

PREA AUDIT REPORT Interim X Final
ADULT PRISONS & JAILS

Date of report: 3/26/2020

Auditor Information			
Auditor name: DeShane Reed			
Address: 2760 Fortune Circle E. Ste. #421424; Indianapolis, IN 46241-9998			
Email: drbconsultinggroup@gmail.com			
Telephone number: (501) 777-3102			
Date of facility visit: June 25, 2019 through June 28, 2019			
Facility Information			
Facility name: Milwaukee County House of Correction			
Facility physical address: 8885 S. 68th Street, Franklin, Wisconsin 53132			
Facility mailing address: <i>(if different from above)</i> Same as Above			
Facility telephone number: 414-427-4700			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	X County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	X Jail	
Name of facility's Chief Executive Officer: Michael Hafemann			
Number of staff assigned to the facility in the last 12 months: 81			
Designed facility capacity: 1766			
Current population of facility: 1203 on date of Site Visit			
Facility security levels/inmate custody levels: Medium/ North Point system (1 thru 8)			
Age range of the population: 17 and older			
Name of PREA Compliance Manager: Ashley Sere day		Title: Correctional Officer	
Email address: ashley.sere day@milwaukee countywi.gov		Telephone number: 414-427-4766	
Agency Information			
Name of agency: Milwaukee County House of Correction			
Governing authority or parent agency: <i>(if applicable)</i> N/A			
Physical address: 8885 S. 68th Street, Franklin, Wisconsin 53138			
Mailing address: <i>(if different from above)</i> Same as Physical Address			
Telephone number: 414-427-4700			
Agency Chief Executive Officer			
Name: Michael Hafemann		Title: Superintendent	
Email address: michael.hafemann@milwaukee countywi.gov		Telephone number: 414-427-4756	
Agency-Wide PREA Coordinator			
Name: Tina Johnson-Williams		Title: Lieutenant	
Email address: tina.johnson-williams@milwaukee countywi.gov		Telephone number: 414-427-4775	

AUDIT FINDINGS

NARRATIVE

On June 25, 2019, in coordination and cooperation with the County of Milwaukee Wisconsin, USDOJ Certified PREA Auditor DeShane Reed conducted a facility audit of the Milwaukee County House of Correction (MCHOC). The audit commenced with Pre-Audit Briefing meeting (approximately 2:00pm) consisting of MCHOC administration and supervisory staff. In attendance was the following from MCHOC: Lieutenant-PREA Coordinator, PREA Compliance Manager, Captain-Internal Affairs, SART Investigator, SART Investigator, SART Investigator, MCHOC Superintendent, and Assistant Superintendent. The PRE-Audit meeting commenced with introductions, review of the PREA audit schedule and agenda, on-site document requests, lists of inmates for interviewing and a tour of the entire Milwaukee County House of Correction (MCHOC).

The PREA audit commenced with a full tour of Milwaukee County House of Correction's multiple housing locations, program locations, warehouse, cafeteria, healthcare facilities, food prep, kitchen, warehouse, laundry, showering locations, offices, recreation and educational locations within MCHOC. After a complete tour and documentation, the PREA Auditor moved into interviewing a selecting a random sample of inmates. A total of 48 inmates were interviewed, with a specific selection focused on the following category of inmates, based on PREA audit requirements: (Inmates with prior victimization, LGBTI, disability, current allegation, limited English proficiency, youthful inmates and inmates in segregation). The PREA Audit also consisted of 31 interviews of a random selection of Milwaukee County House of Corrections (MCHOC) staff including: MCHOC's PREA Compliance Manager, Investigation and Retaliation Team, Human Resources, Contractors, Volunteers, Medical/Mental Health Practitioners, Classification, and other MCHOC Specialized staff. The PREA Auditor also reviewed multiple files and physical documents while on-site, which allowed the PREA auditor to verify if MCHOC was compliance with PREA facility standards and/or confirm any barriers to compliance.

On June 28, 2019, the PREA Audit of Milwaukee County House of Correction (MCHOC) concluded with a Post-Audit Debriefing meeting. The Post-Audit Briefing meeting consisted of the following in attendance: MCHOC Captain, MCHOC Assistant Superintendent, Sergeant, SART Investigator, SART Investigator, SART Investigator, MCHOC PREA Compliance Manager, SART Investigator, and Lieutenant-PREA Coordinator. The PREA Auditor shared that the information presented by the auditor within this Post-Audit Debriefing meeting did not depict a final reporting. The PREA Auditor continued by sharing several highlights of the MCHOC's tremendous efforts in preparing for the audit, as well as the wealth of program options provided to inmates. The PREA Auditor also thanked MCHOC for allowing unimpeded access to the entire facility, through tour, document access, inmate access, and flexibility of interviews. The PREA Auditor also shared any observable areas that were not meeting standards and requiring Corrective Action.

As it pertains to PREA Physical Plant observations, the PREA Auditor observed adequate and appropriate use of the more than 400 cameras throughout the Milwaukee County House of Correction (MCHOC). There were minimal observable physical plant blind spots, which was not viewable by camera. The PREA auditor noted that all showers and toilets were open, disallowing any form of privacy when showering out using the toilet. In areas where blind-spots were questionable, Milwaukee County House of Correction (MCHOC) was able to demonstrate and share their staffing plan, monitoring rounds, use of two-way mirrors ,and consistent staff supervision to serve as adequate substitutions and supplements.

The Post-Audit Debriefing meeting concluded with the Auditor thanking the Milwaukee County House of Correction (MCHOC) staff for their cooperation, efficiency and coordination in allowing the audit to move along in an even flow. The PREA Auditor also informed the MCHOC) staff that a PREA Interim Audit report will be submitted 45 days from the conclusion of the facility audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

Milwaukee County House of Correction (MCHOC) is a 1,766 inmate capacity Medium, Medium/ North Point system (1 thru 8) institution. MCHOC houses male and female inmates ages 17 and older. According to the facility, they do house youthful inmates. The physical plant consists of approximately 3 buildings (Housing Units, Annex, and Print Shop). MCHOC has 28 open-bay, bunk style, multiple occupancy housing units and 3 Segregation Units. The housing units consists of: 21 General housing units, 4 Work Release housing units, 3 Working dorm housing units, and 3 Segregation units. Each housing unit has 1 raised base location for Correctional Officers to monitor inmate movement, sleeping, and shower areas. Additionally, MCHOC's Print Shop provide inmates with a tangible skill which can be translated to employment upon release. MCHOC's Print Shop designs and provides printing services for multiple county and state businesses.

Milwaukee County House of Correction (MCHOC) rely heavily on a compilation of camera assistance, staff supervision through sight/sound supervision by Correctional Officers, as well as predictable and random unannounced rounds per shift by supervisory staff (Sergeant or higher). MCHOC video technology consists of recorded cameras in strategic locations throughout the facility. To make up for the few blind spots, MCHOC relies on consistent and unpredictable staff sight and sound supervision, as well as two-way mirrors. At the time of the PREA Facility Audit, MCHOC had approximately 205 staff employed, as well as approximately 100 volunteers and individual who may have contact with inmates within their daily roles at MCHOC. Finally, MCHOC employs a PREA Investigation Team of more than 8 staff who are specialized trained to investigate allegations of sexual abuse. MCHOC-related Forensic sexual assault medical exams are conducted off site primarily at Wheaton Francis Hospital, or alternatively at Aurora Sinide and Ascension Health. St. Lukes Hospital is also used for other Specialty Services.

