

PREA Facility Audit Report: Final

Name of Facility: Milwaukee County House of Correction

Facility Type: Prison / Jail

Date Interim Report Submitted: 07/15/2022

Date Final Report Submitted: 01/12/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: DeShane Reed	Date of Signature: 01/12/2023

AUDITOR INFORMATION	
Auditor name:	Reed, DeShane
Email:	drbconsultinggroup@gmail.com
Start Date of On-Site Audit:	04/27/2022
End Date of On-Site Audit:	09/29/2022

FACILITY INFORMATION	
Facility name:	Milwaukee County House of Correction
Facility physical address:	8885 South 68th Street, Franklin, Wisconsin - 53132
Facility mailing address:	

Primary Contact	
Name:	Tina Johnson-Williams
Email Address:	tina.johnson-williams@milwaukeecountywi.gov
Telephone Number:	414-427-4775

Warden/Jail Administrator/Sheriff/Director	
Name:	Chantell Jewell
Email Address:	chantell.jewell@milwaukeecountywi.gov
Telephone Number:	414-427-4756

Facility PREA Compliance Manager	
Name:	Roshanda Anderson
Email Address:	roshanda.anderson@milwaukeecountywi.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Ethan Wells
Email Address:	ewells@wellpath.us
Telephone Number:	414-427-6068

Facility Characteristics	
Designed facility capacity:	1766
Current population of facility:	744
Average daily population for the past 12 months:	800
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18-74
Facility security levels/inmate custody levels:	1-8
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	385
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	14
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	96

AGENCY INFORMATION	
Name of agency:	Milwaukee County Executive
Governing authority or parent agency (if applicable):	
Physical Address:	901 North 9th Street, Milwaukee, Wisconsin - 53233
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Tina Johnson-Williams	Email Address:	tina.johnson-williams@milwaukeecountywi.gov

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-04-27
2. End date of the onsite portion of the audit:	2022-09-29

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1766
15. Average daily population for the past 12 months:	800
16. Number of inmate/resident/detainee housing units:	31
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	626
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	9
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	7
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	14
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	11

<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>3</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>9</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>8</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>385</p>

<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>96</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>14</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>32</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	MCHOC's PREA Coordinator provided me with a list of current inmates, which contained race, gender, birth dates, and admission dates.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	14
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1

61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	2
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	3
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>MCHOC's PREA Coordinator provided me with a list of current inmates, which contained race, gender, birth dates, and admission dates. This auditor also reviewed PREA risk screening assessments and relied on mental health practitioner assistance and inquired during inmate interviews.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>2</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>MCHOC's PREA Coordinator provided me with a list of current inmates, which contained race, gender, birth dates, and admission dates. This auditor also reviewed PREA risk screening assessments and relied on mental health practitioner assistance and inquired during informal inmate interviews with inmates in segregation housing unit..</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>35</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Contracted Staff selection were interviewed.</p>

<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>22</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input checked="" type="checkbox"/> Intake staff <input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Interviewed Food Service Contracted Staff and PREA Training Staff.
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input checked="" type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input checked="" type="checkbox"/> Other</p>
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<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Interviewed contracted Mental Health staff.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

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

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
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<p>a. Explain why you were unable to review any sexual abuse investigation files:</p>	<p>There was only 1 PREA-related "staff sexual harassment on an inmate" to review. However, this PREA Auditor also reviewed 2 non-PREA files to ensure integrity of information and Investigator's training.</p>
<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>

<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There was only 1 PREA-related "staff sexual harassment on an inmate" to review. However, this PREA Auditor also reviewed 2 non-PREA files to ensure integrity of information and Investigator's training.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) to determine compliance for Standard 115.11. Milwaukee County House of Correction (MCHOC) submitted their Administrative Manual of Policies and Procedures Chapter 6; Section 612.2 as evidence of compliance with PREA Standard 115.11. MCHOC’s written policy does mandate a zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency’s approach to preventing, detecting, and responding to such conduct. This policy also clearly mentions the roles, parameters, and the necessary time and support of a PREA Coordinator and the institution’s PREA Compliance Manager. Additionally, MCHOC’s Organizational Chart does show the PREA Coordinator and PREA Compliance Manager .</p> <p>Though this PREA auditor observed practice in place of having an identified PREA Coordinator and PREA Compliance Manager, the Organizational Structure/Chart and Policy did not match the practice at MCHOC. This PREA Auditor could not conclude compliance. A Corrective Action was required.</p> <p>After this auditor’s review of MCHOC’s policy, closely working with MCHOC’s PREA Coordinator and PREA Compliance Manager, and observing a consistency in this practice, MCHOC is in compliance with PREA Standard 115.11.</p>

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) to determine compliance for Standard 115.11. Milwaukee County House of Correction (MCHOC) submitted their Memorandum of Agreement between Milwaukee County and Wisconsin Department of corrections for the Temporary Housing of Inmates at the House of Corrections as evidence of compliance with PREA Standard 115.12. The Memorandum of Agreement states, <i>“The Superintendent will comply with the Federal Prison Rape Elimination Act of 2003 and any subsequent standards imposed by the United States Attorney General. If the Superintendent is not in full compliance with the Federal Prison Rape Elimination Act of 2003, the Superintendent shall take all feasible and necessary steps to work toward full compliance, shall continue to do so until full compliance is achieved and shall continue to maintain full compliance. The Superintendent shall have policies and procedures in place for responding to sexual abuse and sexual harassment allegations as defined by PREA and shall further have procedures or policies for maintaining reports and records necessary for reporting data consistent with PREA. The Superintendent shall provide training for its staff, contractors, interns, volunteers and any others who may have contact with offenders pursuant to its policy, procedures and PREA standards. See 28 C.F.R. § 115.12. The Superintendent will complete in a timely manner the Bureau of Justice Statistics Annual Survey of Sexual Victimization (SSV) and/or its current equivalent survey. The Superintendent will forward a copy of the SSVIA-Adult Incident Form and/or SSVIJ-Juvenile Incident Form for each incident involving DOC offenders in the prior calendar year to the DOC within 30 calendar days of the date the Bureau of Justice Statistics publishes the Annual Survey on Sexual Victimization. These forms shall be forwarded to the DOC PREA Office at DOCPREADData@wisconsin.gov. The DOC may conduct a compliance review to ensure that the Superintendent is compliant with PREA standards. This review may include, but is not limited to, an examination of Superintendent policies, procedures, staff records, offender records, training records and incident records related to sexual abuse or sexual harassment allegations as defined by PREA. See 28 C.F.R. § 115.12. The Superintendent shall notify the DOC within 24 hours of any sexual abuse or sexual harassment allegation as defined by PREA. Notification</i></p> <p><i>shall be made via email to DOCPREADData@wisconsin.gov and shall include a copy of the facility’s incident report. If the DOC has reason to believe that any sexual abuse or sexual harassment incident as defined by PREA has occurred, it shall have immediate access to relevant HOC records as defined by DOC.”</i></p> <p>Milwaukee County House of Correction’s (MCHOC) policy aligns with PREA Standard 115.12. This PREA Auditor also interviewed MCHOC’s PREA Coordinator and the Superintendent of MCHOC. Both confirmed that MCHOC requires that any new, existing, or renewing contract provides provision for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p>

	This PREA auditor concludes that MCHOC is in compliance with PREA Standard 115.12.
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115.13 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for PREA Standard 115.13. This PREA Auditor reviewed Milwaukee County House of Correction's (MCHOC) submitted Staffing Plan as evidence of compliance with 115.13. An excerpt from the MCHOC's Staffing Plan states, "MCHOC has thirty one housing units; however 9 housing units are currently closed due to low inmate population. In addition, MCHOC also has a health services unit, a food service area, laundry department, chapel, job center, classrooms, and an administration building. All areas with inmate access are outfitted with video monitoring, locked and controlled doors, and mirrors.

Cameras are also placed in special cells; O2, to supplement the security and observation rounds for inmates that are at risk to themselves or for medical observation. These cameras are monitored by security staff who observe cell activities when an inmate is showering, toileting or changing clothing, except in exigent circumstances.

Vulnerable areas with minimal security staff supervision include: chapel, laundry, student classrooms, and food services. Security staff have increased rounds in these identified areas. All volunteers and staff assigned to these areas are equipped with radios to quickly notify security staff in the event of an emergency; they may also dial 4766 on any phone to report an issue to Master Control.

Additional cameras have also been installed in response to blind spots in A2 and B2; administrative segregation areas, halls and housing units. While an ongoing need exists for extra cameras, MCHOC has rearranged existing camera placement to maximize effectiveness. Largely, as a result of financial constraints, MCHOC makes facility or structural changes rather than staff additions to rectify areas of isolation or vulnerability.

Shower area windows were frosted for privacy, therefore, for security purposes, inspections were changed from one hour to thirty minute or less intermittent tours.

The Sergeant rank was reinstated to add a supervisory presence; ultimately resulting in the reduction of potential incidents.

Staffing Levels/Supervision:

Currently, MCHOC is allotted 266 Correctional Officers; which includes 24 Sergeants, in addition to 26 Lieutenants, and 7 Captains. Security supervisors are assigned to each shift, ideally one of each rank. Security staff assignments are based upon programming, inmate movement and behavioral needs.

Overtime:

In the event of a staff shortage, overtime is accrued. If the need for additional staff is known prior to the situation requiring additional officers, the overtime will be announced/posted. Lieutenants are allowed to work as Correctional Officer/Sergeant to assist in alleviating mandated overtime. If the pre-scheduled vacancy is not filled, or the vacancy is unplanned, MCHOC uses a forced overtime system. There is a force list created by date of the last time an officer was forced, and then it goes by seniority of that specific date.

Shift schedules are posted daily. MCHOC forced overtime system is set in place to ensure no post goes

Unoccupied.”

