This was affirmed onsite by the audit team during offender interviews and documentation review. While the facility had started monitoring to ensure offenders received comprehensive education within 30 days, they were placed into corrective action for continued monitoring to support they are maintaining compliance. **Follow-up:** The auditor, facility, regional PCM, and PREA Director mutually agreed they would send monthly admission reports that included the date offenders received their education. Each month over a four-month time frame, the auditor selected random offenders from the list provided and requested copies of the offender's signed education acknowledgment form. The facility provided the documentation requested and continued to maintain compliance.

Conclusion: Upon completion of corrective action and reviewing relevant documentation and evidence provided, the facility meets compliance with this standard.

115.34	Specialized training: Investigations
	<p data-bbox="256 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 297">Auditor Discussion</p> <p data-bbox="256 340 1453 539">In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.</p> <p data-bbox="256 577 967 611"><u>Policy(s) and supporting documentation reviewed</u></p> <ul data-bbox="331 680 1477 882" style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Agency directory of staff who completed investigator training • Agency investigation training curricula • Agency investigation resource guide <p data-bbox="256 920 563 954"><u>Interviews conducted</u></p> <ul data-bbox="331 1023 938 1099" style="list-style-type: none"> • Office of internal Affairs (IA) Investigator • Facility Investigator <p data-bbox="256 1137 1469 1384">(a - d) ED 72 states “Staff who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity, and Oddsen warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The DOC shall maintain documentation of training completion</p> <p data-bbox="256 1422 1469 1749">Pre-on-site document review: The lead auditor reviewed the agency investigator training directory and included all staff who have received training on how to investigate reports of sexual abuse and sexual harassment in confinement. The auditor verified who was authorized to conduct investigations at this facility to ensure any investigations (if applicable) were completed by staff who had attended the specialized training. Additionally, this information supported document review utilizing the PRC PREA Audit document review – Employee & Investigations guide (if applicable)</p> <p data-bbox="256 1787 1469 2069">Pre-on-site interviews: The auditor interviewed one of the IA facility investigators. They were asked to describe the investigation training received and the process they follow from the time they are assigned the investigation, including what evidence they collect and rely upon, summarizing interviews with the victim, suspect, and witness (if any). The investigators were able to provide knowledge and understanding of the training received when describing the investigatory process. Both investigators had knowledge of the Miranda Warning, however, they are not criminal investigators</p>

and do not have the legal authority to read Miranda Rights to offenders or staff. Staff conducting investigations are fact finders, and the final resolution is determined by the appointing authority and sent to the PREA Office for final review. While they do not determine the resolution/finding, they were able to define Substantiated, Unsubstantiated, and Unfounded. Generally, when an incident of sexual abuse or sexual harassment has been reported the investigation will be assigned the same day or the next business day depending on the time and day of the report. Should the PREA Office identify elements not meeting the investigatory process for a thorough investigation, the investigation will be referred back to the investigator for corrections.

Conclusion: Reviewing available evidence, documentation, and interviews with staff, the auditor finds the facility meets compliance with this standard

115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Agency Healthcare Module (screenshots) • Health Care Training Completed Staff Roster <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Health Services Unit (HSU) Staff • Psychological Services Unit (PSU) Staff <p>(a) ED 72 states, "All medical and mental health care practitioners who work regularly in a DOC facility(ies) shall be trained on the subparts below.</p> <ul style="list-style-type: none"> • How to detect and assess signs of sexual abuse and sexual harassment; • How to preserve physical evidence of sexual abuse; • 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 <p>(b) This provision is not applicable. All sexual abuse victims are transported to a community hospital</p> <p>(c-d) Ed 72 states "The DOC shall maintain documentation that such training has been received"</p> <p>Pre-on-site interviews with the Health Services Unit (HSU) and Psychological Services Unit (PSU) staff: Both the HSU and PSU staff affirmed they had completed PREA training and the additional specialized training. They were able to describe the training received and the action they would take if they received a report and/or responded to an incident of sexual abuse.</p> <p>Pre-on-site document review: The auditor reviewed the screenshots of the agency's computer-based specialized training for healthcare staff and the facility</p>

training roster and the computer-based training curricula. The objectives outlined for the course instruction included: First Responder, Initial Assessment, Reporting, Preserve Evidence, Provider Care, and Response. Upon completion of the course, the staff is required to take a quiz with a passing score of 80%.

Conclusion: The auditor finds the facility meets compliance with this standard.

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation reviewed

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institutions (DAI) Policy and Procedures 410.30.01 (PREA) Screening for Risk of Sexual Abusivicness and Sexual Victimization.
- Agency Risk Screening Directive (3/2016)
- Agency Wisconsin Integrated Corrections System (WICS) User Guides A, B, C, and D (confidential)
- DOC-2781B PREA Screening Tool – Adult Male Facility
- Onsite review of offender information
- Facility PREA admission screening report for the pre-audit time frame
- Sample Offender Risk Screening Assessment

Interviews conducted

- Target Staff
- Random Offender
- Target Offender
- PREA Director

(a – e) ED 72 states “Offenders shall be assessed during an initial screening within 72 hours of arrival at the facility, and again upon transfer to another facility, for risk of being sexually abused by other offenders or sexually abusive towards other offenders. The objective screening instrument shall include, at minimum, the following criteria:

1. The presence of a mental, physical, or developmental disability;
2. Level of emotional and cognitive development (juveniles facilities only)
3. Age;
4. Physical build;
5. Previous incarcerations;
6. Exclusively nonviolent criminal history;
7. Prior convictions for sex offenses against an adult or child;
8. Is, or is perceived to be, gay, lesbian, bisexual, transgender, intersex, or

- gender nonconforming;
- 9. Previously experienced sexual victimization;
- 10. Prior acts of sexual abuse, prior convictions for violent offenses, and/or history of prior institutional violence or sexual abuse; and
- 11. Offender's perception of vulnerability

The agency policy includes risk screening factors for juvenile settings as referenced above(#2). This risk factor is not applicable to this facility audit as it is an adult confinement facility.

In accordance with ED 72, DAI 410.30.01 outlines definitions, forms, and procedures for conducting the risk screening process. Auditor reviewed DOC-2781-B, and the WICS user guide (confidential), which provides step-by-step instructions for staff who conduct inmate PREA risk screening assessments.

(f) ED 72 states "In addition to the initial screening, within 30 days of arrival, the facility shall reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the initial screening."

(g) ED 72 requires an offender's risk level to 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." In accordance with ED 72, DAI 410.30.01 page 4. Screening (c) outlines requirements for when an inmate will be reassessed and referred for a follow-up rescreening based on new information.

(h) ED 72 states "Offenders may not be disciplined for refusing to answer or for failing to disclose information in regards to the assessment questions."

(i) ED 72 states "Appropriate controls shall be placed on the dissemination of information gathered from the initial and follow-up screenings to ensure that sensitive information is not exploited to the offender's detriment by employees or other offenders." In accordance with ED 72, DAI 410.30.01 the WICS user guide (confidential), and use of the risk screening database requires staff to use their unique ID number and includes a warning section outlining confidentiality requirements.

Pre-on-site PREA Director and PCM Interview: Each facility designates the staff who can view risk screening information and is based on their scope of work and the need and right to have access. At the initiation of the risk screening process, there is a warning on the sensitive information, confidentiality, and actions that will be taken if there is a breach/release of information. The PREA Director oversees and has the authority to review staff who have been authorized to use WICS and remove access if necessary. The auditor requested and received the intake admission screening report for this audit time frame and identified that the facility was not meeting substantial compliance with both the intake and 30-day follow-up risk screening assessments.

Onsite interviews and document review: The audit support team member interviewed the staff member responsible for the 72-hour intake and the staff member responsible for the 30-day follow-up risk screening assessments. The audit team selected a diverse population of offenders from each housing unit and those identified for specialized interviews. Some of the offenders had been at this facility before the implementation of PREA while others had transferred to this facility within the last few years included within this audit time frame. Some of the offenders stated they did not remember staff asking risk screening questions when they arrived and/or were not asked the questions again within a few weeks of arrival. The audit support staff utilized the PREA Audit inmate file review guide for those offenders selected for an interview and found a substantial amount had not been completed within the required time frames.

Corrective action: The auditor determined the facility was not meeting substantial compliance with both intake and follow-up risk screening time frames requiring ongoing monitoring and review of documentation. The auditor, facility, regional PCM, and PREA Director mutually agreed they would send monthly admission reports that included the date offenders were received, date of intake, and 30-day follow-up risk screening assessments were completed. **Follow-up:** Each month over a four-month time frame, the auditor selected random offenders from the list provided and requested copies of their completed risk screening form. The facility provided the documentation requested for meeting and maintaining compliance.

Conclusion: Upon completion of corrective action and reviewing relevant documentation and evidence provided, the facility meets compliance with this standard.

115.42 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation reviewed

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institutions (DAI) Policy and Procedures (PREA) 410.30.01 Screening for Risk of Sexual Abusivicness and Sexual Victimization.
- Division of Adult Institutions (DAI) 306.00.72 (Security) Screening for Risk of Sexual Abusivicness and Sexual Victimization.
- Division of Adult Institutions (DAI) 306.00.23 (Security) (Restricted) Special Placement Needs of Inmates
- Division of Adult Institution (DAI) 500.70.27 Transgender Management and Care (4/4/22)
- Division of Adult Institutions (DAI) policy and procedures 325.00.04 Temporary Release Under Supervision
- Agency Risk Screening Directive (3/2016)
- Agency Wisconsin Integrated Corrections System (WICS) User Guide
- DOC-2781B PREA Screening Tool - Adult Male Facility
- DOC-2570 Inmate Offsite Review
- DOC-3793 Transgender Housing Evaluation form
- Revised Agency Inmate Classification Report and Process
- Agency Pre-Hearing Classification process (email)

Interviews conducted

- PREA Director
- Regional PREA Compliance Manager
- Facility PREA Compliance Manager
- Targeted Staff
- Transgender Offenders
- Gay and Bi-sexual Offenders

(a) ED 72 states "Information obtained from the initial or follow-up screening shall inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. For the purposes of education, programming,

work, and recreation activities, line-of-sight monitoring by DOC staff is sufficient to maintain separation.” The auditor reviewed DOC-2781-B, and the WICS user guide (confidential), which provides step-by-step instructions for staff who conduct inmate PREA risk screening assessments. In accordance with ED 72, DAI 410.30.01 and DAI 306.00.72 outline the use of screening information. In making housing and bed assignments, there is the expectation to keep inmates who score as a high risk of being sexually victimized separate from those scoring as a high risk of being sexually abusive. Depending on the type of housing unit those placed in a dormitory setting who are at risk of victimization or risk of abusiveness, and who cannot otherwise be separated by housing unit, shall be bunked at opposite sides of the dormitory. Those at risk of victimization shall be bunked in areas more likely to receive additional staff supervision. For work, education, and program assignments, the expectation is to supervise or separate inmates who score as a high risk of being sexually victimized from those scoring as a high risk of being sexually abused.