SUMMARY OF AUDIT FINDINGS

The PREA site audit of Milwaukee County House of Correction consisted of a 4-day comprehensive assessment (June 25, 2019 through June 29, 2019), related to PREA's mission of prevention, detection, responding to instances of sexual abuse/sexual harassment, and the freedom from retaliation when reporting sexual abuse/harassment. The PREA Institution Audit also consisted of assessing the 43 PREA standards. The assessment of the Milwaukee County House of Correction included an exhaustive facility tour, review of electronic and on-site documents, reviewing investigations and retaliation follow-up documentation, comprehensive interviews with inmates, staff, volunteers, and Milwaukee County House of Correction Administration.

Based on the initial onsite audit of 43 total PREA Standards, there were 18 PREA Standards in Compliance, 0 PREA Standard which was Non-Applicable, and 25 PREA Standards which were in Non-Compliant status requiring Corrective Action. The identified PREA Standard areas requiring Corrective Action were either non-existent, in their beginning stages of compliance, or MCHOC's institution's policy language did not align with the specific PREA standard. After the conclusion of MCHOC's Corrective Action period and a follow-up site visit (2/6/2020 through 2/8/2020) by this auditor, 43 total PREA Standards were in Compliance and 0 PREA Standards were Not Applicable or Non-Compliant.

Number of standards exceeded: 0

Number of standards met: 43

Number of standards not met: 0

Number of standards not applicable: 0

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

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source to determine compliance for Standard 115.11. Milwaukee County House of Correction (MCHOC) submitted their Administrative Manual of Policies and Procedures Chapter 6; Section 606.2 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 outlining the agency's approach to preventing, detecting, and responding to such conduct. However, this policy had no mention of a PREA Coordinator or an institution PREA Compliance Manager. Additionally, MCHOC's Organizational Chart did not have a PREA Coordinator or a PREA Compliance Manager identified.

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.

During Milwaukee County House of Corrections (MCHOC) Corrective Action period, MCHOC adjusted their PREA policy #612 to bring MCHOC into alignment with PREA Standard 115.11. After this auditor's review of MCHOC's policy adjustments and review of consistency in practice, MCHOC is in compliance with PREA Standard 115.11.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source to determine compliance for Standard 115.12. 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, *"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 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."

This PREA auditor concludes that MCHOC is in compliance with the above-mentioned PREA Standard 115.12.

Standard 115.13 Supervision and monitoring

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

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

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 (06/20/2018)** 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. 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.”

This PREA Auditor also verified staffing patterns during onsite audit, as well as in interviews with random MCHOC staff.

This PREA auditor concludes that MCHOC is in compliance with the above-mentioned PREA Standard 115.13.

Standard 115.14 Youthful inmates

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source 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 Report** for 2018 as evidence of compliance with 115.14. From reviewing the report, this auditor identified several youthful inmates placed at MCHOC. Additionally, during the onsite audit, this auditor observed multiple youthful inmate within sight, sound, and physical contact with adult inmate through use of a shared dayroom common spaces, shower area, and sleeping quarters.

This PREA Auditor recommended MCHOC to develop a separate space for youthful inmates or not accept youthful inmates (under 18 years). Additionally, this auditor recommends MCHOC to develop a written policy to match any new practices/procedures. This PREA Auditor could not conclude compliance. A CORRECTIVE ACTION was required.

During Milwaukee County House of Corrections (MCHOC) Corrective Action period, MCHOC adjusted their housing locations, creating a designated housing unit for inmates under 18 years old. This housing unit (POD #6) is not within sight, sound, sleeping, showering, or programming with adult inmates. MCHOC submitted POD #6 daily dorm rosters as evidence of consistency in practice. Additionally, MCHOC adjusted their PREA policy (Chapter 6; Section 615) to bring MCHOC into alignment with PREA Standard 115.14. After this auditor’s review of MCHOC’s policy adjustments and review of consistency in practice, MCHOC is in compliance with PREA Standard 115.14.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for PREA Standard 115.15. This PREA Auditor reviewed Milwaukee County House of Correction's (MCHOC) submitted Administrative Manual of Policies and Procedures Chapter 5; Section 514.13 as evidence of compliance with PREA Standard 115.15.

Though MCHOC has a policy in place and align with PREA Standard 115.15, this auditor could not verify consistency in practice that staff of opposite gender announce their entry on housing units. Additionally, through interviews with a random selection of inmates, this practice was not consistent. This auditor recommended that this practice should be monitored over a period before compliance can be determined. This PREA Auditor could not conclude compliance. A CORRECTIVE ACTION was required.

During Milwaukee County House of Corrections (MCHOC) Corrective Action period, MCHOC adjusted protocols by placing a reminder visible display next to the "card reader" at the entrance of each housing unit. The display states, "*Opposite Gender Staff Must Announce Entry*" with code entrance their housing locations. Additionally, during this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, random inmates were interviewed. Each inmate verified that they know when staff of the opposite gender are on their housing units because staff of opposite gender announce their entrance when entering the housing units. After this auditor's review of MCHOC's consistency in practice in alignment with MCHOC's policy, MCHOC is in compliance with PREA Standard 115.15.

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

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

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

This PREA auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.16. This PREA Auditor attempted to review MCHOC's submitted **Administrative Manual of Policies and Procedures** to verify all the necessary language to meet PREA standard 115.16 policy compliance requirements. MCHOC's submitted **Administrative Manual of Policies and Procedures** did not have a Chapter location or a Policy #. Additionally, MCHOC's submitted policy did not contain the necessary language to confirm compliance with PREA standard 115.16. Additionally, though MCHOC's Administration stated that they had translation mechanisms, there were inconsistencies in knowledge of translations services when this auditor interviewed random staff and inmates.

This auditor recommended MCHOC make adjustments to their policy to align the language within PREA Standard 115.16. This PREA Auditor cannot conclude compliance due to the language in MCHOC's policy needing more clarification. Additionally, due to the policy not being in place, consistency in practice cannot be determined and should be monitored over a period before compliance can be concluded. This PREA Auditor could not conclude compliance. A CORRECTIVE ACTION was required.

During Milwaukee County House of Corrections (MCHOC) Corrective Action period, MCHOC adjusted their PREA policy (Chapter 6; Section 606.3) to bring MCHOC into alignment with PREA Standard 115.16. Additionally, during this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, random inmates and staff were interviewed. Each inmate verified knowledge of translation/interpretation services made available to them. This auditor also observed information about translation/interpretation services posted next to the telephones on each housing unit.

After this auditor's review of MCHOC's consistency in practice in alignment with its corresponding policy, MCHOC is in compliance with PREA Standard 115.16.

Standard 115.17 Hiring and promotion decisions

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

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

This PREA auditor reviewed pre-audit documents submitted via electronic source 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 606.2 to verify all the necessary language to meet PREA standard 115.17 policy compliance requirements. This auditor also interviewed MCHOC’s HR Business Manager, who shared that criminal, TLO Reports (complete history of the prospective employee), and a CCAP Report (history of criminal and municipal charges) is pulled with permission of the prospective employee. Additionally, the HR Manager stated that background checks are conducted for all promotions. This auditor was able to review a random selection of four current employee files, to verify compliance.

