

PREA Facility Audit Report: Final

Name of Facility: Laurel House

Facility Type: Community Confinement

Date Interim Report Submitted: 08/21/2024

Date Final Report Submitted: 02/26/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Yvonne Gorton	Date of Signature: 02/26/2025

AUDITOR INFORMATION	
Auditor name:	Gorton, Yvonne
Email:	yvonnegorton@yahoo.com
Start Date of On-Site Audit:	07/30/2024
End Date of On-Site Audit:	07/30/2024

FACILITY INFORMATION	
Facility name:	Laurel House
Facility physical address:	1725 Spring Place , Racine, Wisconsin - 53404
Facility mailing address:	1725 Spring Place, Racine, Wisconsin - 53403

Primary Contact

Name:	Ebony Robinson
Email Address:	Ebony.robinson@gbswi.com
Telephone Number:	4144551870

Facility Director	
Name:	Ebony Robinson
Email Address:	Ebony.robinson@gbswi.com
Telephone Number:	4144551870

Facility PREA Compliance Manager	
Name:	Debra Schiess
Email Address:	debra.schiess@gbswi.com
Telephone Number:	(262) 274-0118

Facility Characteristics	
Designed facility capacity:	12
Current population of facility:	12
Average daily population for the past 12 months:	12
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Womens/girls
Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex"	

and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-80
Facility security levels/resident custody levels:	low
Number of staff currently employed at the facility who may have contact with residents:	7
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	Genesis Behavioral Services, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	6737 West Washington Street, #2210, West Allis, Wisconsin - 53214
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information

Name:	Robbyn Erickson	Email Address:	robyn.erickson@gbswi.com
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

33

Number of standards not met:

8

- 115.241 - Screening for risk of victimization and abusiveness
- 115.253 - Resident access to outside confidential support services
- 115.273 - Reporting to residents
- 115.287 - Data collection
- 115.288 - Data review for corrective action
- 115.289 - Data storage, publication, and destruction
- 115.401 - Frequency and scope of audits
- 115.403 - Audit contents and findings

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-07-30
2. End date of the onsite portion of the audit:	2024-07-30

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Ascension All Saints Hospital, Racine, WI This facility will conduct SANE exams for residents from the facility if needed and will provide an advocate to be with the client during the exam. SANE staff were interviewed who confirmed this.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	12
15. Average daily population for the past 12 months:	12
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	9
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The facility had not been conducting any risk screening, prior to the audit, so clients were not asked questions such as if they identified as LGBT, if they had experienced prior sexual abuse, or if they had participated in prior sexual abuse. All of the clients are on parole/probation, so they are considered a very low security level/risk.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>7</p>
<p>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>1</p>

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	<p>2</p>
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	<p>No text provided.</p>
<h2>INTERVIEWS</h2>	
<h3>Inmate/Resident/Detainee Interviews</h3>	
<h4>Random Inmate/Resident/Detainee Interviews</h4>	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>5</p>
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<p> <input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input checked="" type="checkbox"/> None </p>
If "None," explain:	<p>I attempted to interview all clients but four of them refused the interview. There were 9 clients at the home on the audit day, so five residents were interviewed.</p>
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>I was not able to do that because of the low number of clients and the refusals of four of the nine who were in residence at the time of the audit.</p>

37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
37. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	There were only nine residents in the home and four of them refused the interview.
38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no other barriers to interviewing.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility is not equipped to house clients with physical disabilities. The agency works with parole/probation officers to identify an appropriate location for the in-patient substance abuse programming for clients with physical disabilities.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility is not equipped to house clients with cognitive or functional disabilities. The agency works with parole/probation officers to identify an appropriate location for the in-patient substance abuse programming for clients with disabilities.</p>

<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility is not equipped to house clients with physical disabilities. The agency works with parole/probation officers to identify an appropriate location for the in-patient substance abuse programming for clients with physical disabilities.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility is not equipped to house clients with hearing disabilities. The agency works with parole/probation officers to identify an appropriate location for the in-patient substance abuse programming for clients with physical disabilities.</p>