(b) ED 72 states “Individualized placement determinations shall be made for each offender.” In accordance with ED 72, DAI 410.30.01 requires facilities to ensure individualized determinations are made for each inmate.

(c) ED 72 states “When making facility, cell/unit housing and programmatic assignments for transgender or intersex offenders the DOC shall consider on a case-by-case basis whether a placement would ensure the offender’s health and safety and whether the placement would present management or security problems.” In accordance with ED 72, DAI 500.70.27 revised effective April 4, 2022, outlines procedures for completing case-by-case reviews to include but are not limited to:

1. Accommodations for Transgender and Intersex Offenders,
2. approved sites (facilities)
3. Placement Review
4. Operations at a Receiving Facility Consistent with Gender Identity
5. Removal from Receiving Facility Consistent with Gender Identity
6. Medical and Psychological Treatment for Gender Dysphoria (GD)
7. Transfer to Work Release Facilities
8. Release Planning
9. Transgender Committee
10. Transgender Housing Committee, and
11. Committee Roles

Pre-on-site: The auditor interviewed the psychological services unit (PSU) supervisor who stated they are aware of and would be part of the Transgender Review Housing Committee however at the time of this audit they have not had any Transgender Offenders request to house at the facility they identify.

(d) ED 72 states “Placement and programming assignments for each transgender or intersex offender shall be reassessed at least twice each year to review any threats to the safety experienced by the offender. In accordance with ED 72, DAI 500.70.27 states “Placement and programming assignments shall be reassessed at a minimum

of every six months in a reclassification hearing and shall include a review of any threats to safety experienced by the PIOC.”

Onsite: Transgender offenders were interviewed and stated they meet with staff a minimum of 2 times a year.

(e) ED 72 states “in addition to serious consideration of the offender’s own views with respect to their own safety.” In accordance with ED 72, DAI 500.70.27 states the assigned social worker/treatment specialist shall inquire about the PIOC’s perception of safety in housing and programming assignments and document the response in the Reclassification Report (if response reflects significant safety risk, notify the security supervisor).

(f) ED 72 states “Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders.” In accordance with ED 72, DAI 410.30.01 and DAI 500.70.27 include facilities that will give Transgender and intersex PIOC’s shall be given the opportunity to shower separately from other PIOC’s. Intake/ Reception facilities require that the initial showering be separate from other PIOC and reviewed on a case-by-case basis.”

Pre-onsite interview: The regional PCM and facility PCM stated Transgender Offenders are able to shower privately and at a different time from cisgender offenders.

Onsite review: During the physical plant review, the audit team was able to view the shower area which allows all offenders their own shower stall and a privacy curtain. Transgender offenders are provided with a longer shower curtain to cover their breasts providing more privacy. The audit team reviewed the video monitoring to ensure none of the offenders could be seen in a state of undress while showering within any of the stalls. The audit team interviewed Transfemale offenders who stated they shower separately from cisgender offenders.

(g) ED 72 states “Lesbian, gay, bisexual, transgender or intersex offenders shall not be placed in dedicated facilities, wings or units solely on the basis of such identification or status.”

Pre-onsite: The auditor interviewed the Assistant Deputy Secretary and PREA Director and discussed the updated agency policy DAI 500.70.27, Transgender Management and Care. Both are well informed and described the process the agency and facilities follow when a Transgender Offender requests to be housed in a facility they identify vs their gender assigned at birth.

The Regional and Facility PCM: The auditor interviewed the PCMs who both stated that at the time of this audit, they have not had any offenders request to transfer to a facility that they identify. The social workers are responsible to meet with Transgender and Intersex offenders every six months and they do not house gay, bisexual, transgender, or intersex offenders in dedicated wings nor do they have any consent decrees or legal judgments.

On-site interviews and observations: In continuation with staff interviewed under standard 115.41, they stated they will not house offenders who are assessed as a high risk of victimization (ROV) with those assessed as high risk of aggressiveness (ROA). Additionally, they meet with Transgender offenders every six months (twice a year) or as requested to discuss the offender's perception of safety in housing and programming assignments. The audit team interviewed a diverse selection of targeted offenders who stated they are not housed in dedicated units or living areas.

Conclusion: The auditor finds the facility meets compliance with this standard.

115.43

Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation reviewed

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institutions (DAI) Policy and Procedures 306.05.01 Protective Confinement
- Division of Adult Institutions (DAI) 306.00.72 (Security) Screening for Risk of Sexual Abusivicness and Sexual Victimization.
- DOC-30 Inmate in Restrictive Housing

Interviews conducted

- Warden
- Staff who work in restrictive housing
- Targeted Offenders

(a) ED 72 states “Offenders at high risk for sexual victimization shall not be separated from the general population unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the facility may separate the offender involuntarily from the general population for less than 24 hours while completing the assessment.” In accordance with ED 72, DAI 306.0072 states “If an assessment cannot be conducted immediately, the facility may separate the inmate involuntarily from the general population for less than 24 hours while completing the assessment.”

(b) ED 72 states “Offenders separated from the general population for this purpose shall have access to programs, privileges, education or work opportunities to the extent possible. If the facility restricts access to programs, privileges, education or work opportunities the facility shall document the opportunities limited, the reason for such limitations, and the duration of the limitation.”

(c) ED 72 states “Involuntary separation from the general population shall only be until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed 30 calendar days” In accordance with ED 72, DAI 306.00.72 states “Involuntary separation from the general population shall only be until

alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed 30 calendar days.”

(d) ED 72 states “If an offender is involuntarily separated from the general population the facility shall document the basis for the facility’s concern for the offender’s safety and the reason an alternate placement cannot be arranged.”

(e) ED 72 states “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.” In accordance with ED 72, DAI 306.05.01 and DAI 306.0072 require the facility to ensure the inmate’s protective confinement placement is reviewed every 30 days to determine if placement remains necessary.

Pre-on-site Warden interview: The facility has not placed any victim offenders of sexual abuse or those who expressed imminent fear of sexual abuse in involuntary restrictive housing. If a victim is placed in restrictive housing it would be less than 24 hours and the facility would document the reason for the short-term placement until an alternative placement can be arranged.

On-site review: The audit support staff interviewed security staff assigned to restrictive housing. On occasion, an offender victim or offender who expresses imminent threat or fear of sexual abuse may be placed in temporary restrictive housing for less than 24 hours while the facility researches alternate housing placement. Staff will make every effort not to restrict them from access to programs, privileges, education, and/or work opportunities. If there were any restrictions staff would document the reasoning in WICS. The audit team interviewed offenders who reported sexual abuse and who stated they had not been moved to restrictive housing.

Conclusion: Based on the relevant information available, interviews conducted and onsite observations, the auditor finds the facility meets compliance with this standard

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Agency Inmate Handbook in English and Spanish • Agency PREA Poster (English and Spanish) - Reporting options • PREA Posters in English and Spanish • Agency Third-Party Poster <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • PREA Compliance Manager • Random Staff • Random Offenders • Targeted Offenders <p>(a) (b) ED 72 states “The DOC shall provide multiple ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents. In addition, the DOC shall provide at least one way for offenders to report sexual abuse and sexual harassment to a public or private entity that is not part of the DOC.” In accordance with ED 72, offenders are provided with the inmate handbook as referenced in standard 115.33 which includes reporting options. Offender posters include the option to report outside of WI DOC and do not require the offender to use their unique ID number. This phone option connects the Offender to Capital Police who will provide the report to the Agency PREA Division.</p> <ul style="list-style-type: none"> • The agency does not detain offenders solely for civil immigration purposes. <p>(c) ED 72 states “Employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports.”</p> <p>(d) ED 72 states “The DOC shall provide a method for employees to privately report sexual abuse and sexual harassment of an offender.” in conduction with standard</p>

115.31, the lead auditor reviewed staff training which includes options for staff to privately report to the PREA Office, local law enforcement or to submit a report electronically via the DOC's internet site.

Pre-on-site interviews: The Regional and facility PCM stated the agency and the facility provide offenders with multiple options to report sexual abuse and sexual harassment including but not limited to an outside agency that is not part of the WIDOC. These options are referenced on PREA posters and in the offender education material.

Onsite review and interviews: The audit team interviewed security and non-security staff and, random and targeted offenders. Those selected were aware of the different reporting options the offenders can use to report an incident of sexual abuse, sexual harassment, and/or retaliation. Most of the offenders interviewed stated they were not comfortable verbally reporting sexual abuse or sexual harassment if the allegation involved staff. Some stated they attempted to verbally report to security staff and were told to call the PREA hotline. This information was affirmed after the audit team interviewed staff with over half of the security staff stating if an offender wanted to file a verbal report they would tell the offender to call the PREA line.

