

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: January 25, 2017

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| Auditor Information | | | |
| Auditor name: Bobbi Pohlman-Rodgers | | | |
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| Email: bobbi.pohlman@us.g4s.com | | | |
| Telephone number: 954-818-5131 | | | |
| Date of facility visit: June 28-29, 2016 | | | |
| Facility Information | | | |
| Facility name: Waupun Correctional Institution | | | |
| Facility physical address: 200 S. Madison Street, Waupun, WI 53963 | | | |
| Facility mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Facility telephone number: 920-324-5571 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input checked="" type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input checked="" type="checkbox"/> Prison | <input type="checkbox"/> Jail | |
| Name of facility's Chief Executive Officer: Warden Brian Foster | | | |
| Number of staff assigned to the facility in the last 12 months: 449 | | | |
| Designed facility capacity: 825 | | | |
| Current population of facility: 1230 | | | |
| Facility security levels/inmate custody levels: Maximum and Medium Security | | | |
| Age range of the population: 18-75 | | | |
| Name of PREA Compliance Manager: Tony Meli | | Title: Security Director | |
| Email address: Anthony.meli@wisconsin.gov | | Telephone number: 920-324-7225 | |
| Agency Information | | | |
| Name of agency: Wisconsin Department of Corrections | | | |
| Governing authority or parent agency: <i>(if applicable)</i> State of Wisconsin | | | |
| Physical address: 3099 East Washington Avenue, Madison, WI 53707 | | | |
| Mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Telephone number: 608-240-5000 | | | |
| Agency Chief Executive Officer | | | |
| Name: Jon E Litscher | | Title: Secretary | |
| Email address: jon.litscher@wisconsin.gov | | Telephone number: 608-240-5065 | |
| Agency-Wide PREA Coordinator | | | |
| Name: Christine Preston | | Title: PREA Director | |
| Email address: Christine.preston@wisconsin.gov | | Telephone number: 608-240-5113 | |

AUDIT FINDINGS

NARRATIVE

Waupun Correctional Institution received an on-site PREA Audit on June 28-29, 2016 by DOJ Certified Auditor Bobbi Pohlman-Rodgers, with assistance from DOJ Certified Auditor Richard Barnett. Prior to the on-site audit, the facility was sent the Audit Notices to be posted for staff and inmate viewing, as well as directions on providing the pre-audit information and documentation. As a result, a flash drive was received by this auditor which contained a completed Pre-Audit Questionnaire, agency policies, facility procedures, and sample documents/forms. These were reviewed by the auditor prior to the on-site audit. Additionally, the facility was provided a list of items to have available on the first day of the audit. The items requested consisted of an inmate roster by housing unit, specific inmate classification lists, and a staffing roster for all shifts for the two day audit to allow for the selection of random interviewees.

On the first day of the audit, the auditors met with Warden Foster, Deputy Warden Cooper, Security Director and PREA Compliance Manager Meli, and Agency PREA Coordinator Preston. A brief introduction and review of the on-site auditing process was discussed, along with information regarding interim reports, corrective action plans, and a final report.

Selection of the specialized staff, random staff and random inmates was completed. The auditor received one inmate letter prior to the audit, nor was there identification of any inmate who reported to the facility that they wished to speak with the auditor. Thirteen inmates were identified for interviewing and included inmates who identified as Gay/Bisexual, Limited English Proficient, Disabled, and one with a current allegation. Ten random staff were selected for interviewing, with a selection from all three shifts. Fourteen specialized staff interviews were conducted, including the Warden, PREA Compliance Manager, Upper Level Management, Medical, Mental Health, Human Resources, Investigations, Intake, Risk Screening, Segregation, Incident Review, Retaliation Monitor, First Responder and the Victim Services Coordinator. The Agency Head and PREA Coordinator were interviewed at an earlier date by DOJ Certified Auditor Kevin Maurer, and this information is included.

The tour of the facility consisted of visiting each area of the facility. A description of these areas is noted in the Facility Characteristics.

From May 27, 2015 through May 27, 2016, there were 27 allegations of sexual abuse and 41 allegations of sexual harassment received by the facility. There were 3 allegations of sexual abuse received from other facilities. All received an administrative investigation. Twenty-seven received criminal investigations. There were no instances where a forensic medical examination was conducted and no victims were held in involuntary segregated housing pending the completion of an assessment.

DESCRIPTION OF FACILITY CHARACTERISTICS

Waupun Correctional Institution is a maximum security facility for male inmate. Originally constructed in 1854, it was formerly known as the Wisconsin State Prison, which housed both male and female inmates. The original facility began with the South Cell Hall that had 288 cells and was built using inmate labor. The main administration building was built in 1855 and additional cell halls were added in 1854, 1906, and 1913. The original large ornate stone and iron wall was added in 1858. In 1933, female inmates were relocated to Taycheedah CI in 1933. This facility was entered into the State and National Registers of Historic Places in 1992.

There are 449 staff employed at Waupun CI. Security staff total 228, and includes 8 Captains, 6 Lieutenants, and 74 Sergeants. There are 340 cameras.

A Central Generating Plant (CGP) was put into service in 1952. The plant provides essential services for Waupun Correctional Institution, Dodge Correctional Institution, John C. Burke Correctional Center, the Waupun Dairy, the state garage and warehouse. CGP is a cogeneration facility that provides steam for building heating, food service and domestic water heating and generates electric power from its own steam turbine generators. The facility contains all the electrical distribution gear to distribute the electric power generated by its own steam turbine generators and purchased from the public utility and to provide emergency backup power from its emergency diesels generators. The facility operates a municipal ground water system to furnish and transport hard and soft cold water. The structure also houses the security radio system. The electrical power distributed through the plant, powers the security alarm and monitoring systems, high mast security lighting, electronic cell door systems and life safety systems.

The administration building is a four floor building that contains the visitor processing area, the Warden's office, Deputy Warden's office, Business Area, Investigative Supervisor office, Property Room, Vault, Maintenance, Conference rooms, HR department, clothing exchange, gang office, entrance to gun tower, and main control center. Additionally, there are some doors that access mechanical rooms where keys must be obtained from maintenance or the control center. There are 340 cameras that can be viewed from the main control center. Additionally, these camera views are accessible to the RHU bubble, Security Supervisor, PREA Compliance Manager, Warden, and Investigative Supervisor office. A review of camera views showed that the toilets in the observation cells can be seen by staff, including female if assigned to this area. Therefore, there is a concern about cross-gender observation of these areas. With the design of the building allowing for the separation of the building to have some areas within the secure area and some outside of the secure area, two inmates from the Burkes Center provide cleaning to the outside area and inmates housed at Waupun CI are used to clean the inside secure area. The majority of areas in this building are not accessible to inmates. While some areas have cameras to provide supervision, it is noted that most areas contain windows for observation or the areas are open spaces that allow for staff supervision.