<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility is not equipped to house clients who are limited English proficient. The agency works with parole/probation officers to identify an appropriate location for the in-patient substance abuse programming for these clients.</p>
<p>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility was not performing screening for risk of victimization or abusiveness prior to the audit. Therefore, clients were not asked how they identify. In interviews, none of the five clients who were interviewed identified as being LGBT. However, all LGBT clients who meet all the other requirements are accepted at this facility so it is safe to assume that there are LGBT clients in the residence from time to time.</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility was not performing screening for risk of victimization or abusiveness prior to the audit. Therefore, clients were not asked how they identify but staff said they did not believe there were currently any transgender clients in the residence. Moreover, during interviews, none of the clients identified as being transgender and all of them said they did not know of any transgender clients in the home at that current time. The staff did say that they have had transgender clients in the past.</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility did not screen clients for this information and did not keep any information on the subject. All clients were interviewed and one client did report that she has been previously sexually abused.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility was not performing risk screening prior to the audit date so no information was available. None of the five clients who were interviewed disclosed prior sexual victimization during the interview.</p>

<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility is a residential substance programming facility, not a correctional facility.</p>
<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The only barriers to completing interviews except that auditor was not able to identify clients in each of the targeted groups and four of the nine residents refused the interview.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>5</p>

<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input checked="" type="checkbox"/> None</p>
<p>If "None," explain:</p>	<p>Auditor interviewed all available staff.</p>
<p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>53. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The facility employs only seven staff.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	7
56. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>68. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The facility consists of a two story house with programming and social areas, and a kitchen and dining room, on the first floor and the bedrooms and bathroom on the second floor. The Program Mannager has an office on the first floor and there is a single occupancy bedroom on the first floor as well.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>There were no barriers to selecting additional documentation. The human resource staff, who was housed at another location, provided the requested documentation to the PREA Coordinator who made it available to the auditor. All other documentation was located at the residential location and was presented on request.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	2	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
78. Explain why you were unable to review any sexual abuse investigation files:	The facility did not receive any allegations of sexual abuse, during the audit period, that actually met the definition of sexual abuse.

<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility received two allegations of sexual harassment, neither of which met the definition of sexual harassment. The facility did conduct administrative investigations and, with the assistance of the parole/probation officer, a decision was made whether the client was allowed to complete the program.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

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

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator <p>Findings (By Provision):</p> <p>115.211 (a) - 1 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that</p>

the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.

Agency policy 7.17 Prison Rape Elimination Act (PREA) Policy says, on page 87, that the Genesis Behavior System has zero tolerance for any sexual harassment or abuse that could occur between an employee and a resident or a resident and another resident. Five residents who were formally interviewed, and all staff who were interviewed, were familiar with the zero-tolerance policy and verified that they had received information, and training, regarding this policy.

115.211 (a) - 2

The facility indicated, in their response to the PAQ, that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. On page 88, agency policy 7.17 identifies that all employees have a duty to prevent, detect, and respond to sexual harassment and sexual abuse. Identified methods for preventing sexual harassment and sexual abuse include:

1. Announcing the presence of opposite gender staff in the facility,
2. being aware of surroundings with respect to blind spots and unlocked closets, and
3. maintaining professionalism

Identified as ways of detecting sexual harassment and sexual abuse are being aware of red flag behaviors that may be indicative of sexual harassment such as,

1. Any unexplained change in a resident's behavior,
2. residents who seem fearful of going into their room or going to sleep,
3. increased sexualized language,
4. unusual aggressiveness,
5. Lingering near staff,

The policy identifies behaviors of residents who may have perpetrated sexual abuse, and thus behaviors that may alert staff of potentially sexually abusive behavior as including

1. Trading favors,
2. stalking another resident,
3. blatant sexual harassment,
4. frequently testing boundaries, and
5. difficultly controlling anger.