The audit team observed PREA posters throughout the facility. The lead auditor tested the PREA reporting option listed on the PREA poster from one of the offender's phones in the housing unit and in the restrictive housing unit. After picking up the receiver the message indicates to press the number for the language option after the selection audio direction on how to report an allegation of sexual abuse or sexual harassment and which reporting option they can select or offenders can use the reporting options from listed on the PREA posters #777 or #888. Calling parties are informed that these are message lines and will be retrieved during regular business hours and this is an immediate report to contact staff. The PREA poster includes option #999 to connect with the outside victim advocate in conjunction with standard 115.53. All the options referenced can be accessed by offenders without using their unique PIN and at no cost to the offender. The auditor received an email notification from the PREA office that the test call had been received.

Corrective action: The auditor reviewed investigations supporting the facility had received reports of sexual abuse, however, the onsite interviews led the audit team to determine that the facility was not meeting substantial compliance with provision (c) for accepting verbal reports. **Follow-up:** The facility presented a plan of action to the auditor and maintained consistent communication providing the auditor with a status of their progress. The facility developed an At-A-Glance Procedure which was posted in areas visible to staff and included but was not limited to the immediate reporting of Sexual Abuse and do not redirect a person to the PREA hotline or another staff member. The facility followed up with an in-person staff training on the new At-A-Glance procedure and provided the auditor with a copy of the lesson plan and staff training roster.

Conclusion: After receiving and reviewing additional and relevant evidence the facility meets compliance with this standard.

115.52 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation reviewed

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Agency Admin Code Chapter 310 Complaint Procedures
- Division of Adult Institutions (DAI) Policy and Procedures 310.00.01- Inmate Complaints Regarding Staff Misconduct
- Agency ICE Action Steps
- Offender Complaint Forms received during the audit timeframe

Interviews conducted

- Random Offenders
- Targeted Offenders
- Inmate Complaint Examiner (ICE)
- Random Staff

(a) (d) ED 72 states “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. Inmates shall be notified within 30 days of the initial complaint that an investigation into the portion of the complaint alleging sexual abuse or sexual harassment has commenced and the Inmate Complaint Review process has concluded.” In accordance with ED 72, the agency admin code chapter 310 and DOC 310.08 PREA complaint procedure, outlines the process for the handling of inmate complaints related to sexual abuse and sexual harassment.

(b) ED 72 states “A time limit shall not be imposed on when an offender may submit a complaint regarding an allegation of sexual abuse or sexual harassment through other applicable time limits may still apply to any portion of the complaint that does not allege an incident of sexual abuse or sexual harassment. All appeals shall be made in accordance with Wisconsin State statutory time limits and referred to the appropriate reviewing authority.” Additionally, the complaint process shall not include a mandatory informal resolution.

(c) ED 72 states “Each facility shall ensure that an offender who alleges sexual abuse

or sexual harassment may submit a complaint without submitting it to an employee who is the subject of the complaint and that such a complaint is not referred to an employee who is the subject of the complaint. The offender may use an alternate method of filing.”

(e) ED 72 states “Third parties, including fellow offenders, employees, family members, attorneys and outside advocates, shall be permitted to assist an offender in filing complaints related to allegations of sexual abuse or sexual harassment. Complaints filed shall be referred for sexual abuse and/or sexual harassment investigation.” In accordance with ED 72, Agency Admin Code DOC 310.08 (4) states “Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist an inmate in filing a request for administrative remedies relating to allegations of sexual abuse or sexual harassment and shall also be permitted to file such requests on behalf of inmates. Requests for administrative remedies filed under this section will be referred for a PREA investigation.”

(f) ED 72 states “If an offender alleges that he or she is subject to a substantial risk of imminent sexual abuse, the offender may contact any employee who is not the subject of the allegation. Staff shall immediately forward the allegation to facility leadership for immediate corrective action. Facility leadership shall provide an initial response within 48 hours and issue a final decision within 5 calendar days. The initial response and final facility decision shall document the facility’s determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency complaint. Further response shall be in accordance with Employee Reporting.” In accordance with ED 72, Agency Admin Code DOC 310.08 (5) states “Emergency grievance procedures for complaints alleging a substantial risk of imminent sexual abuse or sexual harassment will be handled in the following manner:

1. The inmate may contact any staff member who is not the subject of the allegation for immediate corrective action.
2. The inmate may file a complaint. Complaints collected under s. DOC 310.08 shall be immediately forwarded to the warden to determine if immediate action is warranted.
3. Reports of substantial risk of imminent sexual abuse or sexual harassment outside of the complaint process under this chapter shall be immediately forwarded to the warden to determine if immediate action is warranted.
4. Further response will be in accordance with department policy.

(g) ED 72 states “The DOC may discipline an offender for a complaint filed alleging sexual abuse or sexual harassment only where the DOC demonstrates that the complaint was filed in bad faith.” In accordance with ED 72, Agency Admin Code DOC 310.08 (6) states “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.”

Pre-onsite: The lead auditor interviewed one of the facility Inmate Complaint Examiners (ICE) who described the offender complaint process. Offenders housed in the general population (GP) units will drop the complaint in the PREA ICE lockbox and ICE will collect the complaints. Offenders in the Restrictive Housing Unit (RHU) or Treatment unit can request inmate complaint forms and envelopes from unit staff and the complaint is put into the envelope, sealed by the offender, and handed to unit staff who will put the envelope in the ICE box. If ICE receives an envelope that appears to be tampered with they will follow up with a supervisor. The ICE stated there are no time limits for complaints filed reporting sexual abuse or sexual harassment.

On-site: Interviews with random staff and offenders affirmed they can file an inmate complaint form to report sexual abuse, sexual harassment, or retaliation. The auditor spoke with one offender who requested to speak to the auditor, during the interview they stated staff in RHU will not provide the envelopes and will tell them they don't have any. The auditor went back to RHU and identified they have envelopes that are located on a cart with other items that are provided to offenders.

Conclusion: Based on the relevant information available, interviews conducted and onsite observations, the auditor finds the facility meets compliance with this standard.

115.53

Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation reviewed

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Agency Inmate Handbook in English and Spanish
- Agency PREA Poster (English and Spanish) - Community Victim Advocacy Organization
- DOC-2937 Advocacy Request Form / DOC-2937 (S) Spanish Advocacy Request Form
- POC-0041B Sexual Abuse in Confinement - A Resource For Offenders (English and Spanish)
- Memorandum of Understanding between WIDOC and Community Victim Advocate Organization

Interviews conducted

- Random Offenders
- Targeted Offenders
- Community Victim Advocate
- Facility Victim Services Coordinator

(a-c) ED 72 states “Thereafter, the facility shall provide offenders with access to outside victim advocates, with whom the DOC shall maintain or attempt to enter into memoranda of understanding, for emotional support services related to sexual abuse. Access includes giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible and, in advance, provide notification to offenders of the extent to which such conversations will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.” In accordance with ED 72, offenders are provided with the inmate handbook as referenced in standard 115.33 which includes information on how to contact the community victim advocate. Additionally, the facility provided a copy of the victim advocate organization information posted throughout the facility (English/ Spanish), and includes the following:

1. The hotline number,
2. Mailing address
3. Informs offenders they do not need to enter their unique PIN,
4. Calls are not recorded or monitored, and
5. The level of confidentiality when sending correspondence

Reviewing ED #72 the appointing authority or designee at each facility shall assign the facility-based Victim Services Coordinator. The staff member who is designated with this responsibility will assist in connecting victims of sexual abuse in confinement to outside support services.

Pre-Onsite interviews:

Community Victim Advocate: The auditor interviewed the victim advocate organization PAVE (protect, advocate, validate, and educate) which supports victims in Dodge County. The advocate has been working with and supporting offender victims of sexual abuse for the past three years and has regular communication with the facility. They have toured the facility, however, they do not provide in-person emotional support.

Facility Victim Services Coordinator: The VSC does not provide emotional support services to victims of sexual abuse, their role is to work as the liaison between the facility and the community victim advocate including arranging meetings and providing resources to the victim. The VSC documents initial meetings with victims of sexual abuse and informs them of the services they provide and as requested by the victim will schedule a private telephone meeting between the victim and victim advocate.

On-site review and interviews: The audit team observed PREA posters throughout the facility which includes the quick dial number and address to contact them. The audit team interviewed offenders who had reported sexual abuse or had reported a history of sexual victimization some of the offenders were familiar with and had spoken to the community victim advocate. One of the offenders had been previously been communicating with the victim advocate in a different county when they were housed at a different facility. The auditor asked if they had requested to speak to the community victim advocate assigned to this facility and was informed they had not but would like to. After the interview, the auditor met with the regional PCM and asked they coordinate meetings between the offender and the PAVE victim advocate.

Conclusion: The facility meets compliance with this standard.

115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Agency third-party poster (English and Spanish) • Screenshot of the agency's public website reporting information <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> • Random Staff • Random Offenders • Targeted Offenders <p>(a) ED 72 states “The DOC shall provide a method for third parties to report sexual abuse and sexual harassment on behalf of an offender. Information on how to report sexual abuse and sexual harassment on behalf of an offender shall be posted publicly.”</p> <p>Pre-onsite: The auditor reviewed the agency's public website DOC Prison Rape Elimination Act (wi.gov) 3rd party reporting option and sent a "Test" message on the link provided. The auditor received a confirmation response affirming they received the "test" message. The auditor also received a letter from an offender regarding an allegation of sexual abuse and retaliation they reported during this audit time frame. The auditor requested copies of the investigation for review and identified that in addition to the offender filing a report they had received a 3rd party report related to the same incident that was included in the investigation packet.</p> <p>Onsite: The audit team interviewed staff and offenders with the majority stating they were aware that a 3rd party report could be made on behalf of an offender.</p> <p>Conclusion: The auditor finds the facility meets compliance with this standard</p>

115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • WI Criminal Code 940.285 Abuse of individuals at risk definitions <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Warden • PREA Director • Random Staff • Health Services Unit (HSU) and Psychological Services Unit (PSU) staff <p>(a) ED 72 states “Employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports and immediately report.” Staff is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility regardless it is part of the agency. The policy further requires staff to report any incidents of retaliation against offenders or employees who reported an incident and/or, neglect by an employee for violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>b) ED 72 states “Employees shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to supervisors, investigators, and designated officials. Such information shall be limited to information necessary to make treatment, investigation, and other security and management decisions.”</p> <p>(c) ED 72 states “Medical and mental health practitioners shall be required to report sexual abuse and to inform offenders of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.”</p> <p>Pre-on-site specialized interviews with Health Services Unit (HSU) and Psychological Services Unit (PSU) staff: Both HSU and PSU staff stated they inform the offender of their duty to report and the limitations of confidentiality at the initiation of services.</p> <p>(d) ED 72 states “If the alleged victim is under the age of 18 or considered a</p>

vulnerable adult in accordance with State or local statute, the DOC shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws”.