There are four general housing units – North, Northwest, South, and Southwest. Each are four stories tall and contains 240, 200, 208 and 200 wet cells respectively. Some are single cell and some are double cell. Each cell contains a screen that can be connected to allow privacy while inmates are on the toilet. PREA posters and the pre-audit notice were observed posted. Each unit has 1 Sergeant and 2 officers on the first and second shift, and 1 Sergeant and 1 officer on the third shift (sleep shift). Additionally, there are phones that upon request of the inmate can be plugged into phone jacks for inmate use in their cell. Requests to contact 777 or 888 require staff to immediately provide the call. If the inmate has a cell mate, the inmate is then moved to one of the empty cells to make the call. There are cameras at the entrance to the unit and located down the back of the housing unit to assist with supervision. According to staff, rounds are made periodically throughout each shift, and there are 6 counts per 24 hour period. Additionally, there is a posted position on the third level during large movement to provide additional inmate supervision. The North unit was once the segregation unit and contains three strip cages. This unit is typically used for new inmates and transition from restricted housing back to general population.

There are two bathhouses. One situated for the South and Southwest units and another for the North and Northwest units. Each of the bathhouses contains 40 showers with privacy curtains for each individual shower. There is a camera that records the center of the room, but does not invade the privacy of the inmates.

The Restricted Housing Unit (RHU) contains 6 wings with 30 cells per unit. There are three wings on the lower level and three wings above these on the upper level. Typically the doors to these wings are used only in an emergency situation.

Each unit contains three showers that are covered with metal doors and a slot to remove inmate handcuffs. The large slot allows does not allow for privacy for an inmate. There is a recreation area at the end of each wing with six cells. Inmates requesting to call 777 or 888 are provided a phone directly into their cell. There are three strip cages in the area along with five due process rooms, preventing the need to remove inmates from the immediate area. There are also smaller offices, laundry and uniform room throughout the area. A control center is also in place and provides a view down each wing as well as the means to electronically open cell doors.

The Behavior Housing Unit (BHU) contains 60 wet cells that each contain a privacy curtain for toileting purposes. The shower area contains six showers, also with privacy curtains. One of the six is a secure shower. Additionally, this building houses a dining room, exercise area, activity room, storage area, former segregation cells now used for training, and an outdoor recreation area. It is noted that there are two dedicated staff who interact directly with inmates and one was observed involved in a board game with an inmate.

Recreation areas: There are five recreation areas. Two are inside recreation that include 4 cameras. One of these is a two story building. The second story is closed of all access in 1983 and used to contain a housing area. Both indoor recreation areas contain an area within that allows inmates to shower and change clothing. Showers all contain curtains for privacy. There are also three are outdoor recreation areas that also contain a portable bathroom and wash station for inmate use. The chapel is located in a two level building. The upper level contains a large worship area that provides clear supervision. The lower level contains large open activity areas, library, and computer work area. Staff are stationed in the lower level for supervision purposes.

Social Services are provided through a variety of offices that all contain windows for ease in supervision. The old social services wing is closed to inmates and staff. Keys are accessible only through maintenance and the supervisor for the area. Music is offered through a large room with individual rooms that allow inmates to play their instrument of choice. The hobby department offers ceramic arts. Additionally there are mechanical rooms and a maintenance area where inmates are escorted by staff. Canteen stock area and a tailor shop are also on the grounds.

The kitchen houses three stories. The lower level is a loading dock and ice room. The main level houses the kitchen proper, dishwashing station, serving area, clothing stock and a shower area for inmates to shower prior to returning to their unit. The top level houses the bakery, dry storage and spices. There is a large amount of cameras in these areas to enhance supervision.

There is an old Dormitory above the recreation area that is no longer is use as housing. Currently this floor houses storage for the facility. Access is through the control center or the 3rd shift fire watch staff.

Visitation is provided in an open area that includes three attorney booths as well as some non-contact booths. There is also a smaller area for inmate interaction with their child visitors. There are four strip cages, where cameras are positioned to watch the staff and are not focused on the inmate.

There is an old Vault in the basement that provides records storage. Keys are controlled by the main control center.

Divided by a Contraband Control Center, the facility offers education, vocation classes, industry work, green houses, hobby area, and maintenance building. Inmates must pass through this area both entering and exiting the area.

Education and vocation classes are offered in a two story building. Computer literacy, Barbering, and Building Maintenance and Construction are offered. The facility used to offer Welding, but this was closed and moved to another facility. Education staff offices, library, and classrooms. All offices and classrooms contain windows to allow for supervision of the areas.

Badger State Industries (BSI) is on site. BSI is an inmate industry. There is a metal furniture industry that is located in one building. There are four levels. Each level provides a large space that allows for ease in supervising, including a bathroom that offers inmate privacy. Each level is supervised by a correctional officer who is present when inmates are present. There is also a metal stamping industry. This industry is on one level of a four level building. Two of the levels are for storage and

the basement level is where laundry is located. There is an area in the back of the dryers that is blind to supervision. There is a garden area with three greenhouses – one of which is used as an office area and includes a bathroom for inmates. Inmates who work in this area are responsible for the gardens (flowers, vegetables) and responsible for the gardens located throughout the inside secure area.

The facility EMC (Electrical, Mechanical, and Construction) is located in a two level building. Both levels contain open areas and a variety of cages for different types of activities. The tool room is off limits to all inmates. As per conversation with staff in this area, no inmate is allowed in an area without a correctional officer or EMC staff. Large equipment is staged in the lower level.

SUMMARY OF AUDIT FINDINGS

A review of the documents, interviews and on-site audit information, Waupun Correctional Institution (CI) is found to have met thirty of the standards, and did not meet ten of the standards. It is noted that the three standards are not applicable to the facility. This auditor will work with both the facility PREA Compliance Manager and the agency PREA Director to address the seven standards that were not met. This shall be completed no later than January 25, 2017.

During the corrective action period, the facility and agency addressed the ten deficient standards: 115.13, 115.15, 115.18, 115.41, 115.42, 115.53, 115.67, 115.73, 115.76, and 115.86. A narrative plan was received along with 55 exhibit documents. After a review of all documents provided, this auditor finds that the Waupun Correctional Institution is compliance with all PREA Standards as required.

It was a pleasure working with this facility. All staff were willing to learn from the process and to ensure compliance for offender safety.

Number of standards exceeded: 0

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 3

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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.