Milwaukee County House of Correction’s (MCHOC) policy aligns with PREA Standard 115.13. This PREA Auditor also interviewed MCHOC’s Superintendent. She confirmed shared that MCHOC has voluntary overtime and mandated overtime to ensure proper supervision. Additionally, MCHOC’s Superintendent received budget approval to allow Lieutenants to work as Correctional Officers (overtime) to relieve the pressures caused by constant mandated overtime to ensure inmate supervision/ratio. This PREA Auditor also verified staffing patterns and supervisory rounds in housing unit, through reviewing logbooks during onsite audit, as well as in interviews with random MCHOC staff.

This PREA auditor concludes that MCHOC is in compliance with PREA Standard 115.13.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.14. This PREA Auditor reviewed Milwaukee County House of Correction's (MCHOC) submitted Administrative Jail Populations Reports for from January 2021 to December 2021, as evidence of compliance with 115.14. From reviewing the report, this auditor identified several youthful inmates placed at MCHOC (from 1/2021 through 9/8/2021). However, MCHOC has developed a separate housing location for youth entering and residing at MCHOC, who's under 18 years old. This housing unit (POD #6) is not within sight, sound, sleeping, showering, or programming with adult inmates.</p> <p>Additionally, during this auditor's onsite tour of MCHOC, it was verified through interviews with MCHOC's Superintendent, PREA Coordinator, PREA Compliance Manager, various interviewed staff, and randomly interviewed inmates, that MCHOC has totally stopped accepting youthful inmates. This auditor also verified through reviewing MCHOC's submitted Administrative Jail Populations Reports (and most recent reports reviewed while onsite) that the last reported date of youthful inmates residing at MCHOC was on 9/8/2021. As of 9/9/2021, no youthful inmates have been booked into MCHOC.</p> <p>This PREA auditor concludes that MCHOC is in compliance with PREA Standard 115.14.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance with PREA Standard 115.15. This PREA Auditor reviewed Milwaukee County House of Correction's (MCHOC) submitted PREA Policies and Procedures Chapter 6; Section 607.1 through 607.5 as evidence of compliance with PREA Standard 115.15.</p> <p>MCHOC's policy is aligned with PREA Standard 115.15. This auditor also observed MCHOC's signage right next to every housing unit's door, reminding staff of opposite gender to announce prior to entering. This auditor also observed the practice while onsite. However, when this auditor interviewed 32 randomly selected inmates, this auditor could not confirm consistency in practice that staff of opposite gender announce prior to entering on a housing unit. Through interviews with the 32 inmates, 23/32 stated that staff of opposite gender does not announce when they enter the housing units. Additionally, several inmates 30/32 randomly selected inmates shared that they do not feel that they have enough privacy to shower, change their clothing, or use the toilet. This auditor viewed each housing unit. Each housing unit is open dormitory sleeping, with communal showers, toilets, and changing areas. The 8 showers are open and next to one another without separating curtains or walls for privacy. Inmates stated that they wear their personal under garments when the showering. In the same room, there are 8 toilets right next to one another, without a separating barrier. Finally, there are no private changing areas in this bathroom area for an inmate to change out their clothing, other than being out in the open.</p> <p>This auditor recommended that MCHOC identify a remedy to inmates being exposed when showering, using the toilet, and changing their clothing without compromising security. This auditor also recommended that MCHOC conduct a refresher training on staff announcing prior to entering the housing units of opposite gender inmates. This practice should be monitored by the MCHOC's PREA Compliance, PREA Coordinator and Supervisory Security staff over a period before compliance can be determined. This PREA auditor concluded that MCHOC was not in compliance with PREA Standard 115.15. A CORRECTIVE ACTION was recommended.</p> <p>During Milwaukee County House of Correction's (MCHOC) Corrective Action period, MCHOC submitted photo evidence of installed partitions placed between toilets in various housing unit's communal shower rooms. MCHOC installed 2 partition to create separate privacy between 3 toilet areas from being directly visible to another side-by-side toilet user. This would allow at least 3 inmates to be able to use the toilet without being directly viewed by another inmate or staff while using the toilet. The partitions provide improved privacy from being directly viewed by another inmate sitting on the next toilet. Additionally, MCHOC refreshed their shower room windows with fresh</p>

glaze midway up in the shower room windows. This adds, at minimum, another layer of mid-body privacy when inmates are showering.

MCHOC's PREA Coordinator was also interviewed again by this PREA Auditor. She shared with this auditor that she went to "Roll Calls" on every shift between the dates of 9/22/22, 9/23/22, and 9/24/22 and conducted refresher reminders that all "Opposite Gender" staff MUST announce prior to entering inmate housing units. MCHOC's PREA Coordinator also explained and how these announcements relate to inmate rights and their staff roles. MCHOC added a secondary backup to "Opposite Gender Announcements," by the staff working on the housing units assist by announcing before they open the door for the opposite gendered staff to enter. Finally, the "Opposite Gender" Announcement door sign were moved closer to visual sight and near the door key entry of each housing unit, to allow staff to have a visual reminder prior to entering.

After this auditor's review of MCHOC's adjustments to their shower rooms, staff refresher training, and signage adjustment, this auditor concludes that MCHOC is in compliance with PREA Standard 115.15.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for Standard 115.16. This PREA Auditor reviewed Milwaukee County House of Correction’s (MCHOC) submitted PREA Policies and Procedures Chapter 6; Section 609 as evidence of compliance with PREA Standard 115.16.</p> <p>This auditor reviewed the translation language hotline (1-800 225-5254 *MCHOC code needed) to verify content of translation services for LEP. Additionally, this auditor verified through interviews with MCHOC’s Superintendent and PREA Coordinator, and PREA Compliance Manager that MCHOC provided translation language hotline services, as well as made available to this auditor. Additionally, while onsite, this auditor observed that all housing locations had PREA reporting information in English and Spanish, next to the telephones. MCHOC’s PREA “Inmate Education” video was in English and Spanish, as well.</p> <p>This auditor also interviewed 32 randomly selected inmates and 28 randomly selected security staff. There were consistencies in knowledge of translations services when this auditor interviewed the random staff and inmates. 30/32 inmates stated that inmates with Limited English Proficiencies (LEP) are helped by bi-lingual staff or staff help them by contacting the translation language hotline. The same responses came from the 27/28 of the interviewed security staff.</p> <p>This PREA auditor concludes that MCHOC is in compliance with PREA Standard 115.16.</p>

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for Standard 115.17. This PREA Auditor reviewed MCHOC's submitted Administrative Manual of Policies and Procedures Chapter 6; Policy 613.3 to verify all the necessary language to meet PREA standard 115.17 policy compliance requirements.</p> <p>This auditor also interviewed MCHOC's Captain and Lieutenant, who oversees and conducts background checks, pre-employment screening, and assists with information for onboarding. While onsite, both showed and shared that a multiplicity of reports are ran at the application stage, prior to the prospective employee is granted an interview. The further allowed this auditor to walk through the report collecting process with a prospective applicant they were screening. This auditor concluded that criminal, TLO Reports (complete history of the prospective employee), and CCAP Report (history of criminal and municipal charges) are pulled with permission of the prospective interviewee/employee. Additionally, MCHOC's Captain and Lieutenant stated that backgrounds checks are conducted for all promotions. MCHOC's background checks system flags any employee who has a legal incident which is put into the system they use. All employees are required to report and legal incidents to Human Resources/MCHOC. Finally, this auditor was able to review a random selection of four current employee files, to verify compliance, 2 prospective applicants, and 1 current employee up for promotion from Sergeant to Lieutenant.</p> <p>This PREA auditor concludes the MCHOC is in compliance with PREA Standard 115.17.</p>

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor did not receive any documentation of upgrades to technology or to physical plant to further protect inmates from sexual abuse/sexual harassment, in accordance to PREA Standard 115.18. This auditor also interviewed MCHOC's Superintendent, PREA Coordinator, and PREA Compliance Manager. Each confirmed that no additions to cameras or physical plant changes have been upgraded since their PREA Audit in 2019. MCHOC has 456 cameras (all in working condition) with recordable playback to provide safety and security for all inmates.</p> <p>This PREA auditor concludes that MCHOC is in compliance with the PREA Standard 115.18.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.21. This PREA Auditor reviewed MCHOC's submitted Administrative Manual of Policies and Procedures Chapter 6; Section 611.10 through 611.14 to verify all the necessary language to meet PREA standard 115.21 policy compliance requirements. MCHOC's policy is aligned with PREA Standard 115.21.</p> <p>This auditor also interviewed MCHOC's contracted Medical (Wellpath) and Mental Health Supervisors, who shared that Aurora Healing and Advocacy Services, are the primary selections for forensic examinations by a SANE Nurse. Additionally, this auditor reviewed the Memorandum Of Understanding (MOU) between MCHOC and Aurora Healing and Advocacy Services to provide SAFE's and Victim Advocate services. During interviews with inmates, all were aware of access to victim advocates from a rape crisis center, a qualified community-based staff member, or a qualified MCHOC staff member. Also, there was pamphlet information about Aurora Healing and Advocacy Services displayed on the housing units.</p> <p>Finally, this auditor interviewed two staff working the SAM-6 Inmate Orientation Housing Unit to verify consistency in educating inmates on victim advocacy services available. Each staff knew the purpose on the SAM-6 housing unit, their role. A PREA Education video is shown at the beginning of each shift. The PREA Education video is in English and Spanish.</p> <p>This PREA auditor concludes that MCHOC is in compliance with the PREA Standard 115.21.</p>