The facility does not house adjudicated adult offenders as such this requirement only applies to those considered vulnerable adults. Local Law enforcement conducts the criminal sexual abuse investigation and would be responsible for completing mandatory reports for those who fall under the vulnerable person statute.

This auditor reviewed the Wisconsin State Legislature public website for the vulnerable adult state statute Wisconsin Legislature - Criminal Code 940.285 Abuse of individuals at risk definitions.

1. “Adult at risk” 55.01 (1e): means any adult who has a physical or mental condition that substantially impairs his or her ability to care for his or her needs and who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation
2. “Elder adult at risk” (46.90 (1) (br): means any person age 60 or older who has experienced, is currently experiencing or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation
3. “Individual at risk” means an elder adult at risk or an adult at risk

(e) ED 72 states “All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, shall be reported.”

Pre-on-site interviews: The Warden and Agency PREA Director were interviewed stating that policy requires all staff to immediately report allegations of sexual abuse and sexual harassment. The PREA Director stated local law enforcement conducts the criminal investigations and would be responsible for any mandatory reporting requirements if the victim-offender of sexual abuse falls under the vulnerable offender statute. All HSU and PSU staff and contract employees are required to inform offenders of their limits to confidentiality and that as agency employees they are also mandatory reporters.

On-site random staff interviews: All staff selected for interviews stated that they are required to immediately report all allegations of sexual abuse, sexual harassment, and retaliation by staff or offenders. They understand that any information related to allegations of sexual abuse and sexual harassment is confidential and not to be shared with anyone other than those who have a need and right to know. When an offender files a report to staff, they stated the reports would be accepted verbally, in writing, by 3rd party, and they would accept anonymous reports. After receiving a report they notify their supervisor. Related to standard 115.16, while the facility did not have any offenders requiring a translation, staff were aware that the facility has a translation service and would contact the supervisor to initiate this service. During this audit time frame, this facility had not received any reports of sexual abuse or sexual harassment, including going back to the last audit.

Corrective action: Triangulating information including the onsite interviews and in conjunction with standard 115.51 (c) the facility was not meeting substantial compliance with provision (a) of this standard. **Follow-up:** The facility presented a plan of action mutually agreed upon between the facility, and regional PCM and maintained consistent communication providing the auditor with a status of their progress. The facility developed an At-A-Glance Procedure which was posted in areas visible to staff and included but was not limited to the immediate reporting of Sexual Abuse and do not redirect a person to the PREA hotline or another staff member. The facility followed up with an in-person staff training on the new At-A-Glance procedure and provided the auditor with a copy of the lesson plan and staff training roster.

Conclusion: After receiving and reviewing additional and relevant evidence the facility meets compliance with this standard.

115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Deputy Assistant Secretary • Warden • Random Staff <p>(a) ED 72 states “When the department or facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the offender.”</p> <p>Pre-on-site interviews: The auditor interviewed the Assistant Deputy Secretary and Warden. Both described the process staff is to follow when they learn an offender is at imminent risk of sexual abuse and staff will ensure the victim is separated from the aggressor. The facility supervisor will interview the victim to assess and determine what actions need to be taken to protect the victim i.e. move the aggressor, initiate an investigation, or as requested the victim move them to a different unit, facility, etc.</p> <p>On-site review: The auditor interviewed staff who work in restrictive housing and stated they have not placed any offenders who expressed imminent fear of sexual abuse in restrictive housing. If offenders were placed into the restrictive housing unit they would make every effort not to restrict them from access to programs, privileges, education, and/or work opportunities and any restrictions would be documented in WICS. Random staff stated that in the event an offender reported an imminent threat of sexual abuse, they would immediately report to their supervisor and keep the offender away from the aggressor.</p> <p>Conclusion: Based on the relevant information available and interviews conducted the auditor finds the facility meets full compliance with this standard</p>

115.63 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation reviewed

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Agency report template
- DOC-2933 Agency external facility notification template
- Sample facility notifications
- Sample email of notification from another agency
- Sample notification from other facilities

Interviews conducted

- Assistant Deputy Secretary
- Warden

(a) (b) ED 72 states “Within 72 hours of receiving an allegation that an offender was the victim of sexual abuse while confined at another facility, the information shall be reported by the head, or designee, of the facility to the head, or designee, of the facility where the alleged abuse occurred.”

(c) (d) ED 72 states “All notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated.”

Pre-onsite interviews:

Assistant Deputy Secretary: When information from another agency is received that an offender reported sexual victimization while housed within a WI facility, she would contact the agency, PREA Director. The PREA Director would research their database to determine if they had received the report and completed an investigation. If not, the PREA Director will contact the Warden/Superintendent, initiate a report, and assign an investigation.

Warden: When a report is received that an offender was sexually abused at another WI facility or other confinement facility, the Warden will notify the facility Superintendent, Warden, or agency head where the incident occurred. In the event they receive a report from another facility or agency that an offender reported they

were sexually abused in their facility, they will review SINC to determine if an investigation had been completed, if not an incident report would be generated and an investigation assigned.

The PREA Director notified this auditor that the agency recently updated its notification procedure to require more formal Warden to Warden notifications using DOC-2933. The documentation of the notification will be retained in SINC to include the initiation of an investigation if one had not already been completed.

Conclusion: Based on the relevant information available and interviews conducted the auditor finds the facility meets compliance with this standard

115.64 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation reviewed

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Facility Sexual Abuse Response Team Protocol
- Agency First Responder Card (Healthcare staff)
- Agency First Responder Card (security)
- Agency First Responder Card (non-security)

Interviews conducted

- Security and Non-Security Staff First Responders
- Targeted Offenders
- Random Staff

(a) ED 72 First Responder requirements page 13 states the following:

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:

- Separate the alleged victim and abuser;
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- 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
- 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.

(b) ED 72 states "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.”

Pre-onsite: The PAQ reflected seventeen incidents of sexual abuse reported within this audit time frame. The auditor selected thirteen closed sexual abuse investigations for review and found staff responded timely once the incident was reported. It should be noted that a majority of the incidents reported were outside of the time frame for the collection of the protection of forensic evidence.

On-site: The audit team interviewed targeted security and non-security staff who were or could be the first to receive a report of sexual abuse and both described the actions taken and were consistent with agency policy and first responder requirements. The audit team also interviewed random security and non-security staff asking what action they would take when an incident of sexual abuse within a time frame for the preservation of physical evidence was reported. All of the non-security and some of the security staff were able to describe the first responder's duties to prevent physical evidence from being destroyed including actions they would take to keep the victim safe and separated from the aggressor. They stated they would request the victim, not to shower, change clothes, and ensure the aggressor does not shower, etc. with some also referencing they have a first responder card. Other interviews with security staff led the audit team to believe they did not have a good understanding of the actions they would take as first responders. The audit team repeated the question in different ways to ensure they understood the question and found they were turning the questions into teachable moments.

Targeted offender interviews. The offenders stated staff responded timely and separated them from the aggressors.

Corrective action: Triangulating information including the onsite interviews the security staff did not appear to have a good understanding of the responsibility of a first responder. **Follow-up:** The facility presented a plan of action mutually agreed upon between the facility, and regional PCM and maintained consistent communication providing the auditor with a status of their progress. The facility developed an At-A-Glance Procedure which was posted in areas visible to staff and included but was not limited to the immediate reporting of Sexual Abuse and First Responder Duties. The facility followed up with an in-person staff training on the new At-A-Glance procedure and provided the auditor with a copy of the lesson plan and staff training roster.

Conclusion: After receiving and reviewing additional and relevant evidence the facility meets compliance with this standard.

115.65	Coordinated response
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1453 542">In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.</p> <p data-bbox="256 577 967 613"><u>Policy(s) and supporting documentation reviewed</u></p> <ul data-bbox="331 680 1469 1008" style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA). • Division of Adult Institution (DAI) Policy and Procedures 410.50.06: Coordinated Response Plan • Division of Adult Institution (DAI) Policy and Procedures 306.00.14: Protection, Gathering, and Preservation of Evidence (Restricted) • Facility Coordinated Response Plan • DOC-2961 Sexual Abuse Response Checklist (9/22) <p data-bbox="256 1048 563 1084"><u>Interviews conducted</u></p> <ul data-bbox="331 1151 557 1227" style="list-style-type: none"> • Warden • Random staff <p data-bbox="256 1267 1469 1635">(a) ED 72 states “Each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among employee first responders, medical and mental health practitioners, investigators, and facility leadership.” In accordance with ED 72, DAI 410.50.06, and DAI 306.00.14 the facility coordinated sexual abuse response plan outlines procedures and responsibilities of security staff, security supervisors, medical and mental health staff, facility victim services coordinator, and investigator. The response plan includes the first responder's responsibilities for security and non-security staff in conjunction with standard 115.64.</p> <p data-bbox="256 1675 1453 1792">Pre-on-site: The auditor interviewed the Warden who stated the facility has a response plan and the shift supervisors are responsible for responding and following the coordinated response plan.</p> <p data-bbox="256 1832 1469 2033">Onsite interviews. The audit team interviewed random security and non-security staff in conjunction with standard 115.64, asking them to describe actions they would take if they received a report of sexual abuse. All staff who were interviewed stated they would secure the crime scene and report to the supervisor, some of the security staff mentioned the PREA kit while others who were interviewed did not.</p>

Post-onsite: The lead auditor contacted the PREA Director for additional clarification and documentation related to the PREA response kit. The PREA Director provided DAI 306.00.14 (restricted) and DOC-2961 Sexual Abuse Response Checklist. DAI 306.00.14 outlines procedures and the DOC-2961 checklist includes a section for the responding supervisor - evidence collection and to refer to DAI 306.00.14 and the PREA kit. Based on interviews and reviewing documentation provided it is the responsibility of the supervisor to retrieve the PREA kit and give direction to staff. Some of the staff interviewed most likely had not responded to an immediate report of sexual abuse and were not aware of the PREA kit.