There is a written policy addressing zero tolerance toward sexual abuse and sexual harassment. Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses this in detail. This directive outlines the implementation of the agency’s approach to the preventing, detecting, and responding to sexual abuse and harassment. It further addresses the rules of conduct between employees and inmates. The directive also defines prohibited behaviors and mirrors the Prison Rape Elimination Act definitions.

Christine Preston, the state agency PREA Director, is in a dedicated position and reports sufficient time and authority to the development and implementation of agency efforts in PREA compliance. There are thirty-eight PREA Compliance Managers who report to her indirectly. Director Preston reports directly to the Wisconsin Department of Corrections Assistant Deputy Security.

Security Director Tony Meli is the designated facility PREA Compliance Manager. He reports that approximately 30-35% of his time is devoted to PREA related activities. Coordination of the facility’s efforts towards compliance is completed through monthly security supervisor meetings, tours, information made available, chats with inmates and system inspections. His methods PREA compliance after the identification of issues is devoted to inmate education, policy changes, follow-up and training. He is supervised by the Deputy Warden.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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.

There are eight facilities that contract with the Wisconsin Department of Corrections for the confinement of inmates. A review of the standard contract shows the inclusion of the contractors requirement to comply with the Prison Rape Elimination Act of 2002, timely completion of the Department of Justice, Bureau of Justice Statistics, Annual Survey on Sexual Victimization, the provision for Wisconsin Department of Corrections to conduct a compliance review, and a requirement for the contractor to notify Wisconsin Department of Corrections within twenty-four hours of any allegations of sexual abuse or sexual harassment.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires all facilities shall have a staffing plan that takes into consideration all 11 requirements of the PREA standard; requires documentation and justification of deviations of the plan; and requires an annual review of the existing staffing plan and all post audits. While the allocation of staff is based on the Wisconsin biennial budget process, the facility administrators have the ability to schedule staff to ensure adequate levels of staffing to protect inmates against sexual abuse. The facility is not under any judicial, federal, internal, or external findings of inadequacy.

The staffing plan was last reviewed on March 4, 2016. There are no deviations from the staffing plan; however if this occurred it would be documented in the Shift Report. The facility identifies needs in advance and allow staff to select over-time shifts. In the case that immediate coverage is needed, the facility also utilizes a forced hold-over system. Changes to personnel are documented on the Shift Report.

The facility staffing plan identifies assigned posts and emergency/relief posts. Waupun CI has 449 employees, including Security Supervisors: 6 Lieutenants and 8 Captains. A minimum of one security supervisor is assigned to each shift. Security staff includes 228 correctional officers and 74 Sergeants.

There are 340 cameras throughout the facility. These are viewable in the Warden’s office, PREA Compliance Manager Office, Investigative Supervisor’s Office, Security Supervisor’s Office and the RHU bubble.

Unannounced rounds are conducted as per Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” and Facility Procedure 900.412.01 “Logbooks”. Supervisors are required to conduct and document unannounced rounds in the Cell Hall’s logbook. Staff are not allowed to notify other staff of the rounds. Unannounced rounds are conducted by Security Supervisors once per shift. Regular rounds are conducted no less than every hour by security staff in the housing areas. However, discuss with staff during the tour indicated that hourly rounds are not conducted as required.

There were some blind areas identified in the facility; however the administration has done an excellent job of installing mirrors and camera’s in many of the blind areas.

During the corrective action period, the facility addressed their own policy regarding hourly round requirements. Unannounced round information was provided to all security staff and addressed the implementation of log books in key locations to document these round by the Supervisor. Additionally, the facility addressed the area behind the laundry dryer with the installation of a convex mirror. Photographs and the purchase receipt were provided to the auditor.

Standard 115.14 Youthful inmates

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses the housing of youthful offenders and includes the requirement for sight and sound supervision from any adult inmates. However, this facility does not hold youthful offenders. This standard is N/A.

Standard 115.15 Limits to cross-gender viewing and searches

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” prohibits cross-gender strip searches and cross-gender visual body cavity searches except when performed by medical practitioners. Division of Adult Inmates Policy 306.17.02 “Searches of Inmates” requires agency form DOC 1523 be used to document all inmates searches. There were no cross-gender searches in the past twelve months.

A tour of each housing area found that all showers and toilets are equipped with privacy doors. There are three showers in the back of each unit in RHU which do not provide privacy from female staff. Observation cells have cameras which show the toilets. These are not gender specific posts, and therefore the staffing plan must address the supervision of these areas – either physically or through cameras – or modification of the shower doors or camera views.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses the announcing of cross-gender staff within the housing unit where inmates may be showering, toileting or changing clothing. Currently, interviews confirmed that some notification is made as female staff enter the facility. The facility is installing a dedicated tone to signify the presence of females in the buildings. Interviews confirmed that all inmates will receive training on this tone. A discussion was held regarding the requirement of announcing the presence of female staff when entering each unit. There are six units within RHU and this announcement must be made when a female enters each one – not just a general announcement for the entirety of the Restricted Housing Unit.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” and Division of Adult Inmates Policy 306.17.02 “Searches of Inmates” addresses the prohibition of searching transgender or intersex inmates to determine an inmate’s genital status. Interviews with staff found that they are aware of how to search a transgender or intersex inmate.

During the corrective action period, the facility purchased and installed new cameras that allow the facility to block a section of the shower stalls to prevent any cross gender staff from observing inmates showering while viewing the area with the use of the cameras. The purchase receipt and photographs were provided to the auditor. The facility also provided the purchase receipts for the PA equipment to install and implement an audible tone that will be used to announced a female staff when entering the housing area. All staff were provided directive on the purpose and use of the tone, and this was provided to the auditor as well.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” and Division of Adult Inmates Policy 300.00.35 requires that all inmates who are disabled or limited English proficient shall have an equal opportunity to participate in or benefit from all aspects of the prevention, detection and response to allegations of sexual abuse or sexual harassment. Waupun CI is compliant with the Americans with Disabilities Act of 1990. There are notices posted in the facility on how to access services. All services, programs and activities, when viewed in their entirety, are accessible to and usable by individuals with disabilities. There is one ADA Coordinator at the facility. Interviews with one disabled inmate indicated that he is aware of how to request services. The PREA Coordinator confirmed that material in Braille is available upon request from the PREA office.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)”, Executive Directive 71 “Language Assistance Policy and Implementation for Addressing Needs of Offenders with Limited English Proficiency (LEP)”, and Division of Adult Inmates Policy 300.00.61 “Language Assistance for Limited English Proficient (LEP) Inmates requires that materials and translation services are provided in the native language of an inmates who does not have a full understanding of English. There are posters throughout the facility on how to access services. The facility utilizes “I SPEAK” cards during the intake process to ensure that all inmates are provided material in a language that they are able to understand. Posters in English and Spanish were observed through the facility during the tour.