Potential behaviors of employees who may have perpetrated sexual abuse, that staff should be alert to, are identified as:

1. Changes in their personal life or appearance,
2. appearing at work during off hours,
3. bringing inappropriate contraband to work, and
4. seeking information regarding a resident that is unrelated to work.

Employees who learn that an incident of sexual harassment or abuse involving a resident may have occurred are required, by policy, to respond in the following ways:

1. Immediately report allegation to the Clinical Supervisor, assigned Counselor and Program Director,
2. request that the resident write a statement regarding the incident,
3. call 911, recommend that a resident be seen immediately at a hospital for a rape exam, if the incident involves an alleged rape, and preserve the area where the incident occurred until police have examined the area,
4. obtain statements from all residents involved in the incident or who may have knowledge of the incident,
5. Clinical supervisor to notify PPA, AOR, PREA Coordinator, and Executive Vice President of the alleged incident, and
6. cooperate with any investigation.

115.211 (a) - 3

The facility indicated, in their response to the PAQ, that the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

Definitions are laid out on page 87 of the agency PREA policy. Definitions listed there are related to prohibited behaviors of sexual abuse and sexual harassment as defined in the National Standards to Prevent, Detect, and Respond to Prison Rape.

Terms defined on those pages include, but are not limited to, consent, sexual abuse of a resident by another resident, sexual abuse of a resident by an employee, voyeurism,

115.211 (a) - 4

The facility indicated, in their response to the PAQ, that the policy includes sanctions for those found to have participated in prohibited behaviors. The policy says that "any allegation of sexual harassment or sexual abuse by an employee against a resident if substantiated, could result in termination of employment and referral to the care giver misconduct board." It goes on to say that "any allegation of sexual abuse, by a resident to another resident that is substantiated may lead to involuntary discharge from the program."

115.211 (a) - 5

The facility indicated, in their response to the PAQ, that the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents and offers the information highlighted in section (a) - 2 as evidence.

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

115.211 (b) - 1

The facility indicated, in their response to the PAQ, that the agency employs, or designates, an upper-level, agency-wide PREA Director who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. Offered as documentation for the PREA Director position is a facility organizational chart, dated 07/2024. However, the documentation submitted shows an agency PREA Compliance Manager but not an

Agency PREA Coordinator. In conversations leading up to the audit, the facility identified both a PREA Coordinator and a PREA Compliance Manager for the facility. The organizational chart does not reflect the two separate positions, and it identifies a different person as PREA compliance manager from that of the person identified as such in conversations leading up to the audit.

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

115.211 (b) - 2

The facility indicated, in their response to the PAQ, that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. The facility has not demonstrated that the position of Agency PREA Coordinator exists. Moreover, in the time period leading up to the PREA Resource Center's (PRC) approval for the audit to take place, the audit had to be rescheduled due to the neglect of the person identified in e-mail conversations as the PREA Coordinator and identified in the Organizational Chart as the PREA Compliance Manager, to respond to the PRC's request for information. Auditor had a telephone conversation with this person who, when asked why she had not responded to the PRC's request for information, indicated that she had been too busy to respond to the PRC.

115.211 (b) - 3

The facility indicated, in their response to the PAQ, that the Program Manager of Crossroads Residential Facility is the PREA Coordinator for the Agency. However, an organizational chart submitted as evidence identifies that person as the Agency PREA Compliance Manager. It does not identify a PREA Coordinator for the agency.

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

Corrective Action

A final analysis of the evidence indicates that the facility is not substantially compliant with this standard. The agency must:

A. Revise their organizational chart to identify an Agency PREA Coordinator instead of an Agency PREA Compliance Manager. A copy of the revised organizational chart must be submitted to the auditor.

B. Review the responsibilities of the Director of Clinical Programming and the responsibilities of the Agency PREA Coordinator to determine if the person in this position has enough time to perform the responsibilities of the Agency PREA Coordinator. A synopsis of that review must be submitted to the auditor.