Conclusion: Based on interviews and reviewing relevant and available evidence the auditor finds the facility meets compliance with this standard.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Interviews conducted</u> <ul style="list-style-type: none">• Assistant Deputy Secretary (a) This standard does not apply as the agency does not have Collective Bargaining.

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation reviewed

- Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institutions (DAI) Policy and Procedures 410.50.04 Support Services and Retaliation Monitoring
- DOC-2805 Sexual Abuse Allegation Staff Retaliation Monitoring
- DOC-2767 Sexual Abuse and Sexual Harassment Incident Victim Services Coordinator Response Checklist
- Sample of facility VSC DOC-2767 monitoring checklists

Interviews conducted

- Assistant Deputy Secretary
- Warden
- Facility Victim Services Coordinator (VSC)
- Targeted Offender(s)

(a) ED 72 states “Each facility shall designate an employee(s) to monitor retaliation to ensure that all offenders and employees involved in the reporting or investigation of sexual abuse and/or sexual harassment are protected.”

(b) (e) ED 72 states “For offenders or employees who express fear of retaliation, the facility shall take appropriate protective measures.”

(c-d) ED 72 states “For at least 90 days following a report of sexual abuse, the designated facility-based employee(s) shall monitor the conduct and treatment of the offender(s) or employee(s) who reported the sexual abuse and the offender(s) who was reported to have experienced sexual abuse to determine if retaliation occurred. For offenders, such monitoring shall include periodic status checks. Employees shall act promptly to remedy any such retaliation. Monitoring beyond 90 days shall continue if the initial monitoring indicates a continuing need.”

In accordance with ED 72, DAI 410.50.04 states “During periodic retaliation monitoring status checks described below, the VSC shall ask the alleged victim about the individual’s perceived degree of wellness. Support services shall be modified, as

needed.” The policy requires that following a report of sexual abuse, the VSC shall monitor the conduct and treatment of the reporter and alleged victim once every 30 days for at least 90 days. In addition to monthly conversations with the victim, additional items that should be monitored are any inmate disciplinary reports, housing, or program changes. Depending on the facility, the PREA Compliance Manager could be designated to monitor staff from possible retaliation.

(f) ED 72 states “The DOC’s obligation to monitor shall terminate if DOC determines that the allegation is unfounded.” In accordance with ED 72, DAI 410.50.04 states “If the report is determined to be unfounded, efforts to monitor retaliation may be discontinued.”

Pre-onsite interviews and document review

The lead auditor interviewed the Assistant Deputy Secretary who stated the agency has Administrative and Executive Directives outlining the agency's Zero Tolerance against any form of sexual abuse or sexual harassment and retaliation. The facility Victim Services Coordinator or PCMs are responsible for monitoring retaliation for 90 days which could be extended. If an individual expresses fear of retaliation the PCM or facility supervisor will meet with them and refer them for investigation.

The Warden stated they have has an understanding of the retaliation monitoring and if they receive a report of retaliation they will take immediate action to respond. If staff is accused of retaliation they will be moved to another location pending an investigation.

The VSC described the retaliation process and time frames to meet with the offender victims. Offender victims are added to retaliation monitoring over a 30, 60, and 90-day time frame and could extend the 90 days if the VSC identifies potential retaliation or the individual expresses safety concerns. The facility VSC and regional PCM did not mention during the interviews that they conduct periodic checks monitoring for changes to housing, programming, work, and disciplinary actions.

In conjunction with the investigation review under standard 115.71, the investigation packet included a retaliation printout from SINC. The auditor identified retaliation monitoring for a majority of the victim offenders was not completed or they only met with the VSC at the initial meeting. It was also identified the VSC was not completing the periodic checks, did not monitor reporting parties and/or witnesses and some of the victims requesting not to be monitored the VSC stopped monitoring altogether and did not conduct the periodic checks.

Onsite: Interviews with offenders identified the VSC had not met with or followed up with them for retaliation monitoring. This was discussed on-site with the regional PCM and representative from the PREA office.

Corrective action: Triangulating information including the onsite interviews and document review the facility was not meeting substantial compliance with this standard. The auditor, facility staff, and staff from the PREA Office worked collaboratively to address the actions that would be taken to correct the deficiency in

meeting the standard. **Follow-up:** On January 31, 2023, the Regional PCM conducted a refresher training with the facility social workers and provided a copy of the facility Social Workers VSC Role Lesson Plan. The lesson plan included VSC's responsibilities and procedures to follow for monitoring retaliation. On 2/2/23 the auditor requested and received documentation listing the names of all staff who attended the training.

Conclusion: Upon completion of corrective action and reviewing relevant documentation and evidence provided, the facility meets compliance with this standard.

115.68	Post-allegation protective custody
	<p data-bbox="256 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 297">Auditor Discussion</p> <p data-bbox="256 340 1453 539">In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.</p> <p data-bbox="256 580 967 613"><u>Policy(s) and supporting documentation reviewed</u></p> <ul data-bbox="331 680 1477 837" style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • DOC-30 Review of Inmate in Restrictive Housing • Screenshot of WICS Inmate Status Change <p data-bbox="256 882 563 916"><u>Interviews conducted</u></p> <ul data-bbox="331 983 564 1055" style="list-style-type: none"> • Warden • Targeted Staff <p data-bbox="256 1099 1474 1211">(a) ED 72 states “Any use of restricted status housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.43 and §115.343 as found within Placement.”</p> <p data-bbox="256 1256 1474 1456">Pre-on-site: The Warden was interviewed and stated they have not placed any victim offenders of sexual abuse or those who expressed imminent fear of sexual abuse in involuntary restrictive housing. If a victim is placed in restrictive housing it would be less than 24 hours and the facility would document the reason for the short-term placement until an alternative placement can be arranged.</p> <p data-bbox="256 1500 1437 1736">On-site review: The auditor interviewed staff who work in restrictive housing and they have not placed any offender victims of sexual abuse or offenders who expressed imminent fear of sexual abuse in restrictive housing. If offenders were placed into the restrictive housing unit they would make every effort not to restrict them from access to programs, privileges, education, and/or work opportunities. If there were any restrictions staff would document the reason in WICS.</p> <p data-bbox="256 1780 1474 1852">Conclusion: Based on the relevant information available, interviews conducted and onsite observations, the auditor finds the facility meets compliance with this standard</p>

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation reviewed

- Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institutions (DAI) Policy and Procedures 306.00.15 (Restricted) Inmate Investigations
- Division of Adult Institutions (DAI) Policy and Procedures 303.00.05 Law Enforcement Referrals
- Wisconsin Department of Corrections Human Resources Policy 200.30.304 Employee Disciplinary Investigations
- Notification for expansion of the Internal Affairs Office (IAO)
- Agency SINC User Guide
- State of WI Department of Administration Agency retention records
- Investigation reports

Interviews conducted

- Warden
- PREA Director
- PREA Compliance Manager
- Office of Internal Affairs (IA) Investigator
- Facility Investigator

(a) ED 72 states “The DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third parties and anonymous sources. DOC shall maintain a policy(ies) that governs the conduct of such investigation.” In accordance with ED 72, DAI 306.00.15, and DOC HR policy 200.30.304 outlines the investigatory process includes conducting prompt, thorough, and objective investigations.

(b) This provision is addressed under and in accordance with standard 115.34.

(c) ED 72 states “Investigators shall preserve and/or collect direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse

involving the suspected perpetrator.” In accordance with ED 72, DAI 306.00.15 outlines the agency's investigatory process and obligations for evidence preservation.

(d) (g) (h) ED 72 states “Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement. All referrals to law enforcement shall be documented” In accordance with ED 72 DAI 303.00.05 outlines procedures for sexual abuse incident referrals to law enforcement.

(e) ED 72 states “The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person’s status as offender or employee. The DOC shall not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.” In accordance with ED 72, DAI 306.00.15, and DOC HR policy 200.30.304 requires investigators to assess the credibility of the alleged victim, suspect, or witness and shall not be determined by the person’s status as an inmate or staff member.

(f) ED 72 states “Administrative investigations shall include an effort to determine whether employee actions or failures to act contributed to the abuse.” ED 72 additionally requires administrative investigation reports to include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and the investigative facts and findings. In accordance with ED 72, DAI 306.00.15, and DOC HR policy 200.30.304 outlines the agency's investigatory process and requirement to include a description of the physical and testimonial evidence and credibility assessments.

(i) ED 72 states, “Administrative and criminal investigations shall be documented in a written report to be retained for as long as the alleged abuser is incarcerated or employed by the DOC, plus ten years.”

(j) (k) ED 72 states “The departure of an alleged abuser or victim from the employment or control of the facility or the DOC, or the recantation of the allegation, shall not provide a basis for terminating an investigation.” In accordance with ED 72, DAI 306.00.15, and DOC HR policy 200.30.304 outlines the agency's investigatory process and the obligation to continue with the investigation regardless of the departure of the alleged victim or suspect

(l) ED 72 states “When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall work to remain informed about the progress of the investigation.” In accordance with ED 72, DAI 306.00.15, and DOC HR policy 200.30.304 investigators shall work collaboratively with law enforcement investigators, if applicable, and attempt to remain informed about the progress of the criminal investigation.