The State of Wisconsin has multiple contracts, through October of 2020, with interpreter services, that includes Written Foreign-Language Translation Services, Telephone Conference-Call Foreign-Language Interpretation Services, In-person Foreign-Language & American Sign Language Interpretation/Translation Services, and Other Interpretation Services. These resources are available at Waupun Correctional Institution.

There were no instances where inmate interpreters, readers or other types of inmate assistants were used for the purposes of reporting sexual abuse or sexual harassment.

Standard 115.17 Hiring and promotion decisions

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” prohibits the hiring or promoting of 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. It also requires that the Department of Corrections shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee.

Executive Directive 42 “Arrest and Conviction Policy for Applicants and Current Employees” requires that all staff, contractors, interns, and job shadowing persons must have a completed background check prior to hire. Background checks are conducted through state and federal criminal history, fingerprinting, civil records, sex offender registries, and driving history. Additionally, all Wisconsin Department of Corrections employees are subject to periodic background checks, including fingerprinting to comply with federal requirements. Periodic background checks are clearly identified as occurring once every five years for those who have contact with inmates, juveniles or offenders. Backgrounds are conducted by the Bureau of Personnel and Human Resources within the Division of Management Services. It was noted during the on-site that the agency fingerprinted all staff in 2012 and 2013. They are systematically running a new background on all employees in order to create a system that is easy to maintain every five years. Interviews confirmed that all employees have provided fingerprints to the Bureau.

Executive Directive 42 “Arrest and Conviction Policy for Applicants and Current Employees” requires that all current employees are required to report to their supervisor in writing of any non-work related police contact. This is required to be completed within forty-eight hours. Contractors are required to report any police contact by the next scheduled work day.

The agency requires that any person applying for a job, when periodic review is required, and when promoted complete form DOC-1098 “Application Supplement Background Check” includes the three required questions regarding sexual abuse or sexual activity.

The agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for who such employee has applied to work, as well as are in receipt of a release from the former staff. This was confirmed through interviews.

Standard 115.18 Upgrades to facilities and technologies

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

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.

There were modifications of the physical plant and of the electronic monitoring enhancements as identified on the Pre-Audit Questionnaire and per discussion. No information was provided by the facility.

During the corrective action period, the facility provided the auditor with a narrative of the upgrades at the facility. During the tour, it was discussed that some of the changes resulted in allowing for better inmate protections. In order to ensure that no breach of security, the auditor will not include the specific locations of any upgrades.

The facility underwent a significant physical plant upgrade with the completion of the Food Service remodeling project. This allows for better supervision of inmates while working in this area. Razor Wire was installed in certain areas.

Ninety-seven (97) new cameras were purchased and installed in order to provide better coverage for inmate safety. A zone specific microwave system was also installed. Kiosk systems have been wired through the inmate housing areas and is ready for the final installation.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses administrative and criminal investigations. All allegations are reported to the Office of Special Operations who determines if an incident is PREA related and if facility investigators will conduct the administrative investigation. They will also provide guidance in notification to the Dodge County Sheriff’s Office. Waupun CI conducts administrative investigations only, in conjunction with the Dodge County Sheriff’s Office if criminal activity is identified. There is a detective from the Dodge County Sheriff’s Office that works with the facility.

Division of Adult Inmates Policy 306.00.14 “Protection, Gathering and Preservation of Evidence” addresses the steps to be taken with regards to evidence collection. The protocol was developed from the “National Commission on Correctional Health Care Response to Sexual Abuse”.

Division of Adult Inmates Policy 306.30.19 “Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse” steps out the medical staff duties. This includes providing inmates with forensic medical examinations without financial cost. Forensic examinations are provided at St. Agnes Hospital in Fond du Lac, WI. The Coordinated Response Plan and interviews with medical staff confirm that forensic examinations are provided as necessary after an allegation of sexual abuse and at no cost to the victim.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses the requirements for the provision of victim support services. Waupun CI has a trained Victim Support Person who would be immediately notified when an allegation occurs. Victim Support Persons have received agency training titled “Advocacy in Confinement”. The Victim Support Person will meet with the victim and offer services, as well as engage the services of other outside advocacy services, such as the PAVE (People Against a Violent Environment). PAVE is responsive to the needs of the facility.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that all allegations of sexual abuse or sexual harassment, including third-party and anonymous reports, be investigated. This Executive Directive also requires that allegations that involve potentially criminal activity shall receive a criminal investigation. This was confirmed in an interview with an investigator.

While not in policy, both the Office of Special Operations and the PREA Director’s office would be notified. There were sixty-eight allegations of sexual abuse or sexual harassment in the past twelve months. All received administrative investigations. Of these, twenty-seven were referred for criminal investigation.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” is available on the agency website.

Standard 115.31 Employee training

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that all staff complete PREA training that includes: the agency zero tolerance policy, staff responsibilities regarding the prevention, detection, reporting and response to sexual abuse

and sexual harassment, inmate rights to be free from sexual abuse and sexual harassment, offender and staff's rights to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, common reactions of sexual abuse and sexual harassment victims, detection and response to signs of threatened and actual sexual abuse, avoiding inappropriate relationships with inmates, effective communication with inmates, including LGBTI and gender nonconforming inmates, mandatory reporting laws, age of consent laws, gender specific training, and the unique needs and attributes of juveniles. Training is to be conducted every two years, with refresher training in the alternate years.

The auditor completed the PREA course. The course provides information consistent with the Executive Directive and PREA Standard 115.31 (a), and includes periodic tests within the course. A random review of training records indicated that all files reviewed contained proof of PREA education. All random staff interviews confirmed that they have completed PREA training.

Standard 115.32 Volunteer and contractor training

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

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.

The facility conducts PREA education to all volunteers, contractors, Pastoral visitors, program guests and interns through the Department of Adult Inmates Volunteer Orientation Manual and Orientation PowerPoint Presentation. A review of these items shows that all participants are informed that sexual contact is not allowed at the program, and in some cases is criminal, and that they are to report any knowledge to the facility. Participants are also provided a brochure "Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractors" that notification to any supervisor, Security Director, Warden/Deputy Warden, Office of Special Operations, or the PREA Director (verbally or by e-mail) must be made immediately.

The facility reports one hundred and sixty-nine volunteers. During the audit, a volunteer was not present at the facility. However, records indicate that volunteers complete PREA training, a brochure, and other reading material. Information reviewed indicated that volunteers are made aware of the zero-tolerance policy and are required to report all allegations of sexual abuse and sexual harassment.