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.22. This PREA Auditor reviewed MCHOC’s submitted Administrative Manual of Policies and Procedures Chapter 6; Policy 611.1 through 611.14 to verify all the necessary PREA language to meet standard 115.22 policy compliance requirements. An excerpt of MCHOC’s submitted policy 611.1 through 611.14 states, <i>“It is the policy of the Milwaukee County House of Correction that its members, when responding to reports of sexual assaults, will strive to minimize the trauma experienced by the victims, and will aggressively investigate sexual assaults, pursue expeditious apprehension and conviction of perpetrators, and protect the safety of the victims and the community...</i></p> <p><i>The Immediate supervisor will initiate contact with the operations lieutenant, whom along with the facility administration and the PREA Coordinator will coordinate and work with the Milwaukee County Sheriff’s Office and/or MCHOC Internal Affairs Investigation Unit to investigate all alleged sexual misconduct within the facility. Upon arrival at the scene, the investigators shall take over the scene and begin processing evidence. Investigators shall coordinate with the medical staff or an outside agency (SATC) for examination of the victim, abuser, and/or collection of evidence. Otherwise, the victim will be taken to the hospital emergency room to a SANE. Medical staff, in addition to potentially assisting in the evidentiary collection process, shall tend to any medical or mental health needs of the victim. Administrative staff shall coordinate subsequent housing and program placement of the victim and abuser to prevent contact.</i></p> <p><i>Investigators shall, in coordination with the administration of the facility, medical staff, and outside resources, adopt a uniform protocol for forensic medical examinations to obtain evidence and the utilization of practitioners trained in sexual assault forensic examination where possible. Administrative staff shall coordinate with the SATC for assistance with the provision of victim advocate services.</i></p> <p><i>All allegations of sexual abuse shall be promptly and objectively investigated, regardless of the source of information. Reports received must be submitted to the facility PREA Coordinator immediately upon receipt. SART investigators shall conduct the investigations in a professional and thorough manner in accordance with their training. Investigators shall gather and preserve direct and circumstantial evidence, including any available electronic monitoring data; shall interview allege victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, SART investigators shall consult with the PREA Coordinator prior to conducting compelled interviews to determine whether the compelled interviews may be an obstacle for subsequent criminal prosecution.</i></p> <p><i>Administrative investigations: (1) shall include an effort to determine whether staff</i></p>

actions or failures to act facilitate the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative findings."

MCHOC's policy is aligned with PREA Standard 115.22. This auditor also interviewed MCHOC's Internal Affairs Captain and Lieutenant, who verified that MCHOC's Internal Affairs investigates all staff related PREA administrative investigations and collaborate with law enforcement regarding criminal-related sexual assaults in MCHOC. MCHOC also has PREA Investigators, who are specialized trained to investigate Inmate-to-inmate administrative sexual harassment allegations solely. Furthermore, MCHOC's internal affairs stated that all investigation complies with PREA Standards investigations protocol.

This PREA auditor concludes that MCHOC is in compliance with the above-mentioned PREA Standard 115.22.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.31. This PREA Auditor reviewed MCHOC's submitted Employee Orientation PREA Training and Education document as verification of compliance with 115.31. This PREA Auditor also reviewed MCHOC's submitted Administrative Manual of Policies and Procedures Chapter 6; Policy 613.1 through 613.3 to verify all the necessary PREA language to meet standard 115.31 policy compliance requirements. This auditor verified that MCHOC's policy is aligned with PREA Standard 115.31.</p> <p>Additionally, when this PREA auditor interviewed 35 random MCHOC staff, more than 95% were confident in understanding the various dynamics of PREA, as well as their specific role responsibilities. This auditor reviewed formal training documentation of each of the randomly selected 35 staff members and volunteers interviewed. In reviewing MCHOC's accompanying Training Curriculum/Power Point, MCHOC staff received formal PREA education and training, covering the topics identified in PREA Standard 115.31.</p> <p>After this auditor's review of MCHOC's consistency in practice in alignment with its corresponding policy, MCHOC is in compliance with PREA Standard 115.31.</p>

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.32. This PREA Auditor reviewed MCHOC's submitted Employee Orientation PREA Training and Education document as verification of compliance with 115.32, as well as MCHOC's PREA Acknowledge Statement for Volunteers, Contractors, and Support Staff as verification of compliance with 115.32. This PREA Auditor also reviewed MCHOC's submitted Administrative Manual of Policies and Procedures Chapter 6; Policy 613.1 through 613.3 to verify all the necessary PREA language to meet standard 115.32 policy compliance requirements. This auditor verified that MCHOC's policy is aligned with PREA Standard 115.32.</p> <p>Additionally, when this PREA auditor interviewed 35 random MCHOC staff, more than 95% were confident in understanding the various dynamics of PREA, as well as their specific role responsibilities. This auditor reviewed formal training documentation of each of the randomly selected 35 staff members and volunteers interviewed. In reviewing MCHOC's accompanying Training Curriculum/Power Point, MCHOC staff received formal PREA education and training, covering the topics identified in PREA Standard 115.32.</p> <p>After this auditor's review of MCHOC's consistency in practice in alignment with its corresponding policy, MCHOC is in compliance with PREA Standard 115.32.</p>

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for PREA Standard 115.33. This PREA Auditor reviewed Milwaukee County House of Correction’s (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Section 608.1 through 608.4 as evidence of compliance with PREA Standard 115.33.</p> <p>Though MCHOC’s policy is in place, which is aligned with PREA Standard 115.33, consistency in practice was not verified through interviews with inmates. During interviews with inmates, there were inconsistencies in responses to inmates receiving comprehensive PREA education. Many inmates stated that they learned about PREA through recent signage placed on their housing units and from veteran inmates who have been to other correctional institutions or jails. There were 9/32 interviewed inmates who did not recall receiving PREA Orientation at intake. There were 0/32 interviewed inmates who reported that they received comprehensive inmate education within 30 days of their intake.</p> <p>Finally, this PREA Auditor could not conclude compliance because consistency in providing “Comprehensive PREA Education” to inmates within 30 days of their booking could not be confirmed. This auditor recommended that MCHOC conduct an institutional-wide inmate “Comprehensive PREA Education” to ensure that all inmates are educated on their PREA rights and accesses. This auditor also recommended that MCHOC develop a consistent process where inmates are receiving “PREA Orientation” at intake. This practice should be monitored over a period to establish consistency in practice. This PREA Auditor concluded that MCHOC was not in compliance with PREA Standard 115.33. A CORRECTIVE ACTION was required.</p> <p>During Milwaukee County House of Correction’s (MCHOC) Corrective Action period, MCHOC submitted their adjusted “MCHOC Standard Operating Procedure #1200-Booking Resident Intake Procedures,” to ensure each intake officer conducts the same procedures, specifically to “PREA Orientation.” Sections T, U, and V prescribes the following, “(t) Staff will read the MCHOC PREA policy from the black PREA binder located at the Booking 3 workstation. (u) On the Booking room television, staff will play the PREA orientation video for the residents to view in English, Spanish, sign language. (v) Staff is required to document that the residents were orientated on the MCHOC PREA policy in CMS, (in the activity quick entry screen (F4). Under the main category orientation, subcategory-PREA, log type-video). Every resident will be tagged under the names tab and the documentation will be saved for further review. During this auditor’s initial onsite audit, this auditor did observe the video playing in MCHOC’s booking location, however standard/uniformed “PREA Orientation” procedures were not in place. This made it difficult for the interviewed staff and inmates to clearly understand their process of conducting formal “PREA Inmate Orientation” on their PREA rights, reporting avenues, and access to outside</p>

emotional support for victims of sexual abuse. Additionally, MCHOC's PREA Coordinator was interviewed a second time. She clarified how MCHOC ensure the LEP and inmates who cannot read receives "PREA Orientation." She shared that that MCHOC staff has immediate access to their county contracted "Translation Services" for language assistance by calling 1 (800) 225-5254 (MCHOC specific access code required). She also shared that the booking officer read through the "PREA Orientation" with each inmate at booking, then signs off once concluded.

This auditor conducted a secondary interview with MCHOC's Classification Specialist and PREA Coordinator together. Both shared that after booking is completed all inmates are placed in a designated housing unit for a 14-day quarantine period (male and female inmates are in separate quarantine housing units). During this 14-day period, new arriving inmates receives "PREA Comprehensive Inmate Education," through an "PREA Comprehensive Education" video. During this time, other inmates are required to be on their bunks. A question-and-answer session follows the video. This "PREA Comprehensive Inmate Education" is captured in MCHOC's Case Management System (CMS), under each inmate's file. This auditor viewed this education video.

This PREA auditor also interviewed MCHOC's technology personnel, who shares the MCHOC now has electronic tablets on each housing unit, for inmate access. There are enough electronic tablets for each inmate to check out one for the day (return at bedtime for recharging). Each time an inmate logs onto their any electronic tablet, the tablet goes to a 6-page PREA overview, namely "PREA Sexual Abuse/Assault-An Overview for Offenders." The "PREA Overview" is MCHOC's "PREA Comprehensive Inmate Education" in a written format. According to this auditor's interview with MCHOC's technology personnel, inmates are prompted to read the overview and at the end of the PREA overview, inmates must sign the signature pad, acknowledging that they read and understand. MCHOC submitted photo evidence of various inmates on their housing units with electronic tablets in hand, who appear to be reading the PREA Overview.