Pre-on-site interviews and document review: The auditor requested and received the facility investigation log from the PREA Office listing all the reported incidents and investigations within this audit time frame for review. This log recorded

forty-two closed investigations for sexual abuse and sexual harassment. The auditor prioritized and requested fourteen sexual abuse investigations and one additional investigation after receiving a letter from an offender. The auditor utilized the investigation review guide and made notes for discussion while onsite.

(I) Reviewing one of the sexual abuse investigations where the victim-offender received a sexual assault forensic exam and the case was referred to outside LE the auditor could not find documentation for contacting LE on the status of the investigations. The administrative case had been closed with the victim-offender receiving the investigation closure notification (115.73), however, this led the auditor to ask how the case could be closed if the criminal case was still open. During the onsite review, the auditor was advised by the regional PCM that she contacted LE for a follow-up status check and the investigation was still open pending DNA results.

The auditor interviewed the IA and facility investigators, both investigators describing the investigatory process from the time they are assigned the investigation. This included what evidence they collect and rely upon, summarizing interviews with the victim, suspect, and witness (if any), how they assess the credibility of those interviewed, and whether is this documented within their report. The investigators were able to provide knowledge and understanding when describing the investigatory process of a thorough investigation. Both stated they received training on Miranda Rights, however, they are not criminal investigators and would not have the legal authority to read Miranda Rights to offenders or staff. While the investigators do not determine the findings, they were able to define Substantiated, Unsubstantiated, and Unfounded. Staff conducting investigations are fact finders, the appointing authority is notified when the investigation has been completed and they are responsible for determining the finding. If the administrative investigation involves staff, the investigation is reviewed by the appointing authority and the Infraction Review Team (IRT).

Onsite: The auditor and one of the support staff sat with the regional PCM and representative from the PREA office to discuss each of the investigations reviewed for follow-up questions and clarification on notes that were made prior to the onsite review. The representative was able to pull up the investigations with the auditor receiving clarification, however, found there were still areas in some investigation reports that were not meeting substantial compliance. The auditor was advised by the regional PCM that she contacted LE for a follow-up status check on the sexual abuse investigation referenced in the above paragraph under the pre-onsite documentation review provision (I) and stated that the investigation was still open and pending DNA results.

Post-onsite and Corrective action:

(I) DAI 303.00.05 outlines LE requests for information and requires the Warden or designee to establish a procedure to document and enter requests for information from LE. **Follow-up:** The auditor and PREA Director discussed the closure of this administrative investigation while the criminal investigation was still open as referenced under the pre-onsite documentation review provision (I). The PREA

Director stated that administrative investigations are completed for allegations of sexual abuse regardless of the status of the criminal investigation. If the PREA office and institution receive information that LE has referred the criminal investigation for prosecution and would change the finding of the administrative investigation, the PREA Office will document the information in SINC. They would also send an updated notification letter to the victim including an explanation and reasoning for a new notification letter.

(f) (1) Report did not include an effort to determine whether staff actions or failures to act contributed to the abuse. **Follow-up:** These will be referenced in SINC along with the new addition for addressing the credibility assessment review.

(f) (2) Some of the investigations had minimal description in the summary by the investigator who is the fact finder. The appointing authority determines the finding of the investigation, while there was a noted resolution in SINC, the investigation packet did not include a documented summary by the appointing authority for the reasoning behind credibility assessments and the reasoning for the finding. **Follow-up:** The PREA Director advised the auditor that after the agency implemented the new SINC database program, the agency and the appointing authorities utilize SINC and no longer use the DOC forms. In further discussions with the PREA Director, the PREA office reviews all investigations and resolutions by the appointing authority, if they have concerns the PREA Office will refer the investigation back for additional information and amend the resolution if necessary prior to closing the case and notifying the victim-offender. The auditor and PREA office mutually agreed they would provide additional investigations that are closed and after reviewing the investigation reports, they made substantial improvements including efforts to notate information in SINC.

Conclusion: Upon completion of corrective action and reviewing relevant documentation and evidence provided, the facility meets compliance with this standard.

115.72	Evidentiary standard for administrative investigations
	<p data-bbox="256 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 297">Auditor Discussion</p> <p data-bbox="256 340 1453 539">In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.</p> <p data-bbox="256 577 967 611"><u>Policy(s) and supporting documentation reviewed</u></p> <ul data-bbox="331 680 1477 920" style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Division of Adult Institutions (DAI) Policy and Procedures 306.00.15 (Restricted) Inmate Investigations • DOC Human Resources Policy 200.30.304 Employee Disciplinary Investigations <p data-bbox="256 965 563 999"><u>Interviews conducted</u></p> <ul data-bbox="331 1068 903 1140" style="list-style-type: none"> • Internal Affairs Office (IA) Investigator • Facility Investigator <p data-bbox="256 1182 1458 1382">(a) ED 72 states “The DOC shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated.” In accordance with ED 72, DAI 306.00.15, and DOC HR policy 200.30.304 includes the definition of a preponderance of evidence in determining a substantiated finding.</p> <p data-bbox="256 1424 1477 1747">Pre-on-site: The auditor interviewed the IA and the facility investigator and asked what standard is used to determine whether the allegation of sexual abuse or sexual harassment is substantiated. Both stated they are not responsible for determining the investigation finding however stated that the policy is a preponderance of the evidence to determine a substantiated/sustained finding. The appointing authority is responsible for reviewing investigations and determining the resolution and investigations involving staff are reviewed by the appointing authority and the Infraction Review Team (IRT) to determine the resolution.</p> <p data-bbox="256 1789 1453 1823">Conclusion: The auditor finds this facility meets full compliance with this standard.</p>

115.73 Reporting to inmates

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation reviewed

- Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institutions (DAI) Policy and Procedures 306.00.15 (Restricted) Inmate Investigations
- Agency PREA Investigation Notification DOC-2768 - substantiated findings
- Agency PREA Investigation Notification DOC-2768A - unsubstantiated findings
- Agency PREA Investigation Notification DOC - 2768B - unfounded findings
- Agency PREA Investigation Notification DOC-2768C - Report does not constitute sexual abuse or sexual harassment as defined by 115.6
- Investigation reports
- Sample offender notifications

Interviews conducted

- Warden
- Internal Affairs Office (IA) Investigator
- Facility Investigator
- Targeted Offenders

(a)(b)(e)(f) ED 72 states “Following an investigation of an allegation that an offender suffered sexual abuse in a DOC facility, the facility shall inform the alleged victim, and document such notification, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the DOC did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the alleged victim. The DOC’s obligation to report shall terminate if the alleged victim is released from custody.” In accordance with ED 72, DAI 306.00.15, and DOC HR policy 200.30.304 policy outlines the notifications and documentation process.

(c) ED 72 states “Following an offender’s allegation that an employee committed sexual abuse against an offender and the findings are substantiated or unsubstantiated, the DOC shall subsequently inform the alleged victim, and document such notification, whenever the employee is no longer posted within the alleged victim’s unit; the employee is no longer employed at the facility, or the DOC

learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse.” In accordance with ED 72, the agency notification forms were reviewed and met the requirement of this provision.

(d) ED 72 states, “Following an offender’s allegation that he or she has been sexually abused by another offender, the DOC shall subsequently inform the alleged victim, and document such notification, whenever the DOC learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse.” In accordance with ED 72, DAI 306.00.015, HR policy 200.30.304, and agency notification forms support the requirement to notify victims of sexual abuse and sexual harassment of the outcome of the investigation.

Pre-on-site interviews and document review: This auditor interviewed the Warden, IA, and facility investigator who affirmed offenders are notified of the outcome of investigations. Offender notifications are completed by the PREA Office and mailed to the victim-offender unless the offender has been released from WIDOC custody. The proof of practice was supported after the auditor reviewed the closed investigation packets which included copies of offender-victim notifications for both sexual abuse and sexual harassment. ED 72 outlines the procedure for notifying offender victims when investigations have been closed. In reviewing the PREA Office offender notification letter, they have included victims of sexual harassment to be notified and exceed the standard requirement. The PREA office will also provide a notification when the reported incident was determined not to constitute a violation of sexual abuse or sexual harassment.

On-site review: The auditor team interviewed offenders who reported allegations of sexual abuse at this facility. Those who were still at the facility and available for an interview stated they had received notification in writing when the investigation was closed. In conjunction with the investigation review under standard 115.71, copies of offender notification for reported incidents of sexual abuse were included for those still in custody.

Conclusion: The standards require only those offenders reporting a violation of sexual abuse to be notified of the outcome of an investigation. The pre-on-site documentation provided for review reflected the PREA Office notifies victim offenders when investigations for sexual abuse and sexual harassment are completed. The auditor prioritized reviewing sexual abuse investigations and one offender-on-offender sexual harassment which included victim-offender notifications. After triangulating available evidence the auditor finds the facility exceeds this standard.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Wisconsin Department of Corrections, Executive Directive #2 (ED 2)- Employee Discipline • Investigation reports <p>(a) ED 72 states “Staff members who are found to have violated the DOC sexual abuse, sexual harassment and retaliation policies shall be subject to disciplinary sanctions up to and including termination.” In accordance with ED 72, ED 2 outlines levels of discipline and the progression schedule for formal discipline up to termination. The disciplinary process could be accelerated for incidents of staff sexual misconduct with offenders.</p> <p>(b) (d) Ed 72 states “Termination is the presumptive sanction for a staff member who engaged in sexual abuse. All terminations for violations of the DOC sexual abuse and sexual harassment policies, including resignations that would have resulted in termination if not for the resignation, shall be reported to any relevant licensing bodies</p> <p>(c) ED 72 states “Sanctions shall be commensurate with the nature and circumstances of the violation, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.”</p> <p>Pre-on-site: In conjunction with standard 115.71, the auditor prioritized reviewing sexual abuse investigations which included those closed with a substantiated finding, and identified the accused staff resigned during the investigation.</p> <p>Conclusion: Based on the available evidence at the time of the audit and reviewing agency policy, the auditor finds the facility meets full compliance with this standard.</p>

115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Division of Adult Institutions policy and procedures (DAI) 309.06.03: Volunteers, Pastoral Visitors, Program Guests, and Interns <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Warden <p>(a) (b) ED 72 states “Any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies. Appropriate remedial measures shall be taken by the facility to ensure the safety of offenders in contact with volunteers and contractors.” In accordance with ED 72, DAI 309.06.03 outlines the violation of any rules of the facility, DAI, DOC, and/or state/federal law may result in suspension and/or revocation.</p> <p>Pre-onsite: The lead auditor interviewed the Warden and asked if an allegation of sexual abuse or sexual harassment is reported involving a contract employee or volunteer what actions would they take to separate them from the victim. The Warden stated they would temporarily prohibit them from the facility while this investigation was ongoing. If the investigation is closed with a substantiated finding of sexual abuse or sexual harassment, the contract employee or volunteer would be prohibited from entering all WIDOC facilities and reported to relevant licensing bodies if applicable.</p> <p>Conclusion: At the time of this audit, the facility did not have any reported incidents of sexual abuse or sexual harassment involving a contract employee or volunteer. The finding of compliance with this standard is based upon the review of agency policy and Warden's interview. The auditor finds this facility meets full compliance with this standard.</p>

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation reviewed

- Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Department of Corrections Chapter DOC 303 Discipline (DOC) 303.01

Interviews conducted

- Warden
- Psychological Services Unit (PSU) staff

(a) ED 72 states “Offenders who have committed offender-on-offender sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process.”