Although MCHOC’s hiring and promotion practice is in place and verifiable, MCHOC’s policy #606.2 did not contain the necessary language to confirm compliance with PREA standard 115.17. This auditor recommended MCHOC adjust their policy to align the language with PREA Standard 115.17. This PREA Auditor could not conclude compliance due to the language in MCHOC’s policy needing more clarification. Additionally, due to the policy not being in place, this PREA Auditor could not conclude compliance. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction’s (MCHOC) Corrective Action period, MCHOC adjusted their PREA policy (Chapter 3; Section 306.3) related to hiring and promotions to bring MCHOC into alignment with PREA Standard 115.17. Additionally, during this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, this auditor reviewed the adjusted policy and practice with MCHOC’s leadership. After this auditor’s review of MCHOC’s consistency in practice in alignment with its corresponding policy, MCHOC is in compliance with PREA Standard 115.17.

Standard 115.18 Upgrades to facilities and technologies

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

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

This PREA Auditor did receive documentation of “Firmware” to two servers (2/3/2018) as evidence of compliance with PREA Standard 115.18. This auditor received email correspondence and memo correspondence as evidence of upgrades or modifications within institution to protect inmates from sexual abuse.

This PREA auditor concludes that MCHOC is in compliance with the PREA Standard 115.18.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

This 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 # 606.10 to verify all the necessary language to meet PREA standard 115.21 policy compliance requirements.

This auditor also interviewed MCHOC’s contracted Medical (Wellpath) and Mental Health Supervisors, who shared that Wheaton Francis Hospital, St. Lukes Hospital, and Aurora Sinide are the hospital selections for forensic examinations by a SANE Nurse. Additionally, during interviews with inmates, none 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 no information about victim advocacy services displayed on the housing units.

This auditor recommended MCHOC to provide comprehensive education to inmates, including victim advocacy opportunities. This auditor also recommended MCHOC adjust their policy to align the language with PREA Standard 115.21. This auditor could not conclude compliance due to the language in MCHOC’s policy needing clarification. Additionally, due to the policy not being in place, consistency in practice could not be determined. This practice should be monitored over a period before compliance can be determined. This PREA Auditor could not conclude compliance. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction’s (MCHOC) Corrective Action period, MCHOC adjusted their PREA policy (Chapter 6; Section 606.10) to bring MCHOC into alignment with PREA Standard 115.21. Additionally, during this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, this auditor observed “*SAM-6 Classification Housing Unit*” in operation. This classification housing unit is for all new arrivals to MCHOC. SAM-6 housing unit is where comprehensive PREA Education, victim/perpetrator screenings, final housing unit, programming, and other classifications occur before the inmate is sent to their permanent housing unit.

This auditor interviewed four random staff working the SAM-6 housing unit to verify consistency in practice. 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. Inmates are to be on their bunks and watching the video. The PREA Education video is in English and Spanish. Additionally, upgraded PREA Education pamphlets were posted on each MCHOC housing unit near the telephones (in English and Spanish). Each pamphlet had victim advocate information and contact numbers.

After this auditor’s review of MCHOC’s consistency in practice in alignment with its corresponding policy, MCHOC is in compliance with PREA Standard 115.21.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

This 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 606.10 to verify all the necessary PREA language to meet standard 115.22 policy compliance requirements. An excerpt of MCHOC's submitted policy 606.10 states, "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..."

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.

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.

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.

Administrative investigations: (1) shall include an effort to determine whether staff 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.

This auditor also interviewed MCHOC's Internal Affairs Lieutenant who verified that MCHOC's PREA investigators collaborate with internal affairs regarding staff-related PREA incidents and collaborates with law enforcement regarding sexual assaults. MCHOC's PREA Investigators investigates Inmate's 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.

Standard 115.31 Employee training

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

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

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. Though MCHOC's submitted documents contained the PREA staff training and education topics, no evidence or documentation was submitted to verify staff received PREA education and training. Furthermore, MCHOC did not PREA Audit Report

submit a policy to support PREA Standard 115.31.

Additionally, when this PREA auditor interviewed random MCHOC staff, more than 90% were not confident in understanding the various dynamics of PREA, as well as their specific role responsibilities. This auditor recommended that MCHOC staff receive formal PREA education and training, covering the topics identified in PREA Standard 115.31. Also, this PREA Auditor could not conclude compliance due not having a policy to review.

This auditor recommends that MCHOC develop a policy with language that aligns with PREA Standard 115.31. Due to the policy not being in place, consistency in practice could not be determined. This practice should be monitored over a period before compliance can be determined. This PREA Auditor could not conclude compliance. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction's (MCHOC) Corrective Action period, MCHOC adjusted their PREA policy (613.1) to bring MCHOC into alignment with PREA Standard 115.31. Additionally, MCHOC submitted their "*Employee Orientation PREA Training and Education*," as well their "*Comprehensive Employee PREA Training Curriculum*."

During this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, this auditor observed all observed staff carrying a "*First Responders Responsibilities*" card. According to MCHOC's leadership, these first responder cards are considered a part of each staff's uniform and MUST always be on their person. This auditor interviewed random staff and asked their specific first responder responsibility. Each was thorough, correct and consistent in their responses. Each had their first responder card readily available upon my request to view.

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.

Standard 115.32 Volunteer and contractor training

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

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

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 **Orientation Video (2017)**, as well as **MCHOC's PREA Acknowledge Statement for Volunteers/Contractors/Support Staff** as verification of compliance with 115.32.

This PREA Auditor, verified that MCHOC's **Orientation Video** contained all the components for proper education and training volunteers and contractors. Additionally, the accompanying **PREA Acknowledgement Statement** contained all the required language and documentation which aligns with PREA Standard 115.32. Furthermore, this auditor interviewed 3 random MCHOC volunteers/contractors. Each was able to share MCHOC's no tolerance for sexual abuse/harassment. Each volunteer/contractor was also able to share their responsibilities if observe or being informed of any allegation of sexual abuse/harassment by an inmate.

Though the submitted documents and video contained the PREA volunteer/contractor training and education, MCHOC did not submit a policy to support PREA Standard 115.32. This auditor recommended that MCHOC develop a policy which aligns with PREA Standard 115.32. This PREA Auditor could not conclude compliance. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction's (MCHOC) Corrective Action period, MCHOC adjusted their PREA policy (613.1) to bring MCHOC into alignment with PREA Standard 115.32. This PREA auditor concludes that MCHOC is in compliance with the above-mentioned PREA Standard 115.32.

Standard 115.33 Inmate education

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

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

This 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 10; Section 1005.14** as evidence of compliance with PREA Standard 115.33.

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 whom have been to other correctional institutions or jails.

Finally, this PREA Auditor cannot conclude compliance because consistency in practice of providing PREA Education to inmates cannot be confirmed. This practice should be monitored over a period before compliance can be determined. This PREA Auditor could not conclude compliance. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction’s (MCHOC) Corrective Action period, MCHOC adjusted their **Administrative Manual of Policies and Procedures Chapter 10; Section 1005.14**, to bring MCHOC into alignment with PREA Standard 115.33. Additionally, during this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, this auditor observed “*SAM-6 Classification Housing Unit*” in operation. This classification housing unit is for all new arrivals to MCHOC. *SAM-6* housing unit is where comprehensive PREA Education, victim/perpetrator screenings, final housing unit, programming, and other classifications occur before the inmate is sent to their permanent housing unit.