This auditor concludes that Milwaukee County House of Correction (MCHOC) is in compliance with PREA Standard 115.33.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for PREA Standard 115.34. This PREA Auditor reviewed Milwaukee County House of Correction's (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Section 606 as evidence of compliance with PREA Standard 115.34.</p> <p>This auditor also verified that MCHOC's policy is aligned with PREA Standard 115.34. This auditor also interviewed 8 MCHOC PREA Investigators and verified that each received specialized training through the National Institute of Corrections (NIC). Each PREA Investigator was able to share their roles and responsibilities regarding PREA allegations. Each were also well-versed in interviewing victims of abuse, Garrity Rights, and preservation of usable evidence. MCHOC's PREA Investigators are specialized trained, and practice is in place.</p> <p>After this auditor's review of MCHOC's consistency in practice in alignment with its corresponding policy, MCHOC is in compliance with PREA Standard 115.34.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.35. This PREA Auditor reviewed MCHOC's submitted Administrative Manual of Policies and Procedures Chapter 6; Policy 614.1 through 614.2 to verify all the necessary PREA language to meet standard 115.35 policy compliance requirements. This auditor verified that MCHOC's policy is aligned with PREA Standard 115.35.</p> <p>During the onsite audit, this auditor interviewed the medical (Wellpath) and mental health supervisors. Both were very clear in their understanding of PREA Standards, and their roles in responding to PREA incidents. This auditor also reviewed MCHOC's medical and mental health Powerpoint training outline, as well as documented (training certificates) verification of active medical and mental health staff specialized training. Medical and mental health had certificates and documentation to verify their specialized training and education.</p> <p>After this auditor's review of MCHOC's documentation and consistency in practice being in alignment with its corresponding policy, MCHOC is in compliance with PREA Standard 115.35.</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for PREA Standard 115.41. This PREA Auditor reviewed Milwaukee County House of Correction’s (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Section 610.2 through 610.5 as evidence of compliance with PREA Standard 115.41.</p> <p>This auditor verified that MCHOC’s policy is aligned with PREA Standard 115.41. This auditor also interviewed the Classification team, medical team, and the Intake team who explained the process of gathering risk of victimization and abusiveness information. However, during this interview, this auditor found that the contracted medical team’s screening form did not have a scoring mechanism in place. Additionally, the totality of inmate information received on the medical screening form (at intake) was self-report only and did not contain the important/required information from PREA Standard 115.41 to make a clear inmate victimization or predatory assessment. Furthermore, referrals to mental health/medical were not consistently being submitted for follow-up within 14 days of initial screening for those who screened as possible victim or predator. Finally, the contracted medical team’s screening form did not capture the inmate’s legal history or prior institutional violence and/or victimization.</p> <p>This auditor concluded that informed housing decisions cannot be made when the inmate PREA risk assessment tool is not accurately capturing all the information or working uniformly. This auditor did receive a copy of MCHOC’s “Department of Public Safety Victim and/or Predator Screening Instrument” which covers the requirements to be in compliance with PREA Standard 115.41. This auditor recommended that MCHOC’s intake/classification team primarily conduct inmate victimization and abusiveness screening, since their form meets the criteria required in PREA Standard 115.41. Additionally, MCHOC’s intake/classification staff should also be the person(s) responsible for completing and submitting a housing, program, and work detail recommendations (based on their classification score and PREA risk assessment screening), as well as sending referrals to mental health/medical to conduct a follow-up within 14 days of initial risk assessment, for those inmates who screened to be “potential victims” or “potential perpetrators.” These referrals should be emailed and then properly documented by the contracted mental health provider, and on MCHOC’s Case Management System (CMS). This PREA Auditor concluded that MCHOC was not in compliance with PREA Standard 115.41. A CORRECTIVE ACTION was required.</p> <p>During Milwaukee County House of Correction’s (MCHOC) Corrective Action period, MCHOC adjusted their procedures and the personnel who’s administering the PREA Risk Screening Tool. MCHOC has moved to their “Classification Specialist” primarily administering the PREA Risk Screening tool when each inmate completes booking and</p>

placed on their quarantine housing unit (within 72 hours). This auditor re-interviewed MCHOC's Classification Specialist, who shared the adjusted process. MCHOC's Classification Specialist" shared that when each inmate enters their 14-day quarantine housing period, she administers the "PREA Risk Screening Tool," conducts "PREA Comprehensive Inmate Education," and email contracted Psychiatric Social Workers if/when an inmate screens to be at risk of "potential victimization or "potential perpetration."

MCHOC's Classification Sergeant shared that the housing, program, and work detail recommendations are a combined effort between MCHOC and the contracted Psychiatric Social Worker. Some inmates may get diverted to the SMT housing unit (for inmates assessed with severe mental health challenges), work housing, or general housing with heightened supervision/bunked closer to staff station on the housing unit. With MCHOC's open dormitory bunks, all inmates sleep and bunk in an open day space. Finally, MCHOC's "Classification Specialist" submitted a sample 30 randomly selected inmates in the past 4 months, which included their risk assessment date, risk score, referral date, follow-up date, and housing recommendation/decisions which considered the inmate's "MCHOC's Classification Score" and "PREA Risk Screening." There were 28/30 to screen at-risk of "potential victimization" or "potential perpetration" (1 inmate refused to answer screening questions and 1 did not screen to be at risk). Each of the 28 risk screened inmates were seen within the required 14-day follow-up window, as well as housing decisions/recommendations considering the PREA risk score and based on the 14-day follow-up assessment with the Psych-Social worker.

This auditor concludes that Milwaukee County House of Correction (MCHOC) is in compliance with PREA Standard 115.41.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for PREA Standard 115.42. This PREA Auditor reviewed Milwaukee County House of Correction’s (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Section 610.2 through 610.5 as evidence of compliance with PREA Standard 115.42. This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for PREA Standard 115.42. This PREA Auditor reviewed Milwaukee County House of Correction’s (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Section 610.2 through 610.5 as evidence of compliance with PREA Standard 115.42.</p> <p>This auditor verified that MCHOC’s policy is aligned with PREA Standard 115.42. This auditor also interviewed the Classification team, medical team, and the Intake team who explained the process of gathering risk of victimization and abusiveness information. However, during this interview, this auditor found that the contracted medical team’s screening form did not have a scoring mechanism in place. Additionally, the totality of inmate information received on the medical screening form (at intake) was self-report only and did not contain the important/required information from PREA Standard 115.42 to make a clear inmate victimization or predatory assessment. Furthermore, referrals to mental health/medical were not consistently being submitted for follow-up within 14 days of initial screening for those who screened as possible victim or predator. Finally, the contracted medical team’s screening form did not capture the inmate’s legal history or prior institutional violence and/or victimization.</p> <p>This auditor concluded that informed housing decisions cannot be made when the inmate PREA risk assessment tool is not accurately capturing all the information or working uniformly. This auditor did receive a copy of MCHOC’s “Department of Public Safety Victim and/or Predator Screening Instrument” which covers the requirements to be in compliance with PREA Standard 115.41. This auditor recommended that MCHOC’s intake/classification team primarily conduct inmate victimization and abusiveness screening, since their form meets the criteria required in PREA Standard 115.41. Additionally, MCHOC’s intake/classification staff should also be the person(s) responsible for completing and submitting a housing, program, and work detail recommendations (based on their classification score and PREA risk assessment screening), as well as sending referrals to mental health/medical to conduct a follow-up within 14 days of initial risk assessment, for those inmates who screened to be “potential victims” or “potential perpetrators.” These referrals should be emailed and then properly documented by the contracted mental health provider, and on MCHOC’s Case Management System (CMS). This PREA Auditor concluded that MCHOC was not in compliance with PREA Standard 115.42. A CORRECTIVE ACTION was required.</p>

During Milwaukee County House of Correction's (MCHOC) Corrective Action period, MCHOC adjusted their procedures and the personnel who's administering the PREA Risk Screening Tool. MCHOC has moved to their "Classification Specialist" primarily administering the PREA Risk Screening tool when each inmate completes booking and placed on their quarantine housing unit (within 72 hours). This auditor re-interviewed MCHOC's Classification Specialist, who shared the adjusted process. MCHOC's Classification Specialist" shared that when each inmate enters their 14-day quarantine housing period, she administers the "PREA Risk Screening Tool," conducts "PREA Comprehensive Inmate Education," and email contracted Psychiatric Social Workers if/when an inmate screens to be at risk of "potential victimization or "potential perpetration."

MCHOC's Classification Sergeant shared that the housing, program, and work detail recommendations are a combined effort between MCHOC and the contracted Psychiatric Social Worker. Some inmates may get diverted to the SMT housing unit (for inmates assessed with severe mental health challenges), work housing, or general housing with heightened supervision/bunked closer to staff station on the housing unit. With MCHOC's open dormitory bunks, all inmates sleep and bunk in an open day space. Finally, MCHOC's "Classification Specialist" submitted a sample 30 randomly selected inmates in the past 4 months, which included their risk assessment date, risk score, referral date, follow-up date, and housing recommendation/decisions which considered the inmate's "MCHOC's Classification Score" and "PREA Risk Screening." There were 28/30 to screen at-risk of "potential victimization" or "potential perpetration" (1 inmate refused to answer screening questions and 1 did not screen to be at risk). Each of the 28 risk screened inmates were seen within the required 14-day follow-up window, as well as housing decisions/recommendations considering the PREA risk score and based on the 14-day follow-up assessment with the Psych-Social worker.

This auditor concludes that Milwaukee County House of Correction (MCHOC) is in compliance with PREA Standard 115.42.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for PREA Standard 115.43. This PREA Auditor reviewed Milwaukee County House of Correction’s (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Section 610.2 through 610.5 as evidence of compliance with PREA Standard 115.43.</p> <p>This auditor verified that MCHOC’s policy is aligned with PREA Standard 115.43. This auditor also individually interviewed the Classification and Intake team, MCHOC’s PREA Coordinator, and MCHOC’s PREA Compliance Manager. Each were consistent that involuntary protective custody is only used when no other options are available, time limited if utilized and documented when occurs. Furthermore, each shared that involuntary protective custody is rarely used based on the risk assessment score. MCHOC’s PREA Coordinator and PREA Compliance Manager stated, “With our open bay housing set up, we can usually place them without using protective custody.”</p> <p>During the site visit, this auditor reviewed 12 months of randomly selected dates of segregation/protective custody documentation for inmates to verify protective custody/segregation purpose, documented exhaustion of alternatives to segregation, documented temporary use, and assessment for continued use of segregation. This auditor also interviewed a random selection of 32 inmates, who confirmed that involuntary segregation/protective custody is not customarily used for inmates who are considered high-risk at intake. According to the inmates, most inmates who are placed in segregation or relocated to higher restricted housing units are for disciplinary purposes.</p> <p>After this auditor’s review of MCHOC’s consistency in practice in alignment with its corresponding policy, MCHOC is in compliance with PREA Standard 115.43.</p>

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for PREA Standard 115.51. This PREA Auditor reviewed Milwaukee County House of Correction’s (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Section 609.2 through 609.7 as evidence of compliance with PREA Standard 115.51.</p> <p>This auditor verified that MCHOC’s policy is aligned with PREA Standard 115.51. This auditor also interviewed 32 inmates. There was a consensus amongst all inmates that each know how and who they can report sexual abuse and sexual harassment. This auditor also checked the *789 free hotline number to confirm its use and being free of charge. This auditor was able to navigate the *789 to report a PREA-related incident without charge and confidential. This auditor also interviewed 35 randomly selected MCHOC security, support, contractual staff, and volunteers. Each was able to share at least 3 avenues for inmate reporting. Finally, this auditor reviewed the inmate handbook, which had reporting information within its contents.</p> <p>This PREA auditor concludes that MCHOC is in compliance with the above-mentioned PREA Standard 115.51.</p>