Corrective Action Taken:

The facility submitted an updated agency organizational chart that clearly identifies the agency PREA Director. The staff filling this role is also identified, on the agency organizational chart, as the agency Director of Clinical Programming.

	<p>The facility submitted a written review of the PREA Director's responsibilities that include oversight of training, and review of updating facility policies and procedures, among other tasks. The agency PREA Director also appoints and supervises facility PREA Coordinators and delegates responsibilities to them ensuring that both the Agency PREA Director and the facility PREA Coordinator's have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.</p> <p>A final review of the evidence indicates that the facility has completed all required corrective action and is now in substantial compliance with the standard.</p>
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115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.212 (a), (b), and (c) The facility is a residential treatment facility that houses, for the purposing of programming, residents who are under the jurisdiction of the Wisconsin Department of Corrections (WIDOC). The WIDOC contracts with Genesis Behavioral Services for the confinement, and programming, of its residents. The facility does not contract with private agencies or other entities for the confinement of its residents. Therefore, this standard is N/A.</p>

115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023 c. Copy of Contract with Wisconsin Department of Corrections 2. Interviews <ol style="list-style-type: none"> a. Agency Director or Designee b. PREA Coordinator

Findings (By Provision):

115.213 (a) - 1

The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency does develop and document a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse. Submitted as documentation was a staffing plan for the facility showing that the staff consists of one Program Manager, a Program Coordinator/Counselor, and an Office Manager, on first shift, Monday through Friday, and a Resident Assistant (RA) per shift, over afternoon and night shifts, Monday through Friday. On weekends, each of the three shifts is staffed by a RA.

115.213 (a) - 2 and 3

The facility indicated, in their response to the PAQ, that since August 20, 2012, or the last PREA audit, whichever is later, the average daily number of residents was 12 and that during that same time frame, the average daily number of residents on which the staffing plan was predicated was also 12.

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

115.213 (b) - 1 and 2

The facility indicated, in their response to the PAQ, that the staffing plan is never not complied with and therefore, this provision of the standard is N/A.

115.213 © - 1

The facility indicated, in their response to the PAQ, that at least once every year the facility reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. However, no documentation verifying the annual reviews was submitted. The PREA Coordinator and the Agency Head's Designee both verified, in interviews, that the staffing plan is reviewed much more frequently than annually. Unfortunately, those frequent reviews are not documented.

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

Corrective Action

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

Auditor recommends that the frequent reviews of the facility staffing plan be documented.

115.215	Limits to cross-gender viewing and searches
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 340 1398 374">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="280 414 1145 448">1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="280 454 660 488">a. Pre-audit Questionnaire <li data-bbox="280 495 1278 528">b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023. <li data-bbox="280 640 472 674">2. Interviews <ol style="list-style-type: none"> <li data-bbox="280 680 520 714">a. Random Staff <li data-bbox="280 721 588 754">b. Random Residents <li data-bbox="280 761 572 795">c. PREA Coordinator <p data-bbox="280 907 609 940">Findings (By Provision):</p> <p data-bbox="280 981 491 1014">115.215 (a) - 1</p> <p data-bbox="280 1021 1449 1346">The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the facility does not conduct pat searches of residents. The PAQ references the agency PREA Policy 7.17 that identifies that inmates may be searched upon return to the facility if they return without being accompanied by staff or if staff have reason to believe they have introduced contraband to the facility. The policy lists how the search is to be conducted and includes having them shake out their clothing and remove shoes and socks, but also states that staff will not physically touch residents during a search.</p> <p data-bbox="280 1386 491 1420">115.215 (a) - 2</p> <p data-bbox="280 1426 1477 1541">The facility indicated, in their response to the PAQ, that in the past 12 months, there have been no occurrences of cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p data-bbox="280 1581 1382 1659">A final analysis of the evidence demonstrates that the facility is in substantial compliance with this provision of the standard.</p> <p data-bbox="280 1738 491 1771">115.215 (b) - 1</p> <p data-bbox="280 1778 1461 1939">The facility indicated, in their response to the PAQ, that the facility does not permit cross-gender pat-down searches of female residents absent exigent circumstances. Staff said that, in fact, facility staff do not conduct pat-down searches of any of the residents.</p> <p data-bbox="280 1980 1461 2058">The facility indicated, in their response to the PAQ, that the facility does not restrict female residents' access to regularly available programming or other outside</p>

opportunities in order to comply with this provision.