This auditor interviewed four random staff working the *SAM-6* housing unit to verify consistency in practice. 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. Inmates are to be on their bunks and watching the video. The PREA Education video is in English and Spanish. Additionally, upgraded PREA Education pamphlets were posted on each MCHOC housing unit near the telephones (in English and Spanish). Each pamphlet had victim advocate information and contact numbers.

After this auditor’s review of MCHOC’s consistency in practice in alignment with its corresponding policy, MCHOC is in compliance with PREA Standard 115.33.

Standard 115.34 Specialized training: Investigations

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

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

This 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 601.2** as evidence of compliance with PREA Standard 115.34.

This auditor also interviewed 7 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 preservation of usable evidence. However, the PREA Investigators were so new in their roles, this auditor did not have any completed investigations to review and compare.

Though MCHOC's PREA Investigators are specialized trained and practice is in place, MCHOC's policy language is not fully aligned with PREA Standard 115.34. This auditor recommended that MCHOC make adjustments to their policy 601.2 to align with PREA Standard 115.34. Additionally, due to the policy adjust/change not being in place, consistency in practice cannot be determined and should be monitored over a period before compliance can be concluded. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction's (MCHOC) Corrective Action period, MCHOC adjusted their **Administrative Manual of Policies and Procedures Chapter 6; Section 601.2**, to bring MCHOC into alignment with PREA Standard 115.34. Additionally, during this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, this auditor reviewed 2 completed investigations to verify that MCHOC investigators were following protocol and documentation. Each administrative investigation contained all investigative components and determinations.

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.

Standard 115.35 Specialized training: Medical and mental health care

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

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

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 was unable to verify compliance due to no evidence submitted electronically. However, 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 medical and mental health staff specialized training.

Though medical and mental health has their documents to verify their specialized training and education, MCHOC did not submit a policy to support PREA Standard 115.35. This auditor recommended that MCHOC develop a policy which aligns with PREA Standard 115.35. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction's (MCHOC) Corrective Action period, MCHOC developed their **PREA Policy # 614** to bring MCHOC into alignment with PREA Standard 115.35. Additionally, during this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, this auditor interviewed medical and mental health supervisors to verify practice consistent with the established policy. This auditor reviewed random medical intake screening documentation to verify that practice is aligned with established policy #614.

After this auditor's review of MCHOC's consistency in practice in alignment with its corresponding policy, MCHOC is in compliance

with PREA Standard 115.35.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

This 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 5; Section 508.3** as evidence of compliance with PREA Standard 115.41. An excerpt from MCHOC's policy 508.3 states, "*Inmates new to the facility will be assessed in the Booking Room upon arrival by the Nursing staff to determine whether they meet specific criteria indicating either vulnerability to sexual abuse or a history of sexually abusive behavior (excludes CJF transfers).*"

- *The Booking room Nurse conducting the initial assessment must notify the Psych Social Worker immediately of any inmate who is a potential victim/predator.*
 - *The Booking room Nurse conducting the initial assessment must notify the Classification unit immediately of any inmate who is a potential victim/predator.*
 - *The Classification unit must immediately notify the shift Commander of any inmate who is a potential victim/predator. The shift commander will notify the PREA coordinator who will assign SART investigator to conduct a potential victim/predator screening.*
1. *Inmates will be housed in the intake- housing unit, and the Psych Social Worker will assess all inmates again within 72 hours.*
 2. *Further screening by a mental health provider may be necessary when it is learned that the inmate has been the victim or perpetrator of sexual abuse, and there is an indication for further risk assessment.*
 3. *Inmates with high risk for sexual victimization shall not be placed in administrative housing unless an assessment of all available alternatives determines that there is no available alternative means of separation from likely abusers.*
 4. *The initial classification process, which must take place within 30 days after the inmates confinement, shall consider at a minimum;*
 - *Age;*
 - *Sex*
 - *Current Charge*
 - *Behavior during arrest and intake process*
 - *Criminal and incarceration history*
 - *Emotional and mental condition*
 - *Potential risk of safety to others or self*
 - *Special management inmate status*
 - *Special needs assessment for vulnerable inmates*
 - *Level of sobriety at booking*
 - *Suicidal ideation*
 - *Escape History and degree of escape risk*
 - *Physical Stature;*
 - *Mental, physical, developmental disability;*
 - *Sex offender status (per criminal history);*
 - *First time offender status;*
 - *Past history of victimization;*
 - *Inmates own perception of vulnerability; and/or*

- *Perception of inmate to be lesbian, gay, bisexual, transgender, inter-sex, or gender nonconforming*
5. *Classification re-screening will be conducted when new circumstances or information requires re-screening for the protection of the inmate or others. The inmate may not be disciplined for refusal to answer questions; however, the refusal shall be noted on the screening form.*
 6. *Inmates who are found to be at high risk of sexual victimization from likely abusers will be separated based on facts and circumstance rather than available classification space etc.*

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. This auditor received a copy of MCHOC’s “**Department of Public Safety Victim and/or Predator Screening Instrument**” which covers the requirements to be in compliant with PREA Standard 115.41.

This PREA auditor concludes that MCHOC is in compliance with the above-mentioned PREA Standard 115.41.

Standard 115.42 Use of screening information

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

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

This 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 5; Section 508.3** as evidence of compliance with PREA Standard 115.42.

This auditor also interviewed the Classification Team and Intake Team, however there were inconsistencies in explaining how the screening for risk of victimization and abusiveness assisted in MCHOC’s determination of housing, programming, and work assignments. This auditor reviewed how MCHOC’s electronic “**Initial Classification**” (SIC01/**Initial Classification-1.7**) tool placed inmates. None of the 4 questions on this electronic “**Classification Notice**” contained screening questions related to PREA 115.41 (Screening for Risk of Victimization and Abusiveness). However, the screening questions related to PREA Standard 115.41 were captured in the medical intake screening assessment. Additionally, MCHOC’s policy language was not fully aligned with PREA Standard 115.42.

This auditor recommended that MCHOC adjust their policy 508.3 to align with PREA Standard 115.42. In adjusting their policy this auditor recommends MCHOC adopt language which aligns with PREA Standard 115.42. This PREA Auditor could not conclude compliance due to being unable to confirm that MCHOC’s “**Department of Public Safety Victim and Predator Screening Instrument**” is being used to assist in determining classification. Additionally, the language in MCHOC’s policy needed more clarification. Due to the policy not being aligned and consistency in practice not established, compliance could not be concluded. A CORRECTIVE ACTION was required.

Finally, this PREA Auditor cannot conclude compliance because consistency in practice of providing PREA Education to inmates cannot be confirmed. This practice should be monitored over a period before compliance can be determined. This PREA Auditor could not conclude compliance. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction’s (MCHOC) Corrective Action period, MCHOC adjusted their **Administrative Manual of Policies and Procedures Chapter 5; Section 508.3**, to bring MCHOC into alignment with PREA Standard 115.42. Additionally, during this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, this auditor observed “*SAM-6 Classification Housing Unit*” in operation. This classification housing unit is for all new arrivals to MCHOC. *SAM-6* housing unit is where comprehensive PREA Education, victim/perpetrator screenings, final housing unit, programming, and other classifications occur before the inmate is sent to their permanent housing unit.

This auditor interviewed four random staff working the SAM-6 housing unit, medical and mental health supervisory staff to verify consistency in practice. Each staff knew the purpose on the SAM-6 housing unit and their role. A healthcare professional and/or a qualified/trained staff administers the screening for victimization/abusiveness. Based on the results of the screening and other institutional assessments, the inmate is classified to specific programming and housing location.