(b) ED 72 states “Sanctions shall be commensurate with the nature and circumstances of the violation, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.”

(c) ED 72 states “The disciplinary process shall consider whether a perpetrating offender’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction if any, should be imposed.”

(d) ED 72 states “The facility shall consider requiring perpetrating offenders to participate in interventions, such as therapy or counseling, to address and correct underlying reasons or motivations for the abuse.”

Pre-on-site: The auditor interviewed the Psychological Services Unit (PSU) staff who stated that will offer services to offenders who have committed sexual abuse in confinement and if accepted assess for programming needs. (e) ED 72 states “An offender may only be disciplined for sexual contact with an employee upon a finding that the employee did not consent to such contact.”

(f) ED 72 states “Reports of sexual abuse or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence to substantiate the allegation.”

(g) ED 72 states “While consensual sexual activity between offenders is prohibited in the DOC facilities, the DOC may not deem consensual sexual activities as sexual abuse if it is determined that the activity is not coerced.”

Pre-onsite:

Document review: The agency and facility offender disciplinary infractions are outlined within Wisconsin Statute - Department of Corrections DOC Chapter 303.14 Sexual Conduct and Chapter 303.15 Sexual contact or intercourse. These chapters outline prohibited acts including “consensual acts”. In conjunction with the 115.71, the auditor reviewed offender-on-offender sexual abuse investigations and all had been closed unsubstantiated.

Warden interview: The Warden stated the facility will follow agency policy 303 for progressive discipline. Administrative investigations closed substantiated would result in the offender aggressor receiving a disciplinary infraction (ticket). If the investigation met criminal referral by outside LE, the aggressor could receive a new felony charge. If it was identified that the aggressor has some mental illness or mental disability, they would consider all factors when determining the disciplinary sanction.

Conclusion: The auditor finds this facility meets full compliance with this standard.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72: Sexual Abuse and Sexual Harassment in Confinement (PREA). • Division of Adult Institutions (DAI) Policy and Procedures 500.70.01 Mental Health Screening, Assessment, and Referral • Division of Adult Institutions (DAI) Policy and Procedures 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization • Screenshot of the Agency Electronic Medical Record (blank) – Confidential • Screenshot of the Agency Risk Screening Referral –Confidential. • Agency Non-Health Disclosure Form - DOC-1163 (blank) • Agency Confidentiality Form –DOC-1923 (blank) • Agency PHI Disclosure Form - DOC-1163A (blank) • Sample of the facility PSU referral report <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Targeted Offenders • Staff who conduct risk screening • Psychological Services Unit (PSU) staff <p>(a-c) ED 72 states “If either the initial or follow-up screening indicates an offender has previously experienced prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in a community setting, employees shall ensure the offender is offered a follow-up meeting with a mental health provider within 14 days of the initial or follow-up screening.” In accordance with ED 72 and DAI 410.01, DAI 500.70.01 page 4. VI. PREA Referrals outlines the referral process to Psychological Services (PSU) staff.</p> <p>(d) ED 72 states “Appropriate controls shall be placed on the dissemination of information gathered from the initial and follow-up screenings to ensure that sensitive information is not exploited to the offender’s detriment by employees or other offenders. Further, any information related to sexual victimization or abusiveness occurring in an institutional setting shall be confidential and strictly limited to medical and mental health clinicians and other employees, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work,</p>

education, and program assignments or as otherwise required by law.” The Agency Risk Screening tool includes an introduction that is required to be read to the offenders prior to completing the assessment and includes the limits of confidentiality statement and staff mandatory reporting requirements.

(e) ED 72 states “Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting unless the offender is under the age of 18.”

Pre-on-site interviews and document review: The lead auditor interviewed the facility Psychological Services Unit (PSU) staff member who stated they receive referrals from the staff conducting the PREA risk screening assessment for offenders reporting any history of sexual abuse and will follow up with the offender within 14-days. Additionally, they will receive referrals for offenders who have been convicted of sexual offenses in the community or confinement setting and if accepted they will meet with the offender.

On-site interviews and review: The audit support staff interviewed the staff member assigned to conduct the intake 72-hour and 30-day follow-up risk screening assessments. Both of the staff members described the risk screening process to include offering mental health services and the referral to PSU. The audit team conducted targeted interviews with offender victims who reported any history of sexual victimization and/or those who experienced sexual abuse within a confinement setting. Some declined the offer to meet with PSU staff, and those who accepted the offer of mental health services were seen within 14 days. This was supported during the offender file review completed by the audit support team member.

Conclusion: The auditor finds this facility meets full compliance with this standard.

115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA) • Division of Adult Institutions (DAI) Policy and Procedures 500.30.19 Health Services Unit Procedure in the Event of Sexual Abuse • Agency Off-“Site Review Form DOC-3001 (blank) • DAI 316.00.01 (attachment) Inmate Co-Payment for Health Services <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • Targeted Offenders • Health Services Unit (HSU) staff • Psychological Services Unit (PSU) staff • Targeted staff <p>(a) ED 72 states “Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment .” In accordance with ED 72, DAI 500.30.19 outlines procedures Health Services staff are to follow when an incident of sexual abuse is reported.</p> <p>(b) ED 72 states “In the event that no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health employee(s).”</p> <p>(c) ED 72 states “The DOC’s medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted infections prophylaxis.”</p> <p>(d) ED 72 states “All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care.” In accordance with ED 72, DAI</p>

316 .00.01 states there is no copayment for treatment for a medical emergency, a referral from a PREA Risk Assessment Screener, and Crisis intervention evaluation and treatment related to sexual abuse in confinement.

Pre-onsite interviews: The auditor interviewed the Psychological Services Unit (PSU) and Health Services Unit (HSU), both stated offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment at no cost to the victim-offender. While interviewing the HSU staff member they said they were not aware of any offenders who were transported out for a Sexual Assault Forensic Exam (SAFE) during this audit time frame.

Pre-onsite document review: In conjunction with standard 115.71 the auditor prioritized a review of sexual abuse investigations. Reviewing investigations there was one offender who was transported for SAFE.

On-site: The audit team selected offenders for targeted interviews with those who reported sexual abuse during this audit time frame at this facility. Those who were interviewed stated staff responded quickly as soon as the incident was reported and they were seen by HSU and PSU staff. The audit team interviewed targeted security and non-security staff as first responders. Both staff members described the actions they would take in compliance with provision (b) of this standard which also intertwines with standard 115.64. At the time of the onsite audit, one of the offenders selected for reporting an incident of sexual abuse was unavailable for the interview due to undergoing medical treatment (unrelated to sexual abuse.)

Post-onsite: The auditor requested documentation related to provision (c) supporting HSU-provided follow-up care after the victim-offender returned from the sexual assault forensic exam. **Follow-up:** On 11/17/2022 the auditor received an email from the regional PCM summarizing the actions taken by HSU including confirmation they received discharge orders from the SANE and treatment was completed. On 11/28/22 the auditor received documentation supporting that the offender was not charged for these services.

Conclusion: The auditor finds the facility meets compliance with this standard

115.83

Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation reviewed

- Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institutions (DAI) Policy and Procedures 500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse
- Division of Adult Institutions (DAI) Policy and Procedures 500.70.01 Mental Health Screening, Assessment, and Referral.

Interviews conducted

- Targeted Offenders
- Health Services Unit (HSU) staff
- Psychological Services Unit (PSU) staff

(a) (b) ED 72 states “The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any confinement setting. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody.” In accordance with ED 72, DAI 500.30.19 and DAI 500.70.01 outline procedures for Health Services and Psychological Services employees to follow in response to and follow up after an incident of sexual abuse is received.

(c) (g) ED 72 states “All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care.”

(d) This standard provision is not applicable as this facility does not house female offenders

(e) This standard provision is not applicable as this facility does not house female offenders

(f) ED 72 states “Victims of sexual abuse shall be offered tests for sexually transmitted infections” In accordance with ED 72, DAI 500.30.19 outlines the procedures for completing the DOC-3542 Diagnostic Testing Results related to Sexual Contact.

(h) ED 72 states “Further, facilities shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.”

Pre-onsite interviews: The auditor interviewed the HSU and PSU staff, and both stated offenders who report sexual victimization whether in this facility or another confinement facility are offered services. Offenders victims will receive ongoing medical and mental health treatment as appropriate and as requested by the victim-offender. Staff stated follow-up treatment is provided at no cost to the offender and is consistent with a community level of care.