115.215 (b) - 3

The facility indicated, in their response to the PAQ, that the number of pat-down searches of female residents that were conducted by male staff, in the past 12 months, was zero.

115.215 (b) - 4

The facility indicated, in their response to the PAQ, that the number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstances was zero.

Staff who were interviewed said that they do not conduct pat searches, nor any other type of physical search of residents that includes physically touching the residents.

Residents who were interviewed said they had never been pat-searched, strip-searched, nor subjected to body cavity searches during their stay at the residence.

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

115.215 © - 1 and 2

The facility indicated, in their response to the PAQ, that this provision of the standard is not applicable because the facility does not conduct cross-gender strip searches and cross-gender visual body cavity searches.

Staff who were interviewed said that they do not ever conduct any type of physical search of residents.

Residents who were interviewed said that they have never been subjected to any type of physical search, including pat-searches.

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

115.215 (d) - 1

The facility indicated, in their response to the PAQ, that the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, including via video camera. The facility offered as documentation, PREA Policy 7.17, specifically the section entitled Bathroom Policy. That policy says, "in residences where the bathroom is a tub/shower and toilet combination, only one resident is allowed in the bathroom at any given time regardless if the door is open or closed." It goes on to say, in the last

paragraph, "clients are never allowed, under any circumstance, to enter an occupied bathroom even with client consent, without staff supervision."

Staff who were interviewed verified that bathroom use is restricted to one resident at a time. They also said that there is no opposite-gender staff employed at the residence. The residence houses only female residents and employs only female staff.

Residents who were interviewed said that they are always able to shower, change their clothes, and use the toilet without being viewed by any staff or any other residents.

115.215 (d) - 2

The facility indicated, in their response to the PAQ, that male staff are not employed at female facilities so this provision of the standard is not applicable.

Staff who were interviewed said that all residents are female, and all staff are female.

Residents who were interviewed said that there are no male staff nor residents at the facility.

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

115.215 € - 1

The facility indicated, in their response to the PAQ, that facility staff are not allowed to physically examine any clients for any reason. The agency PREA policy 7.17 identifies that only room searches are allowed to be conducted.

Staff who were interviewed verified this.

115.215 € - 2

The facility indicated, in their response to the PAQ, that there were no such searches conducted at the facility in the past 12 months.

Staff who were interviewed said that physical searches of residents are not allowed at the facility.

Residents who were interviewed said they have never been subjected to a physical search of any type at the facility.

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

115.215 (f) - 1

The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs is 100.

However, the facility does not have security staff and does not conduct cross-

	<p>gender searches of residents or any type of physical searches of residents. Auditor, in an interview with the PREA Coordinator determined that the 100% was an error and it should say that the percentage of security staff who have been trained for these types of physical searches is 0.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision of the standard.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Agency Head's Designee <p>Findings (By Provision):</p> <p>215.216 (a) - 1 The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>The Program Coordinator and the Agency Head's Designee said, in interviews, that all residents are referred to the program by Wisconsin Department of Corrections (WIDOC) staff and that they have not referred any residents who are disabled.</p> <p>A final analysis of the evidence indicates that the facility is not in substantial</p>

compliance with this provision of the standard.

115.216 (b) - 1

The facility indicated, in their response to the PAQ, that the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Indicated on the PAQ was the information that the WIDOC refers individuals with English as their primary language. There were no residents at the facility, on the date of the onsite portion of the audit, that were Limited English Proficient (LEP).

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

115.216 © - 1

The facility indicated, in their response to the PAQ, that the agency policy does not prohibit use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under standard 115.264, or the investigation of the resident's allegations.