After this auditor's review of MCHOC's consistency in practice in alignment with its corresponding policy, MCHOC is in compliance with PREA Standard 115.42.

Standard 115.43 Protective custody

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

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

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 5; Section 508.3** as evidence of compliance with PREA Standard 115.43.

This auditor also interviewed a random selection of inmates. There were mixed responses pertaining to the use of segregation and MCHOC's segregation practice. This auditor did not receive or able to review documentation of exhaustion of alternative before temporarily placing high risk inmates, victims of abuse, or protective custody. Additionally, MCHOC's policy language was not aligned with PREA Standard 115.43. This auditor recommended that MCHOC adjust their Policy Section 508.3 to align with PREA Standard 115.43.

Finally, this PREA Auditor could not conclude compliance due to being unable to confirm proper assessment, reason for use documented, and documented alternatives exhausted prior to using segregation for victims or high-risk inmates. Additionally, MCHOC's policy needed to be aligned with PREA Standard 115.43. Due to the policy not being in place, consistency in practice cannot be determined and should be monitored over a period before compliance can be concluded. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction's (MCHOC) Corrective Action period, MCHOC adjusted their **Administrative Manual of Policies and Procedures Chapter 5; Section 508.3** to bring MCHOC into alignment with PREA Standard 115.43. Additionally, during this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, reviewed segregation/protective custody documentation during the corrective action period to verify 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 inmates, who confirmed that involuntary segregation/protective custody is not customarily used for victims of sexual abuse, high-risk inmates, or inmates who reported a PREA incident.

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.

Standard 115.51 Inmate reporting

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

- Does Not Meet Standard (requires corrective action)

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

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 606.5** as evidence of compliance with PREA Standard 115.51. An excerpt from MCHOC’s policy 606.5 states, “*The Milwaukee County House of Correction will immediately respond to, investigate, and support the prosecution of sexual abuse and sexual harassment within its agency and externally in partnership with law enforcement and county prosecutors. This policy is in compliance with the United States Department of Justice National Standards 28 C.F.R. § 115.*”

Inmates may make an initial report of sexual abuse, sexual harassment, retaliation for reporting sexual abuse or sexual harassment, or staff neglect that may have contributed to an incident of sexual abuse in the following manner:

- *Reporting incident to the Housing Unit Officer*
- *Reporting incident via the P.R.E.A. Hotline *789*
- *Reporting incident to medical or mental health staff*
- *Filing an inmate grievance report*
- *Third party reporting*
- *By correspondence mailed to the P.R.E.A Coordinator, 8885 S. 68th St., Franklin, WI 53132*
- *Reporting to the National P.R.E.A. Hotline 1-800-656-HOPE (4673)*

This auditor also interviewed 48 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 free use. This auditor was able to navigate to report a PREA-related incident without charge and confidential. Finally, this auditor reviewed the inmate handbook, which had reporting information within its contents.

This PREA auditor concludes that MCHOC is in compliance with the above-mentioned PREA Standard 115.51.

Standard 115.52 Exhaustion of administrative remedies

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for PREA Standard 115.52. This PREA Auditor reviewed Milwaukee County House of Correction’s (MCHOC) submitted **DOC 310.08 PREA Complaint Procedure** as evidence of compliance with PREA Standard 115.52. An excerpt from DOC 310.88 states, “*An inmate may file a complaint alleging sexual abuse using the procedures under this chapter. The following provisions apply to complaints alleging sexual abuse or sexual harassment:*”

(1) Notwithstanding s. DOC 310.07 (2), an inmate may file a complaint regarding sexual abuse or sexual harassment at any time. If a portion of the complaint alleges an issue that does not relate to sexual abuse or sexual harassment, the time limits under DOC 310.07 apply.

(2) Notwithstanding s. DOC 310.07 (1) or (8), an inmate is not required to attempt to resolve the issue with the staff member who is the subject of the complaint or to file a complaint regarding sexual abuse or sexual harassment with the staff member who is the subject of the complaint. The inmate may use an alternative method of filing, including submission of the complaint directly to the warden.

(3) Complaints filed under this section will be referred for a PREA investigation. Department policy shall address the requirements that investigations regarding allegations of sexual abuse or sexual harassment be completed within established time frames.

(4) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist an inmate in filing a request for administrative remedies relating to allegations of sexual abuse or sexual harassment and shall also be permitted to file such requests on behalf of inmates. Requests for administrative remedies filed under this section will be referred for a PREA investigation.

This PREA auditor concludes that MCHOC is in compliance with the above-mentioned PREA Standard 115.52.

Standard 115.53 Inmate access to outside confidential support services

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source 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 606.10** as evidence of compliance with PREA Standard 115.53.

This auditor also interviewed a random selection of inmates, asking if they were informed and/or made aware of outside victim advocate services available to victims of sexual abuse. There were inconsistent responses from inmates that MCHOC made inmates aware of outside victim advocate services. Additionally, MCHOC's policy language is not aligned with PREA Standard 115.53. This auditor recommended that MCHOC adjust their Policy #606.10 to align with PREA Standard 115.43, as well as demonstrate a consistency in practice of making inmates aware of outside victim advocacy services available to inmate victims of abuse.

This PREA Auditor could not conclude compliance due to the policy not being in place and consistency in practice not established. This standard should be monitored over a period before compliance can be concluded. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction's (MCHOC) Corrective Action period, MCHOC developed **Policy #611** to bring MCHOC into alignment with PREA Standard 115.53. Additionally, during this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, this auditor toured MCHOC's housing locations and observed outside victim advocacy services contact information posted next to all inmate telephones. Additionally, *Classification Unit Sam-6* provides comprehensive inmate education, which includes information about inmate victims access to outside victim advocacy services. Each inmate receives a PREA Pamphlet, which has the name and contact information of the local victim advocacy services used by MCHOC. Finally, MCHOC has a Memorandum of Understanding (MOU) with Aurora Health Care Healing and Advocacy Services.

After this auditor's review of MCHOC's consistency in practice in alignment with its corresponding policy, MCHOC is in compliance with PREA Standard 115.53.

Standard 115.54 Third-party reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This 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. This policy contained all the necessary language to align to PREA Standard 115.54.

This auditor also interviewed a random selection of 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.

This PREA auditor concludes that MCHOC is in compliance with PREA Standard 115.54.

Standard 115.61 Staff and agency reporting duties

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source 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 **PREA Inmate Reporting policy #609** 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, “*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.*”

This auditor also interviewed a random selection of staff, who acknowledged their duty to respond to and report PREA-related incident, even through a 3rd party. Each interviewed staff were also able to share their duties once a report is verbally or written submitted.

This PREA auditor concludes that MCHOC is in compliance with PREA Standard 115.61.

Standard 115.62 Agency protection duties

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for PREA Standard 115.62. This PREA Auditor reviewed Milwaukee County House of Correction’s (MCHOC) submitted **Administrative Manual of Policies and Procedures Chapter 6; Policy number 606.5** as evidence of compliance with PREA Standard 115.62. An excerpt from 606.5 states, *“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 30day period requires separate documentation). IMMEDIATE ACTION TO PREVENT OR STOP THE ABUSE SHALL BE THE FIRST AND PARAMOUNT PRIORITY.*

This auditor also interviewed 48 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 properly respond for their safety. All 31 randomly interviewed staff 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.