Standard 115.33 Inmate education

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

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.

Executive Directive 72 "Sexual Abuse and Sexual Harassment in Confinement (PREA)" requires that all inmates will receive information on the agency's zero-tolerance policy and how to report at intake. It also requires comprehensive education within thirty days, as well as facility specific information upon transfer.

Upon arrival, all inmates will receive PREA education – both basic and comprehensive. All inmates receive three books – Assessment and Evaluation Handbook, Relating to Discipline, Code of Inmate Offenses and Disciplinary Procedures Handbook, and the Sexual Abuse/Assault Prevention and Intervention Handbook. Each book is available in both English and Spanish and the Sexual Abuse/Assault Prevention and Intervention Handbook is also available in Braille. The Sexual Abuse/Assault Prevention and Intervention Handbook is an overview of the Prison Rape Elimination Act of 2002 requirements. This includes definitions, how to report, what to do if assaulted, and steps to protect oneself against sexual assault. Every week the facility conducts Orientation with all new inmates. Orientation includes comprehensive PREA education verbally through the agency script and through a video, “PREA: What you Need to Know”, which is available in six languages and with closed caption. Orientation typically occurs within 1-3 weeks and on Mondays.

The facility maintains information on inmate participation in PREA training. This is a new process and is currently running smoothly. This information was reviewed and confirmed that the comprehensive education is now being provided within 30 days.

PREA education posters are located throughout all housing units, as well as other key areas for inmate viewing. Inmate interviews confirmed receipt of the three Handbooks and PREA education.

Standard 115.34 Specialized training: Investigations

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that all staff who investigate allegations of sexual abuse or sexual harassment must receive specialized training that includes interviewing sexual abuse victims, proper use of Miranda, Garrity and Odden warning, sexual abuse evidence collection in confinement, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The agency has provided specialized investigative training to one hundred and seventy-six staff. The staff trained not only include investigators at all facilities, but other key agency staff, including staff from the Office of Special Operations. This training is provided in a classroom setting with a Wisconsin Department of Corrections Investigations Training. This training was reviewed by the auditor and contains all elements of the Executive Directive and PREA standard 115.34(b). Waupun CI has 4 trained investigators. An interview with an investigator found that he has completed both the staff PREA training and a specialized investigations training. He reported that information is provided for interviewing victims.

Standard 115.35 Specialized training: Medical and mental health care

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that all full and part-time medical and mental health staff complete specialized training in the detection and assessment for signs of sexual abuse and sexual harassment, preservation of physical evidence of sexual abuse, effective and professional communication with victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

No forensic examinations are conducted at the facility. Victims are transported to St. Agnes Hospital for forensic examinations.

Interviews with both medical and mental health staff confirmed they have received the required specialized training, as well as the standard PREA training for all staff. File reviews confirmed both their specialized training and their PREA education.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires all inmates to be screened within 72 hours of arrival for their risk of sexual abuse victimization or sexual abusiveness towards other inmates. The Executive Directive requires that an objective screening tool addressing mental/physical/developmental disabilities, age, physical build, prior incarcerations, violent/non-violent criminal history, prior convictions for sexual offenses, inmate perception or reporting as LGBTI or gender nonconforming, prior sexual victimization, inmates own perception of vulnerability., prior convictions of violent offenses, and history of prior institutional violence or sexual abuse is to be used. The screening is to be reviewed within thirty days of the inmate’s arrival at the facility when additional, relevant information is received by the facility since the initial screening, as well as anytime new information is received through referral, request, and incident of sexual abuse or through any other means. The Executive Directive also prohibits the dissemination of information outside of those who need to know and that no inmate will be disciplined for refusing to answer questions or not disclosing complete information.

The screening tool was reviewed and contains all elements of the Executive Directive and PREA standards 115.41(d) and 115.41(e) with the exception of civil immigration information. The PREA Director reported that no person is held in the Wisconsin Department of Corrections solely on the basis of their Immigration and Customs Enforcement status.

Interviews found that the screening tool is completed upon the inmate’s arrival and prior to any housing decisions. The inmate meets with a social worker where screening questions are asked and then the form is scored. Inmates are asked the first 9 questions on the form, specifically addressing age, build, LGBTI, victimization (community & institutional), and institutional sexual aggressive behavior. The form is then forwarded to a social worker who completes the form utilizing the inmate’s record, sexual offenses, any disabilities, prior criminal offenses, history of sexual abuse, and history of physical assault. Reviews of the information is conducted by the multi-disciplinary team within 30 days of an inmate’s arrival. Additionally, the multidisciplinary team can override the score. This completed form is then placed in the Inmate’s Social Services file, with a copy to the PRA office and a copy to the facility PREA Manager. However, there is no system to update the screening tool when new information is received. A review of the screening tools found that there is some confusion on how to score inmate responses. This was discussed with the administration staff.

Information obtained indicated that not all inmates have yet received a screening. This system is set to be completed by May 2017. However, this is a concern as newly arrived inmates may be placed with an inmate who has not yet been screened.

During the corrective action period, the facility updated procedure 900.316.01 and now states that a rescreening will be conducted at referral, request or an incident of sexual abuse or through other means. Training on the new procedure and scoring the assessment tool was completed for all staff and proof of this training was provided to the auditor. While there are no double occupancy cells, the facility completed screenings for all inmates who did not have one previously. This information was placed on the list of inmates who are identified as vulnerable to victimization or sexually aggressive that is maintained by the Security Director. A copy of the list was provided to the auditor.

Standard 115.42 Use of screening information

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that information from the screening tool and subsequent information be used to make determinations for housing, programming, work and education assignments. These determinations are made individually. While the interviews confirmed that the initial housing and bed assignments are made with the risk screening results, there is no system to keep the risk scoring available for future housing or programming needs. The agency has a spreadsheet for this purpose but it has not been implemented at this facility.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires case by case determination when assigning a transgender or intersex inmate to housing and programming assignments. While the Executive Directive does require twice a year reviews for transgender or intersex inmate placement and programming, they have not yet implemented this system. This was confirmed through interviews. A transgender or intersex inmates own views regarding safety is given serious consideration. There were no identified transgender or intersex inmates at the facility at the time of the audit.

All showers in the facility are individual and privacy doors are in place. There are no units or wings dedicated solely for transgender or intersex inmates.