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for Standard 115.52. This PREA Auditor reviewed MCHOC’s submitted Administrative Manual of Policies and Procedures Chapter 6; Policy 603.2 through 603.6 to verify all the necessary language to meet PREA standard 115.52 policy compliance requirements.</p> <p>This auditor verified that MCHOC’s policy is aligned with PREA Standard 115.52. This auditor also interviewed 32 randomly selected inmates. Each inmate knew the administrative remedy (grievance) process and its purpose. This auditor also interviewed 24 randomly selected security staff (which included Direct Supervision Security, PREA Investigators, PREA Coordinator, and PREA Compliance Manager). Each explained that inmate grievances are confidential, retrieved and reviewed only by the “Grievance Lieutenant.” This auditor was only able to review limited grievance files, due to the “Grievance Lieutenant” being uncooperative with this auditor’s requests. Due to time constraints, this auditor had to continue with the onsite audit without gaining full access to interview “Grievance Lieutenant,” review grievance documents to conclude level of compliance. This PREA auditor concluded that MCHOC was not in compliance with PREA Standard 115.52. A CORRECTIVE ACTION was required.</p> <p>During Milwaukee County House of Correction’s (MCHOC) Corrective Action period, this auditor was able to coordinate with MCHOC’s PREA Coordinator to confirm previous interviews from inmates, that MCHOC’s administrative remedy process is healthy, responsive and provides an emergency PREA incident reporting access/ option. This auditor reviewed another random sample of completed paper grievances, however most of MCHOC’s grievances are processed through an inmate administrative remedy online portal. Through this portal, an inmate can write a confidential grievance or file an emergency grievance, which is opened and reviewed by the Grievance Lieutenant (upper-level officer). Once reviewed and investigated, the inmate receives a response through the portal or followed up personally (based on severity). During the initial on-site audit, this auditor did view and observe the online portal to file administrative remedies. Additionally, a randomly selected inmate showed this auditor how processing an administrative remedy works, through the portal.</p> <p>This auditor concludes that Milwaukee County House of Correction (MCHOC) is in compliance with PREA Standard 115.52.</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.53. This PREA Auditor reviewed Milwaukee County House of Correction's (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Policy number 611.12.1 as evidence of compliance with PREA Standard 115.53.</p> <p>This auditor verified that MCHOC's policy is aligned with PREA Standard 115.53. This auditor also interviewed a random selection of 35 inmates, asking if they were informed and/or made aware of outside victim advocate services available to victims of sexual abuse. This auditor did observe outside victim advocate services posted on each housing unit (near telephones). This auditor also reviewed MCHOC's Memorandum of Understanding with "Aurora Healing and Advocacy Services." However, there were 34/35 inmates could not recall being oriented or educated on available outside victim advocate services for victims of sexual abuse.</p> <p>This auditor recommended that MCHOC develop a consistent process where inmates are receiving "PREA Orientation" at intake and "PREA Comprehensive Inmate Education" within 30 days of each inmate's intake. There should be specific attention to MCHOC's no tolerance of sexual abuse/sexual harassment, inmate's rights, reporting avenues, victim advocacy, and MCHOC's response to reports of sexual abuse/harassment. This practice should be monitored over a period before compliance can be determined. This PREA Auditor could not conclude that MCHOC was in compliance with PREA Standard 115.53. A CORRECTIVE ACTION was required.</p> <p>During Milwaukee County House of Correction's (MCHOC) Corrective Action period, MCHOC submitted their adjusted "MCHOC Standard Operating Procedure #1200-Booking Resident Intake Procedures," to ensure each intake officer conducts the same procedures, specifically to "PREA Orientation." Sections T, U, and V prescribes the following, "(t) Staff will read the MCHOC PREA policy from the black PREA binder located at the Booking 3 workstation. (u) On the Booking room television, staff will play the PREA orientation video for the residents to view in English, Spanish, sign language. (v) Staff is required to document that the residents were orientated on the MCHOC PREA policy in CMS, (in the activity quick entry screen (F4). Under the main category orientation, subcategory-PREA, log type-video). Every resident will be tagged under the names tab and the documentation will be saved for further review. During this auditor's onsite visit, this auditor did observe the video playing in MCHOC's booking, however standard/uniformed "PREA Orientation" procedures were in place. This made it difficult for the interviewed staff and inmates to clearly understand that they were conducting and being oriented on their PREA rights, reporting avenues, and access to outside emotional support for victims of sexual abuse. Additionally, MCHOC staff has immediate access to their county</p>

contracted "Translation Services" for language assistance by calling 1 (800) 225-5254 (MCHOC specific access code required).

This auditor interviewed MCHOC Classification Specialist and PREA Coordinator. Both shared that after booking is completed all inmates are placed in a designated housing unit for a 14-day quarantine period. During this 14-day period, new arriving inmates receives "PREA Comprehensive Inmate Education," through an education video being played, while other inmates are placed on their bunks. A question-and-answer session follows the video. This "PREA Comprehensive Inmate Education" is captured in MCHOC's Case Management System (CMS), under each inmate's file. This auditor viewed this education video. This PREA auditor also interviewed MCHOC's technology personnel, who shares the MCHOC now has electronic tablets on each housing unit, for inmate access. There are enough electronic tablets for each inmate to check out one for the day (return at bedtime for recharging). Each time an inmate logs onto their any electronic tablet, the tablet goes to a 6-page PREA overview, namely "PREA Sexual Abuse/Assault-An Overview for Offenders." The PREA Overview entails MCHOC's "PREA Comprehensive Inmate Education" in a written format. According to this auditor's interview with MCHOC's technology personnel, inmates are prompted to read the overview and at the end of the PREA overview, inmates must sign the signature pad, acknowledging that they read and understand. MCHOC submitted photo evidence of various inmates on their housing units with electronic tablets in hand, who appear to be reading the PREA Overview.

This auditor concludes that Milwaukee County House of Correction (MCHOC) is in compliance with PREA Standard 115.53.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.54. This PREA Auditor reviewed MCHOC’s website as evidence of one of their methods of 3rd party reporting (https://county.milwaukee.gov/EN/House-of-Correction/PREA). This PREA Auditor also reviewed Milwaukee County House of Correction’s (MCHOC) submitted PREA Inmate Reporting policy #609 as evidence of compliance with PREA Standard 115.54.</p> <p>This auditor verified that MCHOC’s policy contains all the necessary language to align to PREA Standard 115.54. This auditor also interviewed a random selection of 35 inmates, who verified their ability to report a PREA-related incident through a 3rd party. Each inmate was able to give at least 2 examples of 3rd party reporting avenues at MCHOC. MCHOC PREA Orientation pamphlets also contained information about 3rd party reporting.</p> <p>This PREA auditor concludes that MCHOC is in compliance with PREA Standard 115.54</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.61. This PREA Auditor also reviewed Milwaukee County House of Correction's (MCHOC) submitted their Administrative Manual of Policies and Procedures Chapter 6; Policy number 609.4 through 609.8 as evidence of compliance with staff and agency reporting duties. Policy #609 contained all the necessary language to align to PREA Standard 115.61. An excerpt from MCHOC's Policy 609 states, <i>"Unless otherwise precluded by federal, State or local law, medical and mental health providers shall be required to report sexual abuse and to inform inmates of the practitioner's duty to report and the limitations of confidentiality. The agency shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility investigators. If the alleged victim is under the age of 18 or considered a vulnerable adult under State vulnerable person statute, the agency shall report the allegation to the designated State or local agencies and law enforcement pursuant to applicable reporting laws. Any member of staff who receives a report of sexual abuse from an inmate, verbal or otherwise, must immediately report this to his/her supervisor, who in turn must immediately report it to the Shift Commander. In addition, staff must report any suspicion or information of conduct violating these policies, whether or not any report has been filed by anyone. If the supervisor is the alleged perpetrator, staff should report to the next higher level of supervision or directly to the Shift Commander on duty, who in turn reports it to the PREA Coordinator. Even anonymous reports must be addressed. Staff may report sexual abuse or sexual harassment of inmates to their shift Lieutenant. Staff reports must be in writing; however, even if the report is received verbally or by other staff than designated, it still must be treated as a report and handled accordingly. Staff may not reveal any information related to a report of sexual abuse to anyone other than the extent necessary such as supervisors, treatment specialists' investigatory units or for management and security decisions."</i></p> <p>This auditor also interviewed a random selection of 35 security, support contracted, and leadership staff. Each were able to acknowledge their duty to respond to and reports of PREA-related incidents, even through a 3rd party. Each interviewed staff was able to share their duties once a report is verbally or written submitted.</p> <p>This PREA auditor concludes that MCHOC is in compliance with PREA Standard 115.61</p>