115.216 © - 3

The facility indicated, in their response to the PAQ, that, in the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under standard 115.264, or the investigation of the resident's allegations was zero.

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

Corrective Action

A final analysis of the evidence indicates that the facility is not substantially compliant with the standard. The facility must:

1. Create a procedure to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The procedure should include contracts with interpreters or other professionals hired to ensure effective communication with residents with disabilities, written materials used for effective communication about PREA with residents with disabilities, and the requirement of staff training on PREA-compliant practices for residents with disabilities and documentation of that training.

	<p>2. Provide documentation of the procedures to the auditor.</p> <p>Corrective Action Taken:</p> <p>Corrective Action Taken: The facility has a contract with the Wisconsin Department of Corrections to provide substance abuse treatment to people on parole or probation. Department of Corrections staff make the determination as to which of their clients will be placed in the center. They do not place clients with disabilities or clients who are limited English proficient in this facility. Clients with disabilities, or who are limited English proficient are placed in facilities that have the resources to accommodate them.</p> <p>Final review of the evidence indicates that the facility is in substantial compliance with this standard.</p>
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Human Resources Staff <p>Findings (By Provision):</p> <p>115.217 (a) The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:</p> <ol style="list-style-type: none"> (1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997); (2) has been convicted or engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. They also commented that the Wisconsin Department of Corrections has the final decision regarding staff hiring.

The facility submitted their Staff Approval Policy, 7.17, which auditor reviewed.

Nowhere in this policy does the information above appear. In addition, auditor interviewed a Human Resources staff member who verified that this information does not appear anywhere, in writing, in the application for employment paperwork or process, and that, as far as she knows, applicants for employment are not asked these three questions.

Staff at the facilities, who conduct the interviews of applicants for employment, were unable to provide any interview protocols that they use to conduct pre-employment interviews and said that they do not directly ask these questions of applicants.

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

115.217 (b)

The facility indicated, in their response to the PAQ, that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact with residents. Again, auditor finds no mention of this requirement in agency policy.

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

115.217 ©

The facility indicated, in their response to the PAQ, that agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The facility submitted an employment packet for an employee who was hired during the audit period.

Included in that packet was a request for a background check. In an interview with Human Resources staff, that staff verified that a background check, using the Wisconsin Department of Justice website, is conducted on all applicants for employment. In addition, she explained that prior to hiring any staff, the agency is required to obtain the approval of the Wisconsin Department of Corrections, and that that agency also conducts their own background check before giving approval to hire an applicant.

115.217 © - 2

The facility indicated, in their response to the PAQ, that in the past 12 months, the number of persons hired who may have contact with residents who have had

criminal background record checks completed is four.

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

115.217 (d) - 1

The facility indicated, in their response to the PAQ, that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. Auditor's review of the agency policies revealed no such requirement. However, an employment packet that was submitted did show that a background check was conducted on a person who was ultimately hired by the agency. It appears that all employees have a criminal background check performed by the agency, as well as by the Wisconsin Department of Corrections, prior to being approved for employment. However, staff did not indicate that contracted individuals, such as maintenance men and delivery personnel, do undergo a background check prior to being authorized to complete work inside the residences.

115.217 (d) - 2

The facility indicated, in their response to the PAQ, that in the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents was one. The facility did submit an employment packet for one employee where a criminal background check was conducted but did not submit any for contractors who were hired by the agency.

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

115.217 € - 1

The facility indicated, in their response to the PAQ, that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. Auditor found no such requirement in the agency policies.

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

115.217 (f)

Auditor was unable to ascertain, in review of the hiring policy, or in the employee handbook or any other of the hiring materials submitted, where applicants who may have contact with residents were directly asked about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of the reviews of current employees. Nor was the auditor able to find anywhere

in agency policy, or the employee handbook, that the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct.