During the corrective action period, the facility implemented a list of inmates who scored as either vulnerable to victimization or sexually aggressive through the screening process. This list is maintained by the Security Director. During this period, all inmates who did not have a prior screening were screened. Based on this information, the facility made housing changes. Future intakes will be checked prior to any housing or programming decisions. Additionally, facility procedure 900.316.01 was updated to include semi-annual reviews for transgender and intersex inmates and all staff received training on this procedure. The facility provided to the auditor the list of at risk inmates, and proof of staff training.

Standard 115.43 Protective custody

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” prohibits the use of separation from the general population for inmates at high risk of sexual victimization unless an assessment of all other available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. A twenty-four hour hold may be utilized in order to complete the assessment.

An interview with staff who work in segregated housing found that while inmates could be placed in this area in order to complete an assessment, it has not been used for this purpose since he has been working in this area. He reported that a binder is maintained that contains information as to what restrictions have been placed on an inmate on segregation. He reports that reviews are conducted for every inmate every 30 days.

Standard 115.51 Inmate reporting

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires multiple methods of reporting sexual abuse or sexual harassment, including an external method. Inmates are educated on how to report abuse that includes telling a staff member, writing a letter to staff, calling “777” (Office of Special Operations – internal), calling “888” (Capital Police Department – external), and contacting local law enforcement. The Executive Directive also requires that staff will accept reports made verbally, in writing, anonymously, and from third parties. As inmates are not detained solely for civil immigration purposes by the Wisconsin Department of Corrections, there is no policy addressing this portion of the standard.

Methods of reporting sexual abuse or sexual harassment is provided to the inmates at intake and poster on how to report were observed throughout the housing units and other key areas. No pin code is needed to make calls, confirming anonymity. Phones are located in each housing area.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires methods for staff reporting. Staff are provided this information during PREA education where they are informed that they may report to their supervisor, the commander, the Office of Special Operations, the Department of Adult Inmates, PREA Director or directly to local law enforcement.

Phones were observed in each housing area.. During the inmate interviews, inmates reiterated the various methods of reporting abuse, including submitting a kite, calling “777” or “888”, telling staff and telling family. They also reported knowing that they could report anonymously. The majority of inmates interviewed articulated that they would be more likely to tell staff.

Standard 115.52 Exhaustion of administrative remedies

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System. Specifically, all complaints of sexual abuse and sexual harassment

submitted through the Inmate Complaint Review System shall be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. Therefore, this standard is Not Applicable.

Standard 115.53 Inmate access to outside confidential support services

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that the facility provide inmates with access to outside victim advocates, shall enable reasonable communication between the inmates and the victim advocates, and provide notification to inmates of the extent to which such conversations will be monitored and reports of abuse will be forwarded to authorities.

The State of Wisconsin has signed an assurance to work towards compliance with the federal PREA standards, thus reallocating five percent of qualifying grant funding towards PREA compliance efforts. The Violence Against Women Act (VAWA) is one of the reallocated qualifying grants and under the grant; the Wisconsin Department of Corrections and the Wisconsin Coalition Against Sexual Assault have entered into a collaborative effort to work towards compliance with PREA standard 115.53. Part of this grant funded collaboration includes entering into or attempting to enter into a Memorandum of Understanding (MOU) between the Wisconsin Department of Corrections and local sexual assault service providers. There is a MOU that has been created and has been approved through the Office of Legal Counsel within the Wisconsin Department of Corrections and it was passed onto the Wisconsin Coalition Against Sexual Assault for further review. Under the reallocation grant, the Wisconsin Coalition Against Sexual Assault is deploying the MOU to statewide sexual assault service providers for review and feedback. Once this effort is concluded, the Department of Corrections and the Wisconsin Coalition Against Sexual Assault will seek signatures of this document.

The facility provides inmates with an addendum to their handbook which lists the name of the victim advocate agency, PAVE, contact information, and confidentiality information. Interviews with inmates found that they were provided with this information; however, none were able to articulate the services available. There was no information within the facility that provided further identification of services. A discussion with the PREA Director indicated that the agency would provide posters for the facility.

During the corrective action period, the facility implemented the provision of a document that contains the PAVE information that is placed in the inmate handbook. A sample was provided to the auditor. This information is now received when an inmate arrives at the facility. Additionally, the facility posted PAVE information in various areas of the facility where inmates can view. Photographs were provided of the posters in the Visiting Room and on the NW Cell Hall bulletin board.

Standard 115.54 Third-party reporting

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

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.

The agency will accept third party reports of sexual abuse or sexual harassment through contact with the Warden or through the PREA Director. Contact information is available to both inmates and visitors through posters in the facility. Additionally, a method to report is made available on the agency's website. Inmate interviews confirmed that they were aware of third party reporting.

Standard 115.61 Staff and agency reporting duties

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

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.

Executive Directive 72 "Sexual Abuse and Sexual Harassment in Confinement (PREA)" requires that all staff immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff are prohibited from sharing the information to persons other than those who make treatment, investigation, and other security, and management decisions.

Staff interviews confirm that they are required to report any knowledge, suspicion, or information regarding sexual abuse, retaliation or staff neglect or violation of responsibilities. Medical and mental health practitioners also confirmed through interview that they are required to report sexual abuse and report that they inform inmates at the beginning of services of their duty to report and limits of confidentiality.

Executive Directive 72 "Sexual Abuse and Sexual Harassment in Confinement (PREA)" requires that if the alleged victim is under the age of 18, the facility will notify the parent/guardian, child welfare worker (if applicable), and the attorney or legal representative, if the youth is still under the jurisdiction of the juvenile court. This is not applicable at the facility as they do not house youthful inmates.

Standard 115.62 Agency protection duties

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

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.

Executive Directive 72 "Sexual Abuse and Sexual Harassment in Confinement (PREA)" requires immediate staff action when there is information that an inmates is subject to a substantial risk of imminent sexual abuse.

Staff report that they are required to separate the inmate from other offenders and notify their immediate supervisor. This information is provided through the staff PREA education. There have been no instances where the facility has determined that an inmate was subject to substantial risk of imminent sexual abuse.

Standard 115.63 Reporting to other confinement facilities

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that any allegation received that indicate an inmate was abused at another facility must be immediately reported to the head of the facility where the alleged abuse occurred. This notification must be made within seventy-two hours and must be documented.

The staff report that this information would be found within an Incident Report that is required to be completed. Additionally, this information would be forwarded to the Office of Special Operations and to the PREA Director’s office.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that all allegations of sexual abuse or sexual harassment, including third-party and anonymous reports, be investigated. This Executive Directive also requires that allegations that involve potentially criminal activity shall receive a criminal investigation.

This was confirmed through interviews with key administration staff. While there were no reports of having received information that alleged an inmate was sexually abused at another facility, this facility did receive 3 allegations that were reported at other facilities. These were documented and investigated.