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.61. This PREA Auditor also reviewed Milwaukee County House of Correction's (MCHOC) submitted their Administrative Manual of Policies and Procedures Chapter 6; Policy number 609.4 through 609.8 as evidence of compliance with PREA Standard 115.62. An excerpt from 609.6 states, <i>"If it is reported that an inmate is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate. This involves moving the inmate or the potential abuser. Protective custody should only be resorted to if no other options to protect the inmate are reasonably available. If involuntary segregation is the only available means of assuring the inmate's safety, the inmate shall have the same access to programs and the same opportunities while in segregation as the inmate would have if not in segregation, where possible. [Note: if access to programs, etc. is limited, the limitation, its duration and the reasons therefore must be documented. The documentation will be placed in the inmate's file]. Involuntary solitary should be resorted to for only as long as other alternatives are not possible. Involuntary segregation may not exceed 30 days unless it is extended, which extension is documented in writing explaining the reason for the extension and the reason no alternative placement could be arranged. Involuntary segregation must be reviewed every 30 days and only extended in accordance with this provision. (Each 30-day period requires separate documentation). IMMEDIATE ACTION TO PREVENT OR STOP THE ABUSE SHALL BE THE FIRST AND PARAMOUNT PRIORITY."</i></p> <p>This auditor also interviewed 32 inmates, asking if they felt they were in imminent risk of victimization, would they be able to inform a corrections officer. More than 90% of the interviewed inmates responded that they could report to an officer and believe the officer would immediately respond for their safety. All 35 randomly staff, contractors, and volunteers were asked, if they had belief that an inmate was at substantial risk of sexual abuse, how would they respond? Each staff responded with either contacting a higher authority to find a safer environment or take some form of immediate action to ensure inmate's safety.</p> <p>This PREA auditor concludes that MCHOC is in compliance with the above-mentioned PREA Standard 115.62.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.63. This PREA Auditor also reviewed Milwaukee County House of Correction's (MCHOC) submitted their Administrative Manual of Policies and Procedures Chapter 6; Policy number 609.4 through 609.8 as evidence of compliance with PREA Standard 115.63. An excerpt from 609.4 states, <i>"Upon receiving allegations that an inmate was sexually abused while being confined at another institution/facility, the PREA Director or his/her designee; P.R.E.A. Coordinator, must notify the head of the said institution/facility, or appropriate office of the agency, where the sexual abuse was alleged to have occurred. The PREA Director or his/her designee will notify the institution where the alleged sexual abuse took place within 72 hours of being notified.</i></p> <p>1. <i>All allegations received from other agencies stating that an inmate was sexually abuse while being confined at the MCHOC must be immediately investigated in accordance to the PREA standards."</i></p> <p>This auditor concluded that this policy was not aligned with PREA Standard 115.63. It stated that the "PREA Director" will contact the other institution/facility. However, the PREA Standard 115.63 is clear stating, "(a) Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred." According to PREA Standard 115.63, the facility head should be the notifying party and receive notifications from other facilities. Additionally, though this auditor interviewed MCHOC's Superintendent and PREA Coordinator, who shared the correct procedural steps when an inmate shares of a PREA-related incident at another facility. During both interviews, each stated that the Superintendent corresponds with the other facility to notify of allegations that an inmate was sexually abuse while at another facility or at MCHOC.</p> <p>This auditor recommended that MCHOC adjust their policy 609.4 language to align with PREA Standard 115.63, by changing the wording "PREA Director" to "Superintendent."</p> <p>During Milwaukee County House of Correction's (MCHOC) Corrective Action period, MCHOC submitted their adjusted "MCHOC policy 609.4, which had its language adjusted to align with PREA Standard 115.63. MCHOC changed the wording in this policy section from saying "PREA Director" to "Superintendent."</p> <p>This auditor concludes that Milwaukee County House of Correction (MCHOC) is in compliance with PREA Standard 115.63.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.64. This PREA Auditor reviewed Milwaukee County House of Correction's (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Policy number 609.5 as evidence of compliance with PREA Standard 115.64.</p> <p>This auditor concludes that MCHOC's policy is aligned with PREA Standard 115.64. This auditor also interviewed 35 randomly selected MCHOC staff, contractors, and volunteers asking, "What is your role as a first responder if an inmate reported an alleged sexual abuse?" Each interviewed staff were consistent in their responses given to this auditor, providing a clear picture on staff knowledge of their responsibilities as first responders. This auditor also interviewed 32 randomly selected inmates asking, "How immediate does staff respond to a report of sexual abuse/sexual harassment at MCHOC?" Each inmate felt confident in reporting incidents of sexual abuse/sexual harassment to staff and it being addressed immediately.</p> <p>After this auditor's review of MCHOC's consistency in practice in alignment with their corresponding policy, MCHOC is in compliance with PREA Standard 115.64.</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.65. This PREA Auditor reviewed Milwaukee County House of Correction’s (MCHOC) submitted their PREA Sexual Abuse Allegations Flow Chart as evidence of compliance with PREA Standard 115.65.</p> <p>MCHOC’s flowchart demonstrated a “Coordinated Response” from an initial report of sexual abuse/harassment, investigation, and various simultaneous responses on this coordinated path. Staff also carried around “First Responders Responsibilities” card to assist in following coordinated response protocols. According to MCHOC’s leadership, these “First Responders Responsibilities” cards are considered a part of each staff’s uniform and MUST always be on their person. Each interviewed security staff had their first responder card readily available upon my request to view.</p> <p>After this auditor’s review of MCHOC’s consistency in practice in alignment with their corresponding policy, MCHOC is in compliance with PREA Standard 115.65.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source to determine compliance for Standard 115.66 of Milwaukee County House of Correction (MCHOC) submitted their Memorandum of Agreement between Milwaukee County and Wisconsin Department of corrections for the Temporary Housing of Inmates at the House of Corrections as evidence of compliance with PREA Standard 115.66. The Memorandum of Agreement states, <i>“The Superintendent will comply with the Federal Prison Rape Elimination Act of 2003 and any subsequent standards imposed by the United States Attorney General. If the Superintendent is not in full compliance with the Federal Prison Rape Elimination Act of 2003, the Superintendent shall take all feasible and necessary steps to work toward full compliance, shall continue to do so until full compliance is achieved and shall continue to maintain full compliance. The Superintendent shall have policies and procedures in place for responding to sexual abuse and sexual harassment allegations as defined by PREA and shall further have procedures or policies for maintaining reports and records necessary for reporting data consistent with PREA. The Superintendent shall provide training for its staff, contractors, interns, volunteers and any others who may have contact with offenders pursuant to its policy, procedures and PREA standards. See 28 C.F.R. § 115.12. The Superintendent will complete in a timely manner the Bureau of Justice Statistics Annual Survey of Sexual Victimization (SSV) and/or its current equivalent survey. The Superintendent will forward a copy of the SSVIA-Adult Incident Form and/or SSVIJ-Juvenile Incident Form for each incident involving DOC offenders in the prior calendar year to the DOC within 30 calendar days of the date the Bureau of Justice Statistics publishes the Annual Survey on Sexual Victimization. These forms shall be forwarded to the DOC PREA Office at DOCPREData@wisconsin.gov. The DOC may conduct a compliance review to ensure that the Superintendent is compliant with PREA standards. This review may include, but is not limited to, an examination of Superintendent policies, procedures, staff records, offender records, training records and incident records related to sexual abuse or sexual harassment allegations as defined by PREA. See 28 C.F.R. § 115.12. The Superintendent shall notify the DOC within 24 hours of any sexual abuse or sexual harassment allegation as defined by PREA. Notification shall be made via email to DOCPREData@wisconsin.gov and shall include a copy of the facility’s incident report. If the DOC has reason to believe that any sexual abuse or sexual harassment incident as defined by PREA has occurred, it shall have immediate access to relevant HOC records as defined by DOC.”</i></p> <p>This PREA auditor concludes that MCHOC is in compliance with the above-mentioned PREA Standard 115.66.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.67. This PREA Auditor reviewed Milwaukee County House of Correction's (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Policy #609.7 through #609.8 to verify all the necessary PREA language to meet standard 115.67 policy compliance requirements.</p> <p>This auditor concludes that MCHOC's policy language is aligned with PREA Standard 115.67. This PREA auditor interviewed 2 MCHOC Internal Affairs PREA Investigation Team members (investigates staff related PREA reports), as well as 6 MCHOC Administrative PREA Investigative Team Members (investigates inmate to inmate related PREA reports). Both were able to share and demonstrate the investigation coordinated response, as well as retaliation monitoring throughout the investigations. This auditor also interviewed MCHOC's PREA Coordinator and PREA Compliance Manager, who are responsible for retaliation monitoring and its documentation. Both allowed this auditor to review 4 randomly selected PREA Investigation files. Each investigation file had the retaliation monitoring form included and completed</p> <p>After this auditor's review of MCHOC's consistency in practice in alignment with their corresponding policy, MCHOC is in compliance with PREA Standard 115.67.</p>