This PREA auditor concludes that MCHOC is in compliance with the above-mentioned PREA Standard 115.62.

Standard 115.63 Reporting to other confinement facilities

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for PREA Standard 115.63. This PREA Auditor reviewed Milwaukee County House of Correction’s (MCHOC) submitted **Administrative Manual of Policies and Procedures Chapter 6; Policy number 606.5** as evidence of compliance with PREA Standard 115.63. An excerpt from 606.5 states, *“Upon receiving allegations that an inmate was sexually abused while being confined at another institution/facility, the Superintendent or his 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 Superintendent or his designee will notify the institution where the alleged sexual abuse took place within 72 hours of being notified.*

1. 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.

This auditor also interviewed MCHOC’s Superintendent and PREA Coordinator, who shared their procedures of notifying and receiving notifications of allegations that an inmate was sexually abuse while at another facility or at MCHOC.

This PREA auditor concludes that MCHOC is not in compliance with the above-mentioned PREA Standard 115.63

Standard 115.64 Staff first responder duties

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source 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 606.5** as evidence of compliance with PREA Standard 115.64. An excerpt from 606.5 states, “Where an incident of sexual abuse is learned of by staff within a time period that still allows for the collection of physical evidence, first staff on the scene must:

- a. Separate the alleged victim from the abuser;
- b. Notify the immediate supervisor who shall contact the shift commander/captain
- c. Request medical assistance as appropriate.
- d. Establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence.
- e. Remove both the victim and the suspect from the scene and preserve the scene;
- f. Request the victim not to take any actions that could destroy physical evidence, including brushing teeth, using the toilet, changing clothing or washing;
- g. Prevent the abuser from taking any actions that could destroy physical evidence, including brushing teeth, using the toilet, changing clothing or washing;
- h. Contact the immediate supervisor

This auditor also interviewed randomly selected MCHOC staff and asked, “What is your role as a first responder to an alleged sexual abuse?” There were inconsistent responses given to this auditor, providing an unclear picture on staff knowledge of their responsibilities as first responders. Although MCHOC’s policy language is aligned with PREA Standard 115.64, this auditor could not conclude that staff has been formally trained to know their responsibilities as first responders. This auditor recommended that MCHOC conduct a formal PREA refresher training (documented), then establish a consistency of practice. This standard should be monitored over a period before compliance can be concluded. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction’s (MCHOC) Corrective Action period, MCHOC provided additional formal staff training and spot-training to staff. MCHOC also submitted their “Employee Orientation PREA Training and Education,” as well their “Comprehensive Employee PREA Training Curriculum.”

During this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, this auditor observed staff carrying a “First Responders Responsibilities” card. According to MCHOC’s leadership, these first responder cards are considered a part of each staff’s uniform and MUST always be on their person. This auditor interviewed random staff and asked their specific first responder responsibility. Each was thorough, correct and consistent in their responses. Each had their first responder card readily available upon my request to view.

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.

Standard 115.65 Coordinated response

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for PREA Standard 115.65. This PREA Auditor reviewed Milwaukee County House of Correction’s (MCHOC) submitted **PREA Sexual Abuse Allegations Flow Chart** as evidence of compliance with PREA Standard 115.65.

Though MCHOC’s flowchart demonstrated a “Coordinated Response” from an investigation coordinated path, there was nothing mentioned on the flowchart which identified medical member’s roles and responsibilities when a PREA-related incident occurs. This same notion was confirmed when this auditor interviewed medical and mental health staff, who shared that they did not coordinate hospital location, SANE, or victim advocacy. This was mainly decided and coordinated by MCHOC supervisory-ranked staff. From this auditor’s assessment from the interview with MCHOC’s medical and mental health team, they were unclear in understanding their role in the coordinated response of alleged sexual abuse at MCHOC.

This auditor recommended MCHOC develop a comprehensive “Coordinated Response Flow Chart” which details first responders, supervisory staff, PREA Investigators, IA, law enforcement, Medical, Mental Health, SANE, and Superintendent. This auditor also recommended that MCHOC develop a consistency in practice in alignment with their corresponding policy. This standard should be monitored over a period before compliance can be concluded. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction’s (MCHOC) Corrective Action period, MCHOC adjusted/revised **PREA Sexual Abuse Allegation Flow Chart**, as well as refresher training to staff. Verification was submitted to this auditor. Additionally, during this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, this auditor interviewed medical and mental health supervisory staff, as well as a random selection of MCHOC security, investigation, and supervisory staff. All interviewed knew their coordinated responsibilities when a PREA incident is reported. Staff also carried around “*First Responders Responsibilities*” card to assist in following coordinated response protocol. 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 had their first responder card readily available upon my request to view.

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.

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

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

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

corrective actions taken by the facility.

This 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, *“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 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.”*

This PREA auditor concludes that MCHOC is in compliance with the above-mentioned PREA Standard 115.66.

Standard 115.67 Agency protection against retaliation

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source 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 10; Policy number 1005.14** to verify all the necessary PREA language to meet standard 115.67 policy compliance requirements.

This PREA auditor interviewed the PREA Investigation Team members, as well as Mental Health staff. There was no documentation that retaliation monitoring is occurring when PREA incidents/investigations are conducted. Additionally, the language in MCHOC’s policy was too vague and needing more clarification.

This auditor recommended creating a **Retaliation Monitoring Form**, which includes: date and time of monitoring checks, as well as inmate status, signatures of monitoring officer and the inmate being monitored. This auditor also recommended MCHOC align their policy 1005.4 to align with PREA Standard 115.67.

This PREA Auditor could not conclude compliance due to MCHOC’s policy not being in place. Additionally, consistency in practice and monitored over a period is required before compliance can be concluded. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction’s (MCHOC) Corrective Action period, MCHOC adjusted/revised **Administrative PREA Audit Report**

Manual of Policies and Procedures Chapter 10; Policy number 1005.14, as well as developed a **Retaliation Monitoring Form**. Additionally, during this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, this auditor interviewed three MCHOC PREA Investigators, who were able to share how their **Retaliation Monitoring Form** is utilized during investigative periods. This auditor also reviewed two completed investigations. Both investigative packets were complete, containing retaliation monitoring forms within.

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.

Standard 115.68 Post-allegation protective custody

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source 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; Policy number 606.5** as evidence of compliance with PREA Standard 115.68. This PREA Auditor also reviewed Milwaukee County House of Correction's (MCHOC) submitted **Administrative Manual of Policies and Procedures Chapter 6; Policy number 508.3** as evidence of compliance with PREA Standard 115.68.

MCHOC's policy language was not aligned with PREA Standard 115.68. This auditor recommended that MCHOC adjust their policy 508.3 and 606.5 to align with PREA Standard 115.68. In adjusting their policy this auditor recommended MCHOC's language to align with PREA Standard 115.43 (since PREA Standard 115.43 and 115.68 are connected standards).

This PREA Auditor could not conclude compliance due to this auditor being unable to verify MCHOC's use of segregation, as well as MCHOC's policy needing alignment with PREA Standard 115.68. Due to the policy adjust/change not being in place, consistency in practice cannot be determined and should be monitored over a period before compliance can be concluded. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction's (MCHOC) Corrective Action period, MCHOC adjusted their **Administrative Manual of Policies and Procedures Chapter 5; Section 508.3** to bring MCHOC into alignment with PREA Standard 115.43. Additionally, during this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, reviewed segregation/protective custody documentation during the corrective action period to verify 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 inmates, who confirmed that involuntary segregation/protective custody is not customarily used for victims of sexual abuse, high-risk inmates, or inmates who reported a PREA incident.