Standard 115.64 Staff first responder duties

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that staff separate the alleged victim and abuser; preserve and protect the crime scene; and to request that both the victim and the alleged abuser do not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothing, eating, drinking, smoking, urinating, or defecating.

Staff interviews confirmed that staff are familiar with all four requirements when there is an allegation of sexual abuse. Of the reported sexual abuse reports at this facility, none of these were reported within the appropriate timeframe for the collection of physical evidence.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that all non-security staff protect the victim, request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. This requirement was verified through staff interviews.

Standard 115.65 Coordinated response

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

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.

The facility has a Coordinated Response Plan. It is facility specific and addresses the duties of the first responder, security staff, security supervisor, PREA Compliance Manager, medical staff, mental health staff, Victim Services Coordinator, investigator, appointing authority, and Sexual Abuse Incident Review Team. Attached to the Plan is a Critical Contact list with the position, name and contact phone numbers.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

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

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.

This standard is Not Applicable as the agency has not entered into any Collective Bargaining Contracts.

Standard 115.67 Agency protection against retaliation

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires retaliation monitoring of all offenders or staff involved in the reporting or investigation of sexual abuse and/or sexual harassment.

The Victim Services Coordinator are responsible for monitoring for retaliation. As reported and as reviewed, when an allegation of sexual abuse or sexual harassment is made the facility Victim Services Coordinator meets with the victim and provides guidance on all services that are available. As a part of these duties, the Victim Services Coordinator is responsible for meeting with the victim regularly to monitor for Retaliation. The Victim Services Coordinator provided a spreadsheet that documented retaliation monitoring of the victim. An interview

with the Victim Services Coordinator found that he is not always notified when an allegation is brought forth and therefore the retaliation monitoring is not begun. Additionally, he reported he has received no training on how to monitor.

Interviews confirm that a change in housing unit, transfers to another facility and emotional support is available for inmates as protection methods. For staff, protection methods include shift changes, post assignment changes, transfer to another facility, and emotional support is available.

During the corrective action period, the facility implemented policy regarding the notification of the Victim Services Coordinator to provide assistance to alleged victims of sexual abuse and sexual harassment. Forms DOC-2765, DOC-2766 and DOC-2767 were put into play. These forms address the services provided by the Victim Services Coordinator, including the assistance with outside support services and monitoring for retaliation. Samples of the forms in use were provided to the auditor. The Victim Services Coordinator completed the WIDOC – Prison Rape Elimination Act: Advocacy in Confinement class on September 29, 2016 and a copy of the certificate was provided to the auditor.

Standard 115.68 Post-allegation protective custody

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” prohibits the use of separation from an alleged abuser for victims of sexual abuse unless an assessment of all other available alternatives has been made and a determination has been made that there is no alternative means of separation. A twenty-four hour hold may be utilized in order to complete the assessment for alternative means of separation or transfer (if applicable).

While the facility has the ability to provide protective custody, interviews confirmed that it has not been used recently. Any inmate placed here would be limited to 24 hours for the purposes of assessment for appropriate housing. Restriction of programming and services would be limited and would be documented in the binder.

Standard 115.71 Criminal and administrative agency investigations

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires the administrative investigations to be completed by the facility, and criminal investigations to be referred to local law enforcement (Dodge County Sheriff’s Office), and describes the investigation process.

Administrative investigations begin immediately upon notification. All allegations of sexual abuse are reported to the Office of Special Operations who determines if an incident is PREA related and if facility investigators will conduct the administrative investigation, or in the case of staff being the alleged abuser the Office of Special Operations will conduct the investigation. Only specially trained investigators will handle sexual abuse investigations. The Office of Special Operations will also provide guidance in the notification to the Dodge County Sheriff's Office. The Waupun CI conducts administrative investigations, in conjunction with Dodge County Sheriff's Office if criminal activity is identified.

Credibility of the victim, alleged abuser, or any witnesses are based individually. Victims of sexual abuse are not subjected to a polygraph or other truth-telling device as a condition for proceeding with an investigation.

Administrative investigations shall include both an effort to determine whether staff actions or failures to act contributed to the abuse (if applicable), and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessment, and investigative facts and findings.

Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. There were 27 investigations that was referred for criminal prosecution.

Records are required to be maintained for the ten years beyond the length of the alleged abusers incarceration or employment.

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Interviews and date reviewed found that there are currently 51 open investigations, one dating as far back as November 2014. This is not timely nor prompt.

CAP: Institute Executive Directive 72 and ensure that all allegations are promptly investigated in a timely manner. If closure of allegations are due to criminal investigations, obtain an update of the criminal investigation and document in the administrative investigation file. Provide the auditor with updates of all open investigations.

Standard 115.72 Evidentiary standard for administrative investigations

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

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.

Executive Directive 72 "Sexual Abuse and Sexual Harassment in Confinement (PREA)" requires that no standard higher than a preponderance of the evidence is used in determining whether allegations of sexual abuse or sexual harassment are substantiated. This was confirmed through interviews with the facility investigator.

Standard 115.73 Reporting to inmates

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that the victim be notified when the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If a staff member was the subject of the investigation, the victim shall be notified of their departure from the inmates unit, departure from the agency, and indicted or convicted on a charge related to sexual abuse within the facility. If an inmate was the subject of the investigation, the victim shall be notified if they are indicted or convicted on a charge related to sexual abuse within the facility.

There is a standard form that is used to notify victims of the outcome and the status of the alleged abuser. Notification to the victim was confirmed through interviews with the investigator. Inmate interviews and a file review of closed investigations found that only 2 of the 5 reviewed had inmate notification of the outcome of the investigation.

During the corrective action period, the facility reviewed their policy and has ensured that they are following as required. The facility completed eleven (11) inmate notifications of an investigation and provided all eleven to the auditor for review.

Standard 115.76 Disciplinary sanctions for staff

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses disciplinary sanctions for staff. Disciplinary action, up to and including termination, may be implemented for a violation of the sexual abuse or sexual harassment policies, with termination being the presumptive disciplinary sanction for staff who have engaged in sexual abuse. All disciplinary action for violations of the agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, prior disciplinary history, and sanctions imposed for similar offenses by other staff with similar histories. Termination and resignations (who would have been terminated) are reported to law enforcement and relevant licensing bodies.

This process was confirmed with the administrative staff. There were no instances where disciplinary action was taken upon a staff. It is noted that there currently is an open investigation that involves staff misconduct and may result in staff disciplinary action.