115.68	<p data-bbox="240 91 1503 1648">Post-allegation protective custody</p> <p data-bbox="240 1648 1503 1809">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 1809 1503 1883">Auditor Discussion</p> <p data-bbox="240 1883 1503 2045">This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.68. This PREA Auditor reviewed Milwaukee County House of Correction’s (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Sections 610.2 through 610.5 as evidence of compliance with PREA Standard 115.68.</p> <p data-bbox="240 2045 1503 2206">This auditor verified that MCHOC’s policy is aligned with PREA Standards 115.68 and 115.43. This auditor also individually interviewed the Classification and Intake team, MCHOC’s PREA Coordinator, and MCHOC’s PREA Compliance Manager. Each were consistent that post allegation protective custody is only used when no other options are available, time limited if utilized and documented when occurs. Furthermore, each shared that protective custody is rarely used based on the risk assessment score. If used to protect the reporting victim, it is used in exigent circumstances and time limited. MCHOC’s PREA Coordinator and PREA Compliance Manager stated, “We exhaust our multiple housing locations before resorting to protective custody for inmate-to-inmate reporting. We also relocate staff if the allegations involve staff and inmate.”</p> <p data-bbox="240 2206 1503 2240">During the site visit, this auditor reviewed 12 months of randomly selected dates of segregation/protective custody documentation for inmates to verify protective custody/segregation purpose, documented exhaustion of alternatives to segregation, documented temporary use, and assessment for continued use of segregation. This auditor also interviewed a random selection of 32 inmates, who confirmed that protective custody is not customarily used for inmates who are considered high-risk at intake but has been used to protect reporting inmates. According to the logbook and interviews with 3 randomly selected segregated inmates, most inmates who are placed in segregation or relocated to higher restricted housing units are for disciplinary purposes.</p> <p data-bbox="240 2367 1503 2240">After this auditor’s review of MCHOC’s consistency in practice in alignment with its corresponding policy, MCHOC is in compliance with PREA Standard 115.68.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.71. This PREA Auditor reviewed Milwaukee County House of Correction's (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Policy number 611.03 through 611.10, and 611.13 as evidence of compliance with PREA Standard 115.71.</p> <p>This auditor concludes that MCHOC's policy is aligned with PREA Standard 115.71. Additionally, this PREA auditor interviewed 2 MCHOC Internal Affairs PREA Investigation Team members (investigates staff related PREA reports). Both shared that any criminal sexual abuse investigations are referred to law enforcement and MCHOC's Internal Affairs investigators work in tandem with law enforcement to gather necessary evidence. Administrative PREA investigations related to staff misconduct is investigated by MCHOC's Internal Affairs. This auditor also interviewed 6 MCHOC Administrative PREA Investigative Team Members (investigates inmate to inmate related PREA reports). Both were able to share and demonstrate the investigation coordinated response. Both MCHOC investigative team shared that after interviews, collection of any physical evidence, and camera reviews, a preponderance of evidence conclusion is determined.</p> <p>Finally, this auditor also interviewed MCHOC's PREA Coordinator and PREA Compliance Manager, who are responsible for retaliation monitoring and its documentation. Both allowed this auditor to review 4 randomly selected PREA Investigation files. However, when this auditor reviewed 2 randomly selected investigation files submitted by MCHOC's Internal Affairs Investigators (IA) and 1 randomly selected PREA-related investigation file submitted by MCHOC's PREA Coordinator, there were inconsistencies in both sets of files. In the files submitted by the I.A. investigators, the files were uniformed, categorically structured, and neatly organized. The PREA Administrative Investigations folder submitted by the PREA Coordinator was in a different format from the I.A. PREA Investigation files (and not in order). Additionally, the investigation's conclusion did not align with PREA's preponderance of evidence standard (substantiated, unsubstantiated, and/or unfounded) There was some added conclusion language in the preponderance of evidence that is not included in PREA Standards 115.72.</p> <p>This auditor recommended that MCHOC's I.A. PREA Investigators (Staff-related PREA Investigations) and MCHOC Trained Administrative PREA Investigators (Inmate to Inmate PREA Investigations) develop a uniformed format, documentation, and order of PREA Investigation files (One folder-type, one uniformed format and order for one to read, and concluding preponderance of evidence that aligns with PREA Standard 115.72) After this auditor's review of MCHOC's consistency in practice with its corresponding policy, MCHOC was not in compliance with PREA Standard 115.71.</p>

During Milwaukee County House of Correction's (MCHOC) Corrective Action period, MCHOC submitted photo evidence of their adjustments made to the PREA Administrative investigation files, to align with IA PREA Investigation files. Now all PREA Investigation files are same-colored files with the same format of information within. Additionally, MCHOC's PREA Coordinator submitted an I.A. PREA Investigation (staff related PREA Investigation), which occurred within this Corrective Action period. The investigation summary, statements, telephone and video time stamps, and other supporting evidence was identified in the report, as well as the appropriate preponderance of evidence (which aligns with PREA Standard 115.72).

This auditor concludes that Milwaukee County House of Correction (MCHOC) is in compliance with PREA Standard 115.71.

115.72	Evidentiary standard for administrative investigations
	<p data-bbox="256 188 986 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 558 300">Auditor Discussion</p> <p data-bbox="256 340 1469 582">This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.72. This PREA Auditor reviewed Milwaukee County House of Correction’s (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Policy number 611.10 through 611.13 as evidence of compliance with PREA Standard 115.72.</p> <p data-bbox="256 622 1469 1115">This auditor concludes that MCHOC’s policy is aligned with PREA Standard 115.72. Additionally, this PREA auditor interviewed 2 MCHOC Internal Affairs PREA Investigation Team members (investigates staff related PREA reports). Both shared that any criminal sexual abuse investigations are referred to law enforcement and MCHOC’s Internal Affairs investigators work in tandem with law enforcement to gather necessary evidence. Administrative PREA investigations related to staff misconduct is investigated by MCHOC’s Internal Affairs. This auditor also interviewed 6 MCHOC Administrative PREA Investigative Team Members (investigates inmate to inmate related PREA reports). Both were able to share and demonstrate the investigation coordinated response. Both MCHOC investigative team shared that after interviews, collection of any physical evidence, and camera reviews, a preponderance of evidence conclusion is determined.</p> <p data-bbox="256 1155 1469 1729">Finally, this auditor also interviewed MCHOC’s PREA Coordinator and PREA Compliance Manager, who are responsible for retaliation monitoring and its documentation. Both allowed this auditor to review 4 randomly selected PREA Investigation files. However, when this auditor reviewed 2 randomly selected investigation files submitted by MCHOC’s Internal Affairs Investigators (IA) and 1 randomly selected PREA-related investigation file submitted by MCHOC’s PREA Coordinator, there were inconsistencies in both sets of files. In the files submitted by the I.A. investigators, the files were uniformed, categorically structured, and neatly organized. The PREA Administrative Investigations folder submitted by the PREA Coordinator was in a different format from the I.A. PREA Investigation files (and not in order). Additionally, the investigation's conclusion did not align with PREA's preponderance of evidence standard (substantiated, unsubstantiated, and/or unfounded) There was some added conclusion language in the preponderance of evidence that is not included in PREA Standards 115.72.</p> <p data-bbox="256 1769 1469 2056">This auditor recommended that MCHOC’s I.A. PREA Investigators (Staff-related PREA Investigations) and MCHOC Trained Administrative PREA Investigators (Inmate to Inmate PREA Investigations) develop a uniformed format, documentation, and order of PREA Investigation files (One folder-type, one uniformed format and order for one to read, and concluding preponderance of evidence that aligns with PREA Standard 115.72) After this auditor’s review of MCHOC’s consistency in practice with its corresponding policy, MCHOC was not in compliance with PREA Standard 115.72.</p>

During Milwaukee County House of Correction's (MCHOC) Corrective Action period, MCHOC submitted photo evidence of their adjustments made to the PREA Administrative investigation files, to align with IA PREA Investigation files. Now all PREA Investigation files are same-colored files with the same format of information within. Additionally, MCHOC's PREA Coordinator submitted an I.A. PREA Investigation (staff related PREA Investigation), which occurred within this Corrective Action period. The investigation summary, statements, telephone and video time stamps, and other supporting evidence was identified in the report, as well as the appropriate preponderance of evidence (which aligns with PREA Standard 115.72).

This auditor concludes that Milwaukee County House of Correction (MCHOC) is in compliance with PREA Standard 115.72.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.73. This PREA Auditor reviewed Milwaukee County House of Correction's (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Policy number 606.10 as evidence of compliance with PREA Standard 115.73. An excerpt from 606.10 states, <i>"Following an investigation into an inmate's allegation that he/she suffered sexual abuse in the facility, the facility shall inform the inmate within 90 days as to whether the allegation has been determined to be substantiated, unsubstantiated, unfounded, or pending.</i></p> <p><i>Following an inmate's allegation that a staff member has committed sexual abuse, the facility shall subsequently inform the inmate (unless the allegation is determined to be unfounded) whenever:</i></p> <p><i>The staff member is no longer posted within the inmate's unit</i> <i>The staff member is no longer employed at the facility</i> <i>The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or</i> <i>The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility."</i></p> <p>This auditor also reviewed MCHOC's "Investigation Follow-Up Letters" in each of the 4 randomly selected completed investigations, as verification of compliance with PREA Standard 115.73.</p> <p>This PREA auditor concludes that MCHOC is in compliance with PREA Standard 115.73.</p>

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.76. This PREA Auditor reviewed Milwaukee County House of Correction's (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Policy number 612.3.2 as evidence of compliance with PREA Standard 115.76.</p> <p>This auditor interviewed MCHOC's Human Resources who shared that substantiated sexual abuse/harassment by staff, contractor, or volunteer is "not tolerated" and will be criminally prosecuted. This auditor also interviewed MCHOC's Superintendent, who confirmed that substantiated sexual abuse allegations, after investigation, are "strongly addressed."</p> <p>After this auditor's review of MCHOC's consistency in practice in alignment with its corresponding policy, MCHOC is in compliance with PREA Standard 115.76.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.77. This PREA Auditor reviewed Milwaukee County House of Correction's (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Policy number 612.5 as evidence of compliance with PREA Standard 115.77.</p> <p>This auditor concluded that MCHOC's policy is aligned with PREA Standard 115.77. This auditor interviewed MCHOC's Human Resources who shared that substantiated sexual abuse/harassment by staff, contractor, or volunteer is "not tolerated" and will be criminally prosecuted. This auditor also interviewed MCHOC's Superintendent, who confirmed that substantiated contractor and volunteer allegations, after investigation, are "strongly addressed and reported to law enforcement and appropriate governing entities."</p> <p>After this auditor's review of MCHOC's consistency in practice in alignment with its corresponding policy, MCHOC is in compliance with PREA Standard 115.77.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.78. This PREA Auditor reviewed Milwaukee County House of Correction's (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Policy number 612.4 as evidence of compliance with PREA Standard 115.78.</p> <p>This auditor concluded that MCHOC's policy is aligned with PREA Standard 115.78. This auditor interviewed MCHOC's Human Resources who shared that substantiated sexual abuse/harassment by staff, contractor, or volunteer is "not tolerated" and will be criminally prosecuted. This auditor also interviewed MCHOC's Superintendent, who confirmed that substantiated inmate allegations and inmate reporting "not in good faith," after investigation, are "strongly addressed, reported to law enforcement or appropriate in-house disciplinary actions."</p> <p>After this auditor's review of MCHOC's consistency in practice in alignment with its corresponding policy, MCHOC is in compliance with PREA Standard 115.78.</p>