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.

Standard 115.71 Criminal and administrative agency investigations

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

- Does Not Meet Standard (requires corrective action)

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source 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 606.10** as evidence of compliance with PREA Standard 115.71.

This auditor also verified MCHOC’s practice through interviews with Internal Affairs lieutenant and captain. Additionally, MCHOC’s policy language had some language which aligned with PREA Standard 115.71, however there were important components missing which made MCHOC’s policy not aligned with PREA Standard 115.71.

This auditor recommended that MCHOC adjust their **Administrative Manual of Policies and Procedures Chapter 6; Policy number 606.10** language to align with PREA Standard 115.71. Due to the policy adjust/change not being in place, compliance could not be concluded. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction’s (MCHOC) Corrective Action period, MCHOC adjusted their **Administrative Manual of Policies and Procedures Chapter 6; Section 606.10** to bring MCHOC into alignment with PREA Standard 115.71. Additionally, during this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, interviewed the Assistant Superintendent, PREA Investigators and the PREA Coordinator to verify consistent practice regarding PREA Criminal and Administrative Investigations. All were consistent in coordinated response with Internal Affairs and the Administrative PREA Investigators when a PREA Investigation occurs.

After this auditor’s review of MCHOC’s consistency in practice in alignment with its corresponding policy, MCHOC is in compliance with PREA Standard 115.71.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source 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 606.10** as evidence of compliance with PREA Standard 115.72. An excerpt from 606.10 states, *“For purposes of an administrative as opposed to a criminal investigation, the standard used shall be no higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.”*

This auditor also verified MCHOC’s that administrative investigations follows a “preponderance of the evidence” standard through interviews with PREA investigators and reviewing four randomly selected completed investigations

This PREA auditor concludes that MCHOC is in compliance and meets the above-mentioned PREA Standard 115.72.

Standard 115.73 Reporting to inmates

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source 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, *“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.*

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:

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

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.

This PREA auditor concludes that MCHOC is in compliance and meets the above-mentioned PREA Standard 115.73.

Standard 115.76 Disciplinary sanctions for staff

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source 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 606.2** as evidence of compliance with PREA Standard 115.76. This auditor also interviewed MCHOC’s Human Resources who shared that sexual abuse/harassment by staff, contractor, or volunteer is “not tolerated” and is criminally prosecuted.

Though a portion of MCHOC’s policy was aligned with PREA Standard 115.76, this auditor recommended that MCHOC adjust their **Administrative Manual of Policies and Procedures Chapter 6; Policy number 606.2** language to align with PREA Standard 115.76. Due to the policy adjust/change not being in place, compliance could not be concluded. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction’s (MCHOC) Corrective Action period, MCHOC developed their **PREA Zero-Tolerance PREA Audit Report**

Policy #612 to bring MCHOC into alignment with PREA Standard 115.76. Additionally, during this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, interviewed the Assistant Superintendent, the PREA Coordinator to verify consistent practice regarding disciplinary sanction for staff violating MCHOC’s sexual abuse/sexual harassment policies. Both were consistent in their responses, that disciplinary actions are consistent with the policy violation, up to termination and criminal prosecution..

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.

Standard 115.77 Corrective action for contractors and volunteers

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source 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 606.2** as evidence of compliance with PREA Standard 115.77. An excerpt from 606.2 states, *Sexual abuse and/or sexual harassment of inmates by volunteers will not be tolerated in any form. A volunteer who violates this policy will be removed from volunteer status, barred from the facility, and, if applicable, criminal charges will be sought.*

- a. *Each volunteer shall receive a copy of this policy. Each volunteer must sign an acknowledgement that says that they have received the policy and understand it. The Human Resources Generalist or the PREA Coordinator shall retain the acknowledgement.*
- b. *Volunteers must consent to a criminal history background check. Persons who have been adjudicated guilty of any sex crime or attempted sex crime are not eligible to volunteer at the Milwaukee County House of Correction.*

Contractors

- c. *Sexual abuse and/or sexual harassment of inmates by contractors working at the facility will not be tolerated in any form. A contractor who violates this policy will be barred from the facility, and if applicable criminal charges will be filed.*
- d. *Each contractor that has actual contact with inmates shall receive a copy of this policy. Each contractor must sign an acknowledgement that they have received the policy and understand it. The Human Resources Generalist or the PREA Coordinator shall retain the acknowledgement.*
- e. *Contractor employees having contact with inmates must consent to a criminal history background check. Persons who have been adjudicated guilty of any sex crime or attempted sex crime are not eligible to work at the Milwaukee County House of Corrections.*

This auditor also interviewed MCHOC’s Human Resources who shared that sexual abuse/harassment by staff, contractors, or volunteers is “not tolerated” and will be criminally prosecuted.

This PREA auditor concludes that MCHOC is in compliance with the above-mentioned PREA Standard 115.77.

Standard 115.78 Disciplinary sanctions for inmates

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source 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 606.2** as evidence of compliance with PREA Standard 115.78. This auditor interviewed MCHOC’s Superintendent and Lieutenants, regarding MCHOC’s practice on disciplinary action for inmates. MCHOC’s Superintendent share that inmate disciplinary action is commensurate with the level of the substantiated PREA Incident.

MCHOC’s policy did not align with PREA Standard 115.78. This auditor recommended that MCHOC adjust their **Administrative Manual of Policies and Procedures Chapter 6; Policy number 606.2** language to align with PREA Standard 115.78. Due to the policy adjust/change not being in place, compliance could not be concluded. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction’s (MCHOC) Corrective Action period, MCHOC developed their **PREA Zero-Tolerance Policy #612** to bring MCHOC into alignment with PREA Standard 115.78. Additionally, during this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, interviewed the Assistant Warden, Lieutenant, and the PREA Coordinator to verify consistent practice regarding disciplinary sanction for inmates substantiated for sexual abuse/sexual harassment. Each were consistent in responses.

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.

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

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

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

This 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 their **Administrative Manual of Policies and Procedures Chapter 5; Policy number 508.3** to verify all the necessary PREA language to meet standard 115.81 policy compliance requirements.

This PREA auditor also interviewed the Medical and Mental Health Supervisors. There were inconsistencies in responses pertaining to following up with inmates who have been identified as high risk or having a history of sexual abusiveness/victimization. This auditor identified that the inconsistency in responses to inmate follow was due to MCHOC’s medical provider being a new provider to MCHOC. This auditor was also unable to verify consistent 14-day follow up with inmates whose risk assessment identified history of abusiveness/victimization.

This auditor recommended that MCHOC adjust their **Administrative Manual of Policies and Procedures Chapter 5; Policy number 508.3** language to align with PREA Standard 115.81. This auditor also recommended that MCHOC’s contracted medical provider establish a consistency in practice in meeting their 14-day threshold to follow up with high risk inmates, after initial screening. Due to the policy adjust/change not being in place and inconsistency in practice, this auditor could not conclude compliance. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction’s (MCHOC) Corrective Action period, MCHOC adjusted their **Administrative Manual of Policies and Procedures Chapter 5; Policy number 508.3** to bring MCHOC into alignment with PREA Standard 115.81. Additionally, during this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, this auditor interviewed medical and mental health supervisors to verify practice consistent with the established policy. This auditor reviewed random medical intake screening documentation to verify that 14-day follow up practice is aligned with established policy #508.3.