During the corrective action period, the facility concluded an investigation alleging staff misconduct that resulted in an unsubstantiated finding, and no disciplinary action was taken towards the staff. The investigation closure notice indicates that all WIDOC policies and procedures were followed. In a prior case that closed after the on-site audit, the allegations against a staff for sexual abuse were substantiated. Termination would have followed; however, the staff resigned. This case was referred for prosecution.

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that a contractor or volunteer who violates the sexual abuse or sexual harassment policy be prohibited from further contact with inmates, and reported to law enforcement (if the act was criminal) and relevant licensing bodies.

There has been no instances where a contractor or volunteer has been alleged to have engaged in sexual abuse or sexual harassment.

Standard 115.78 Disciplinary sanctions for inmates

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” details the disciplinary sanctions for inmates who have engaged in inmate-on-inmate sexual abuse or following a criminal findings of guilt for inmate-on-inmate sexual abuse. Sanctions shall be commensurate with the nature and circumstances of abuse the abuse committed, disciplinary history, and the sanctions imposed in similar offenses with similar histories. The process shall also consider whether any mental disabilities or mental illnesses in the determination of the type of sanction that should be imposed. The facility shall consider shall consider participation in any interventions, such as therapy of counseling, to address and correct underlying reasons or motivations for the abuse. In regards to staff-on-inmate abuse, an inmate may not be disciplined upon a finding that the staff member did consent to the contact. All reports of sexual abuse made in good faith shall not constitute falsely reporting an incident or lying. While consensual sexual activity between offenders is prohibited by Wisconsin Department of Correction, the facility may not deem consensual activities as sexual abuse if it is determined that the activity is not coerced.

Youthful inmates are not held at this facility.

There have been no findings of inmate-on-inmate sexual abuse at this facility. This information was confirmed through a file review and interview with the investigator. However, there are currently 9 open investigations of inmate-on-inmate allegations of sexual abuse.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” states that all inmates who disclose prior victimization during the screening process, or who have previously perpetrated sexual abuse, either in the community or in an institutional facility, are offered a follow-up meetings with a mental health professional within fourteen days of the screening. Department of Adult Inmates Policy 500.70.11 “Psychological Services Unit Records” addresses the confidentiality of these records. Department of Adult Inmates Policy 500-70-06 “Consent of Mental Health Services” and Department of Adult Inmates Policy 500.50.09 “Disclosure of Protected Health Information” address staff requirements for the protection and use of information. The DOC Form 1923 “Limits of Confidentiality of Health Information”, DOC Form 1163 “Authorization for Disclosure of Non-Health Confidential Information, and DOC Form 1163A “Authorization for the Use and Disclosure of Protected Health Information” are used to provide inmates acknowledgement and consent for the use of records for housing, work, education, and program assignments.

Interview with screening staff found that all inmates are offered a follow-up meeting with medical and/or mental health staff if they reported a prior victimization or had previously perpetrated a sexual abuse. These meetings are offered the same day as reported. Interviews with medical and mental health staff confirm referral within fourteen days and informed consent. All information is protected from staff who do not have a need to know.

Standard 115.82 Access to emergency medical and mental health services

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses timely and unimpeded access to emergency medical treatment and crisis intervention services. Immediate medical services includes, if applicable, information and access to sexually transmitted infections prophylaxis. Interviews with medical and mental health staff confirm that immediate access to emergency medical treatment is provided, and that sexually transmitted infections prophylaxis is offered based on a physician’s order. Interviews with security staff confirm that all staff are aware of the requirement to immediately protect victims. The Coordinated Response Plan ensures that medical and mental health staff are immediately made aware of any sexual abuse allegations.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses that treatment services are to be provided at no financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of an incident. Interviews with medical and mental health staff confirm that services are provided at no cost to the inmate.

Crisis Intervention is offered within 24 hours of an incident. All services are based on professional judgement, policies, and consultation with the medical or mental health authority. Sexually transmitted infection prophylaxis is provided either at the hospital or immediately upon their return to the facility as per physician order or nursing protocol.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” addresses on-going medical and mental health evaluation and treatment to victims of sexual abuse. Mental health services would include an assessment, treatment plans, treatment options, therapy, debriefing, validation of feelings, normalcy, and the invitation of family members to participate. Medical services would include an assessment, documenting injuries, followup of prior medical examination as per physician order, STD testing, and development of a care plan. Both medical and mental health staff interviewed confirmed that services are offered at no cost to the victim. Both believe that services are consistent with the community level of care.

Standard 115.86 Sexual abuse incident reviews

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that a Sexual Abuse Incident Review be conducted within thirty days of the close of an investigation that is substantiated or unsubstantiated. The facility has a Sexual Abuse Incident Review Team that includes the Warden, Deputy Warden, Administrative Captain, Treatment Specialist, Nursing Supervisor, Psychologist and Lieutenant. The agency has a standard form that is used to document the review and includes considerations for motivation, change in policy/practice, an examination of the area, and supervision concerns (staffing and electronic monitoring). Interviews and a review of files indicates that the Sexual Abuse Incident Review system has not been implemented.

During the corrective action period, the facility implemented facility procedure 900.319.01, which addresses the necessity of a Sexual Abuse Incident Review at the conclusion of all substantiated or unsubstantiated allegations of sexual abuse. A copy of the procedure was provided to the auditor. Five Sexual Abuse Incident Reviews were conducted and copies were provided to the auditor. Four of the report indicate the investigation closed as unsubstantiated. The remaining Sexual Abuse Incident Review was concluded as substantiated.

Standard 115.87 Data collection

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that collection of accurate and uniform data for all allegations of sexual abuse. The PREA Director’s office maintains a list of all investigative information to address the Department of Justice Survey of Sexual Violence and aggregates this information annually.

Standard 115.88 Data review for corrective action

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that data collected is utilized for improving the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. This includes identifying problem areas, taking corrective action, and preparing an annual report.

The annual report is on the agency website and includes comparison data by year, data for each facility, an assessment of the agency’s efforts, and a review of the individual facility efforts. This report is approved by the agency head prior to being made public.

The agency redacts all personal information. The agency provides data upon request to the Department of Justice.

Standard 115.89 Data storage, publication, and destruction

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

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.

Executive Directive 72 “Sexual Abuse and Sexual Harassment in Confinement (PREA)” requires that data collected is utilized for improving the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. This includes identifying problem areas, taking corrective action, and preparing an annual report. The Executive Directive also requires the maintenance and storage of data collected for ten years after the date of the initial collection.

The annual report is on the agency website and includes comparison data by year, data for each facility, an assessment of the agency’s efforts, and a review of the individual facility efforts. This report is approved by the agency head prior to being made public.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Bobbi Pohlman-Rodgers

January 26, 2017

Auditor Signature

Date