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for PREA Standard 115.81. This PREA Auditor reviewed Milwaukee County House of Correction’s (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Section 610.2 through 610.5 as evidence of compliance with PREA Standard 115.81. This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for PREA Standard 115.81. This PREA Auditor reviewed Milwaukee County House of Correction’s (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Section 610.2 through 610.5 as evidence of compliance with PREA Standard 115.81.</p> <p>This auditor verified that MCHOC’s policy is aligned with PREA Standard 115.81. This auditor also interviewed the Classification team, medical team, and the Intake team who explained the process of gathering risk of victimization and abusiveness information. However, during this interview, this auditor found that the contracted medical team’s screening form did not have a scoring mechanism in place. Additionally, the totality of inmate information received on the medical screening form (at intake) was self-report only and did not contain the important/required information from PREA Standard 115.41 to make a clear inmate victimization or predatory assessment. Furthermore, this disallowed referrals to mental health/medical to be consistently submitted for follow-up within 14 days of initial screening for those who screened as possible victim or predator. Finally, the contracted medical team’s screening form did not capture the inmate’s legal history or prior institutional violence and/or victimization.</p> <p>This auditor concluded that informed housing decisions cannot be made when the inmate PREA risk assessment tool is not accurately capturing all the information or working uniformly. This auditor did receive a copy of MCHOC’s “Department of Public Safety Victim and/or Predator Screening Instrument” which covers the requirements to be in compliance with PREA Standard 115.81. This auditor recommended that MCHOC’s intake/classification team primarily conduct inmate victimization and abusiveness screening, since their form meets the criteria required in PREA Standard 115.41. Additionally, MCHOC’s intake/classification staff should also be the person(s) responsible for completing and submitting a housing, program, and work detail recommendations (based on their classification score and PREA risk assessment screening), as well as sending referrals to mental health/medical to conduct a follow-up within 14 days of initial risk assessment, for those inmates who screened to be “potential victims” or “potential perpetrators.” These referrals should be emailed and then properly documented by the contracted mental health provider, and on MCHOC’s Case Management System (CMS). This PREA Auditor concluded that MCHOC was not in compliance with PREA Standard 115.81. A CORRECTIVE ACTION was required.</p>

During Milwaukee County House of Correction's (MCHOC) Corrective Action period, MCHOC adjusted their procedures and the personnel who's administering the PREA Risk Screening Tool. MCHOC has moved to their "Classification Specialist" primarily administering the PREA Risk Screening tool when each inmate completes booking and placed on their quarantine housing unit (within 72 hours). This auditor re-interviewed MCHOC's Classification Specialist, who shared the adjusted process. MCHOC's Classification Specialist" shared that when each inmate enters their 14-day quarantine housing period, she administers the "PREA Risk Screening Tool," conducts "PREA Comprehensive Inmate Education," and email contracted Psychiatric Social Workers if/when an inmate screens to be at risk of "potential victimization or "potential perpetration."

MCHOC's Classification Sergeant shared that the housing, program, and work detail recommendations are a combined effort between MCHOC and the contracted Psychiatric Social Worker. Some inmates may get diverted to the SMT housing unit (for inmates assessed with severe mental health challenges), work housing, or general housing with heightened supervision/bunked closer to staff station on the housing unit. With MCHOC's open dormitory bunks, all inmates sleep and bunk in an open day space. Finally, MCHOC's "Classification Specialist" submitted a sample 30 randomly selected inmates in the past 4 months, which included their risk assessment date, risk score, referral date, follow-up date, and housing recommendation/decisions which considered the inmate's "MCHOC's Classification Score" and "PREA Risk Screening." There were 28/30 to screen at-risk of "potential victimization" or "potential perpetration" (1 inmate refused to answer screening questions and 1 did not screen to be at risk). Each of the 28 risk screened inmates were seen within the required 14-day follow-up window, as well as housing decisions/recommendations considering the PREA risk score and based on the 14-day follow-up assessment with the Psych-Social worker.

This auditor concludes that Milwaukee County House of Correction (MCHOC) is in compliance with PREA Standard 115.81.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.82. This PREA Auditor reviewed Milwaukee County House of Correction's (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Section 614.2 as evidence of compliance with PREA Standard 115.82.</p> <p>This auditor concludes that MCHOC's policy is aligned with PREA Standard 115.82. During the onsite audit, this auditor interviewed the medical and mental health supervisors, who shared that the victim of sexual abuse receives unimpeded access to medical and mental health. Additionally, victims of sexual abuse receive information about STD prophylaxis and access to contraception. Interviews with 32 randomly selected inmates and 24 randomly selected security staff also verified that access to medical and mental health is almost immediate for a PREA-related incidents.</p> <p>After this auditor's review of MCHOC's consistency in practice in alignment with its corresponding policy, MCHOC is in compliance with PREA Standard 115.82.</p>

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.83. This PREA Auditor reviewed Milwaukee County House of Correction's (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Section 614.2 as evidence of compliance with PREA Standard 115.83.</p> <p>This auditor concludes that MCHOC's policy is aligned with PREA Standard 115.83. During the onsite audit, this auditor interviewed the medical and mental health supervisors, who shared that the victim of sexual abuse receives unimpeded access to medical and mental health at no cost. Additionally, victims of sexual abuse receive information about STD prophylaxis, pregnancy test (as appropriate), and access to contraception. Interviews with 32 randomly selected inmates and 24 randomly selected security staff also verified that access to medical and mental health is almost immediate for a PREA-related incidents.</p> <p>After this auditor's review of MCHOC's consistency in practice in alignment with its corresponding policy, MCHOC is in compliance with PREA Standard 115.83.</p>

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.86. This PREA Auditor reviewed Milwaukee County House of Correction's (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Policy number 611.11 as evidence of compliance with PREA Standard 115.86.</p> <p>This auditor concludes that MCHOC's policy is aligned policy 115.86. This auditor interviewed MCHOC's PREA Investigation team, Superintendent, PREA Coordinator, PREA Compliance Manager. Each confirmed that MCHOC participates in monthly institution security meeting and PREA-related incidents review are a part of the agenda. This auditor reviewed copies of MCHOC's security review agendas for the past 8 months. The agenda included: agenda topic, discussion points, and incidents date for each month.</p> <p>This auditor identified that through their incident review meeting findings, MCHOC implemented "Daily Training Bulletins" (DTB) refresher trainings for staff to remain aware and alert of PREA-related signs.</p> <p>After this auditor's review of MCHOC's consistency in practice in alignment with its corresponding policy, MCHOC is in compliance with PREA Standard 115.86.</p>

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.87. This PREA Auditor reviewed Milwaukee County House of Correction's (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Policy number 611.12 as evidence of compliance with PREA Standard 115.87.</p> <p>This auditor concludes that MCHOC's policy is aligned with PREA Standard 115.87. MCHOC submitted their website, which contained their Milwaukee County House of Correction Annual PREA Annual Report (https://county.milwaukee.gov/EN/House-of-Correction/PREA). This auditor also reviewed MCHOC's 2018, 2019, and 2020 PREA Annual Reports consisting of aggregate data collected and compiled by MCHOC's PREA Coordinator. Finally, this auditor also reviewed the MCHOC's 2017, 2018, 2019, and 2020 Survey of Sexual Victimization, posted on MCHOC's website.</p> <p>This PREA auditor concludes that MCHOC is in compliance with PREA Standard 115.87.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.88. This PREA Auditor reviewed Milwaukee County House of Correction's (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Policy number 611.12 as evidence of compliance with PREA Standard 115.88.</p> <p>This auditor concludes that MCHOC's policy is aligned with PREA Standard 115.88. MCHOC submitted their website, which contained Milwaukee County House of Correction's PREA Annual Reports (https://county.milwaukee.gov/EN/House-of-Correction/PREA). This auditor reviewed MCHOC's 2018, 2019, and 2020 PREA Annual Reports consisting of aggregate data collected and compiled by MCHOC's PREA Coordinator. These annual reports also shared corrective actions taken to address issues identified. Finally, this auditor also reviewed the MCHOC's 2017, 2018, 2019, and 2020 Survey of Sexual Victimization, posted on MCHOC's website.</p> <p>This PREA auditor concludes that MCHOC is in compliance with PREA Standard 115.88.</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source through the Online Audit System (OAS) and on-site documentation to determine compliance for PREA Standard 115.88. This PREA Auditor reviewed Milwaukee County House of Correction's (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 6; Policy number 611.12 as evidence of compliance with PREA Standard 115.89.</p> <p>This auditor concludes that MCHOC's policy is aligned with PREA Standard 115.89. MCHOC submitted their website, which contained Milwaukee County House of Correction's PREA Annual Reports (https://county.milwaukee.gov/EN/House-of-Correction/PREA). This auditor reviewed MCHOC's 2018, 2019, and 2020 PREA Annual Reports consisting of aggregate data collected and compiled by MCHOC's PREA Coordinator. These annual reports also shared corrective actions taken to address issues identified. Finally, this auditor reviewed the MCHOC's 2017, 2018, 2019, and 2020 Survey of Sexual Victimization, posted on MCHOC's website. When this auditor interviewed MCHOC's Superintendent, she stated that data is collected and electronically maintained for at least 10 years after the date of the data's initial collection.</p> <p>This PREA auditor concludes that MCHOC is in compliance with PREA Standard 115.89.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed electronic documentation which accompanied Milwaukee County House of Correction's (MCHOC) Pre-Audit documentation in the Online Audit System (OAS), reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.401. MCHOC recognize and are committed to having a PREA audit every three years, which their first cycle onsite PREA Audit was conducted June 25-28, 2019. This is Milwaukee County House of Correction's (MCHOC) second cycle PREA Audit.</p> <p>The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents. The auditor was permitted to conduct private interviews with inmates, staff, contractors, and volunteers. The MCHOC inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>This PREA auditor concludes MCHOC is in compliance with PREA standard 115.401.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Milwaukee County House of Correction (MCHOC) submitted their website, which contained MCHOC's PREA Annual Reports, Annual Surveys of Sexual Victimization, and their First Cycle PREA Audit Final Report (https://county.milwaukee.gov/EN/House-of-Correction/PREA).

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need	yes

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

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

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

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

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

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

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

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

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

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

115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a) Inmate education		
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b) Inmate education		
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c) Inmate education		
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d) Inmate education		
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

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

115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	no
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes

115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c) Use of screening information		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes

115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes

115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	no
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	no
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes

115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes

115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes

115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

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

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

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

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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p>	yes