Onsite: The audit team interviewed selected offenders who reported sexual abuse in any confinement facility. The offender victims stated they were offered services and those who accepted the offer seemed timely. At the time of the onsite audit, one of the victims of sexual abuse was receiving treatment for a medical condition and was unavailable for an interview.

Post-onsite: The auditor requested additional documentation related to provisions (b) (f) (g) from the Regional PCM and PREA Office. **Follow-up:** On 11/17/2022 the auditor received an email from the regional PCM summarizing the actions taken by HSU including confirmation they received discharge orders from the SANE and treatment completed. On 11/28/22 the auditor received documentation supporting that the offender was not charged for these services.

Conclusion: The auditor finds the facility meets compliance with this standard.

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard. In reviewing Division of Adult (DAI) policies and procedures they reference and define an incarcerated individual as; Person in our care (PIOC), inmate, and offender. This audit report will use these terms interchangeably when referring to an incarcerated person.

Policy(s) and supporting documentation reviewed

- Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Division of Adult Institutions Policy and Procedures (DAI) 410.50.01 Sexual Abuse Incident Reviews
- Division of Adult Institutions Policy and Procedures (DAI) 300.00.70 Assaults by Inmate Reporting and Tracking
- Agency SAIR Form – DOC 2863 (blank)
- Sample of completed SAIR
- Investigation reports, including completed SAIRs

Interviews conducted

- Warden
- PREA Compliance Manager
- Regional PREA Compliance Manager
- Staff who is part of the Sexual Abuse Incident Review

(a-c) ED 72 states “All facilities shall conduct a review within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. The team shall consist of upper-level management officials with input from supervisors, investigators, and medical and mental health practitioners.” In accordance with ED 72, DAI 410.50.01, and DAI 300.00.70 facilities are required to conduct a sexual abuse incident review after the sexual abuse investigation is closed substantiated, or unsubstantiated. DAI 410.50.01 outlines procedures for conducting the review and who as a minimum shall be included in the review process.

(d) ED 72 requires the Sexual Abuse Incident Review Team to complete the following provisions:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification,

status or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by employees; and
6. Prepare a report of its findings, including but not necessarily limited to determinations made in the above items, and any recommendations for improvement, and submit such report to the facility head and PREA Compliance Manager.

(e) ED 72 states “The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.”

Pre-on-site: The auditor interviewed the Deputy Warden who described the process for conducting Sexual Abuse Incident Reviews (SAIR). They are completed within 30 days of the investigation being closed substantiated or unsubstantiated. The facility SAIR team includes and is not limited to the Warden, Deputy Warden, Security Director, Regional PCM, facility investigator, HSU, PSU, and if the investigation involves staff HR Director. The auditor asked if the IA investigator is part of the SAIR when reviewing investigations involving staff and was informed the IA investigator is not part of the SAIR and they reference the investigation report.

Document review: The Team utilizes DOC-2863 Sexual Abuse Incident Review (SAIR) form which addresses the provisions outlined in the agency policy. In conjunction with standards 115.22 and 115.71, the auditor reviewed sexual abuse investigation packets that included the completed SAIR form. The facility had met substantial compliance meeting SAIR time frames, however, some did not include the IA investigator for those that involved staff.

Corrective action: Provision(c) While the facility investigator participates in the SAIR, the IA investigator was not included in sexual abuse investigations involving staff. **Follow-up:** The PREA Director emailed all PCMs a reminder that when an investigation is completed by IA investigators that they make an effort to include the assigned investigator by sending an email invitation to join.

Conclusion: The auditor finds this facility meets full compliance with this standard.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In determining compliance the auditor triangulated relevant and available evidence related to this standard.</p> <p><u>Policy(s) and supporting documentation reviewed</u></p> <ul style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72: Sexual Abuse and Sexual Harassment in Confinement (PREA). For this audit report, this policy will be referred to as ED 72 • Copy of Survey of Sexual Victimization 2017-2020 <p><u>Interviews conducted</u></p> <ul style="list-style-type: none"> • PREA Director <p>(a - f) ED 72 states “The DOC shall collect accurate, uniform data from incident-based documents such as reports, investigation files, and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of offenders, using a standardized instrument and set of definitions. The extracted data, at minimum, shall include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization. This data shall be aggregated annually, reported to the Department of Justice as requested, and, with personal identifiers removed, posted publicly to the DOC’s website annually.”</p> <p>Pre-on-site: The lead auditor interviewed the PREA Director who stated that they complete the Department of Justice (DOJ), Bureau of Statistics (BJS) Survey of Sexual Violence (SSV) report annually. The private contracted agencies are responsible for reporting their agency SSV statistics. As of this report, the D.O.J. B.J.S. survey has not been sent to agencies to collect 2021 data.</p> <p>Pre-on-site document review: The auditor reviewed the previous year's SSV Summary form affirming the agency has completed the previous year's SSV reports.</p> <p>Conclusion: The finding of compliance with this standard is based upon the review of agency policy, SSV document review, and PREA Director interview. The auditor finds this facility meets full compliance with this standard.</p>

115.88 Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

In determining compliance the auditor triangulated relevant and available evidence related to this standard.

Policy(s) and supporting documentation reviewed

- Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Agency Annual Reports 2018-2020
- Screenshot of the agency's public website

Interviews conducted

- Assistant Deputy Secretary
- PREA Director
- Facility PREA Compliance Manager

(a - d) ED 72 states "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 report shall, additionally, include a comparison of the current year's data and corrective actions with those from previous years and shall provide an assessment of the DOC's progress in addressing sexual abuse. Corrective action reports shall also be posted publicly to the DOC's website. The DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted."

Pre-on-site document review: The agency prepares annual reports and posts on their agency's public website DOC Prison Rape Elimination Act (wi.gov) This auditor reviewed the agency website and found they have posted annual reports going back to 2010 up to and including 2020. Personal identifying information was redacted meeting compliance with security requirements.

Pre-on-site interviews: The lead auditor interviewed the Deputy Assistant Secretary, PREA Director, and PCM. The PCM sends the facility report and information to the PREA Office. The PREA Director is responsible to review all of the facility's information, assessing the data, and prepare the annual report. After the report has been completed, the report is sent to the Assistant Deputy Secretary for review and is then sent to the Secretary for review and signature. After the annual report has been signed the PREA Director requests the report to be posted on the agency website.

Conclusion: The finding of compliance with this standard is based on interviews,

	agency policy, reviewing the most current annual report, and the agency's public website. The auditor finds this facility meets full compliance with this standard.
--	---

115.89	Data storage, publication, and destruction
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1465 416">In determining compliance the auditor triangulated available evidence related to this standard.</p> <p data-bbox="256 456 485 492"><u>Policy reviewed</u></p> <ul data-bbox="331 555 1374 631" style="list-style-type: none"> • Wisconsin Department of Corrections, Executive Directive #72 (ED 72): Sexual Abuse and Sexual Harassment in Confinement (PREA) <p data-bbox="256 672 563 707"><u>Interviews conducted</u></p> <ul data-bbox="331 770 572 806" style="list-style-type: none"> • PREA Director <p data-bbox="256 846 1425 922">(a) ED 72 states “All data shall be securely retained and maintained for at least 10 years after the date of initial collection.”</p> <p data-bbox="256 963 1453 1079">Pre-on-site: The lead auditor interviewed the PREA Director who stated the data is retained in the Sensitive Information Network Communication (SINC). The only staff who have access to the information are those assigned to the PREA Office.</p> <p data-bbox="256 1120 1417 1236">Conclusion: The finding of compliance with this standard intertwines with standards 115.87 and 115.88 and PREA Director interview and agency policy. The auditor finds this facility meets full compliance with this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In determining compliance the auditor triangulated available evidence related to this standard:</p> <p><u>Documentation reviewed</u></p> <p>(a) The auditor reviewed the agency's public website DOC Prison Rape Elimination Act (wi.gov) and verified the agency has posted final PREA audit reports for all facilities.</p> <p>(b) The auditor reviewed the agency's public website DOC Prison Rape Elimination Act (wi.gov)</p> <p>(h) While conducting the on-site review, the auditor and audit support staff had access to and the ability to observe all areas.</p> <p>(i) The auditor received requested documentation via email or uploaded within the OAS before the on-site audit review and documentation requested post-onsite review and/or during the corrective action time-frame.</p> <p>(m) The audit team interviewed staff and offenders in areas that allowed a level of privacy from other offenders or staff from hearing.</p> <p>(n) The auditor received photos of the posted audit notifications and locations of those postings six weeks before the onsite review. While on-site the auditor and audit support team observed the audit notices posted throughout the facility. The audit notifications clearly articulated that letters to the auditor would not be discussed unless required by law. This auditor received one letter from an offender and requested the investigation for review before onsite review.</p> <p>Conclusion: The agency and facility meet compliance with this standard</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Auditor review:</u></p> <p>(d) The auditor worked collaboratively with the facility and PREA Office for standards and provisions requiring corrective action. The facility completed corrective action to meet compliance with the following standards within this report.</p> <ul style="list-style-type: none">• 115.13• 115.15• 115.16• 115.33• 115.41• 115.51• 115.61• 115.64• 115.67• 115.71• 115.86 <p>(f) The auditor reviewed the agency's public website DOC Prison Rape Elimination Act (wi.gov) and verified the agency has posted final PREA audit reports for all facilities beginning audit year two of cycle one and continuing up to audit year one of cycle three. The facility's prior final audit reports were posted on the agency website.</p> <p>Conclusion: The auditor finds the agency meets compliance with this provision.</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	yes

	for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

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

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (b) Evidence protocol and forensic medical examinations		
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c) Evidence protocol and forensic medical examinations		
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d) Evidence protocol and forensic medical examinations		
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
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.)	na
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?	no
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a) Inmate education		
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b) Inmate education		
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	no
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	no
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	no
115.33 (c) Inmate education		
	Have all inmates received the comprehensive education referenced in 115.33(b)?	no
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d) Inmate education		
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

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

115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	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.)	no
	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.)	no
	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.)	no

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.)	yes
	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?	no
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.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
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	
	<p>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.)</p>	yes