After this auditor’s review of MCHOC’s consistency in practice in alignment with its corresponding policy, MCHOC is in compliance with PREA Standard 115.81.

Standard 115.82 Access to emergency medical and mental health services

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

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

This PREA auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.82. This PREA Auditor was unable to verify compliance due to no evidence submitted electronically. However, during the onsite audit, this auditor interviewed the medical and mental health supervisors, who shared that victims of sexual abuse receive unimpeded access to medical and mental health. Inmates and staff also verified that access to medical and mental health is almost immediate for a PREA-related incident.

Due to the contractual relationship between MCHOC and the medical provider had just started, this auditor could not conclude that this access was consistent. Additionally, MCHOC’s policy was not included, as evidence, to determine alignment with PREA Standard 115.82. This auditor recommended that MCHOC submit a policy which language aligns with PREA Standard 115.82. Due to the policy being unavailable to review, consistency in practice could be determined. This standard 115.82 should be monitored over a period before compliance can be concluded. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction’s (MCHOC) Corrective Action period, MCHOC submitted their **Administrative Manual of Policies and Procedures Chapter 6; Policy number 614** to bring MCHOC into alignment with PREA Standard 115.82. Additionally, during this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, this auditor interviewed medical and mental health supervisors to verify practice consistent with the established policy. This auditor also interviewed a random selection of inmates and staff in reference to victim access to medical and mental health services. There was a consensus that inmate victims of sexual abuse receive unimpeded access to medical and mental health services.

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.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

This PREA auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for Standard 115.83. This PREA Auditor was unable to verify compliance due to no evidence submitted electronically. However, during the onsite audit, this auditor interviewed the contracted medical and mental health supervisors, who shared that victims of sexual abuse receive ongoing access to medical and mental health. Inmates and staff also verified access to medical and mental health for a PREA-related incident. Additionally, the contracted medical and mental health supervisors, shared that victims of sexual abuse receives healthcare services consistent with community level of care and treatment services without cost to inmate. This auditor also confirmed this during interviews with a random selection of inmates.

Due to the contractual relationship between MCHOC and the medical provider had just started, this auditor could not conclude that this access was consistent. Additionally, MCHOC’s policy was not included, as evidence, to determine alignment with PREA Standard 115.83. This auditor recommended that MCHOC submit a policy which language aligns with PREA Standard 115.83. Due to the policy being unavailable to review, consistency in practice could be determined. This standard 115.83 should be monitored over a period before compliance can be concluded. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction’s (MCHOC) Corrective Action period, MCHOC submitted their **Administrative Manual of Policies and Procedures Chapter 6; Policy number 614** to bring MCHOC into alignment with PREA Standard 115.83. Additionally, during this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, this auditor interviewed medical and mental health supervisors to verify practice consistent with the established policy. This auditor also interviewed a random selection of inmates and staff in reference to victim access to medical and mental health services. There was a consensus that inmate victims of sexual abuse receive ongoing medical and mental health services, consistent with community-level of care.

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.

Standard 115.86 Sexual abuse incident reviews

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source 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 606.10** as evidence of compliance with PREA Standard 115.86. This auditor also interviewed MCHOC’s PREA Investigation team, Superintendent, PREA Coordinator, PREA Compliance Manager. Each confirmed that MCHOC participates in a quarterly meeting as a part of a consortium amongst correctional institutions. However, there was no formal “Incident Review” in place at MCHOC for MCHOC-specific PREA-related incidents.

This auditor recommended that MCHOC develop an Incident Review” Committee specifically for MCHOC incident reviews. Within this committee, PREA incident reviews and opportunities to proactively prevent institution PREA incidents should be a mainstay on the agenda. This Incident Review agenda/minutes should be documented to demonstrate consistent practice. Additionally, although there was some language in MCHOC’s policy #606.10 which aligned with PREA Standard 115.86, MCHOC’s policy did not contain important aligning language to be determined compliant. This auditor recommended that MCHOC adjust their policy #606.10 language to align with PREA Standard 115.86.

Due to MCHOC’s policy not aligned with standard 115.86, as well as consistency in practice not established, compliance cannot be determined. This standard 115.86 should monitored over a period before compliance can be determined. A CORRECTIVE ACTION was required.

During Milwaukee County House of Correction’s (MCHOC) Corrective Action period, MCHOC adjusted their **Administrative Manual of Policies and Procedures Chapter 6; Section 606.10** to bring MCHOC into alignment with PREA Standard 115.86. MCHOC also submitted their PREA Incident Review agenda for November and December 2019, as well as January and February 2020. The agenda included: agenda topic, discussion points, and PREA-related incident data for the specific month.

Additionally, during this Corrective Action period, this auditor returned to MCHOC for a follow-up site visit. During this follow-up site visit, interviewed the Assistant Warden, Lieutenant, and the PREA Coordinator to verify consistent practice regarding Incident Review consistency. Each were consistent in responses, with accompanying documentation.

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.

Standard 115.87 Data collection

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source 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 606.10** as evidence of compliance with PREA Standard 115.87. This auditor also received the **MCHOC 2018 PREA Report** consisting of aggregate data collected and compiled by MCHOC’s PREA Coordinator. Finally, MCHOC submitted their website, which contained their **Milwaukee County House of Correction 2018 PREA Annual Report** (<https://county.milwaukee.gov/EN/House-of-Correction/PREA>).

This PREA auditor concludes that MCHOC is in compliance with PREA Standard 115.87.

Standard 115.88 Data review for corrective action

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed pre-audit documents submitted via electronic source 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 606.10** as evidence of compliance with PREA Standard 115.88. This auditor also received the **MCHOC 2018 PREA Report** consisting of aggregate data collected and compiled by MCHOC’s PREA Coordinator. Finally, MCHOC submitted their website, which contained their **Milwaukee County House of Correction 2018 PREA Annual Report** (<https://county.milwaukee.gov/EN/House-of-Correction/PREA>).

While onsite, the auditor individually interviewed MCHOC’s Superintendent, Assistant Superintendent, and PREA Coordinator. Each confirmed that MCHOC conducts year to year comparisons of PREA incident and develops corrective actions accordingly during quarterly agency-collaborated meetings.

This PREA auditor concludes that MCHOC is in compliance with PREA Standard 115.88.

Standard 115.89 Data storage, publication, and destruction

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

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

This PREA Auditor reviewed pre-audit documents submitted via electronic source and on-site documentation to determine compliance for PREA Standard 115.89. 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 115.89. This auditor also received the **MCHOC 2018 PREA Report** consisting of aggregate data collected and compiled by MCHOC’s PREA Coordinator. Finally, MCHOC submitted their website, which contained their **Milwaukee County House of Correction 2018 PREA Annual Report** (<https://county.milwaukee.gov/EN/House-of-Correction/PREA>).

While onsite, the auditor individually interviewed MCHOC’s Superintendent, Assistant Superintendent, and PREA Coordinator. Each confirmed that MCHOC retains PREA-related sexual abuse data collected for a minimum of 10 years.

This PREA auditor concludes that MCHOC is in compliance with PREA Standard 115.89.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

DeShane Reed

Auditor Signature

March 26, 2020

Date