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

115.217.(g)

The facility indicated, in their response to the PAQ, that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Auditor was unable to find this information in any of the agency policies. The Human Resources staff who was interviewed was unable to remember if this information is included in any of the agency policies or in the Employee Handbook. Auditors review of policies and the Employee Handbook did not reveal this information included in any of those.

115.217 (h)

In an interview with the Human Resources staff, auditor asked if a former employee applies for work at another institution, upon request from that institution, does the facility provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law. The Human Resource staff responded by saying that they do not provide any references, that, when asked for a reference for a former employee, will only indicate whether or not the potential applicant worked for the agency and what their employment dates were.

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

Corrective Action

A final analysis of the evidence indicates that the facility is not substantially compliant with the standard. The facility must:

1. Create a hiring policy and procedure, that includes the following requirements:

a) - that all applicants for employment are asked, either directly or through a written format, if they have ever:

* engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in 42 U.S.C. 1997,

*been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or

* been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section,

2. the facility shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents,

3. before hiring new employee who may have contact with residents, the agency shall perform a criminal background records check,
4. before hiring a new employee who may have contact with residents, the agency shall make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse,
5. Perform a criminal background records check prior to enlisting the services of any contractor who may have contact with residents,
6. include the requirement that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees,
7. include in the procedure and policy that the agency shall impose upon employees a continuing affirmative duty to disclose any conduct misconduct as identified in item No. 1 of this section and include that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination,
8. unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Facility must also train their staff who are responsible for hiring staff and provide proof of the training and staff understanding of the training.

In addition, the facility must provide documentation of the hiring of employees using the newly created policy and procedures for hiring staff. Auditor will require documentation of new hires for at least a three month period, or longer, depending on how many new staff are hired during that period.

Corrective Action Taken:

The facility submitted revised policy and procedures that identify items one through eight as being requirements for hiring employees. The policy specifically identifies that:

1. The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with residents.
2. Before hiring new employees who may have contact with residents, the agency shall:
 - a. perform criminal background check; and
 - b. make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending

investigation of an allegation of sexual abuse.

3. The agency shall perform a criminal background check before enlisting the services of any contractor who may have contact with the residents.
4. The agency will conduct criminal background record checks every 4 years per the State of Wisconsin regulations.
5. The agency shall ask all applicants and employees who may have contact with residents directly about previous misconduct in written applications or interviews for hiring or promotion and in any interviews or written self-evaluations conducted as part of reviews of current employees.
6. Employees are required to disclose any pending allegations of or conviction for sexual misconduct or any other pending allegations of convictions related to any criminal action taken against the employee.
7. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
8. Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The facility also submitted a PREA Pre-Employment Questionnaire that will be used in all future hiring. The questionnaire includes the following items:

1. Have you ever engaged in sexual abuse in a prison, jail, lockup, community correction facility, juvenile facility, or other institution?
2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse?
3. Have you ever been civilly or administratively adjudicated to have engaged in the activity designed in question #2 above?
4. Have you ever been civilly or administratively adjudicated, disciplined or had any government issued license revoked or suspended for having engaged in conduct defined as sexual harassment?

The form also notifies the applicant that if they answer yes to any of the above questions, they will be considered ineligible for hire or for continued employment. It also notifies all applicants that if they are hired by the facility, they have a continuing, affirmative duty to immediately disclose any misconduct that would result in a yes answer to any of the above questions and that providing false or misleading answers to any of the above questions, or failing to disclose any misconduct that would result in a yes answer to any of the above questions shall be grounds for termination.

The form contains the statement, "I understand the consequences of providing false or misleading information and attest that the above statements are true and accurate," and requires the form to be signed by the applicant and dated.

The facility has few employees, seven at the time of the audit, and has not hired any new staff since the audit date. Therefore, they were unable to provide any documentation of the updated hiring process. However, they did provide copies of

	<p>the updated policy and procedure, the Employee Handbook, and the PREA Pre-Employment Questionnaire that will be used for all future hiring.</p> <p>A final review of the evidence indicates that the facility has completed all corrective action requirements and is now in substantial compliance with the standard.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Director or Designee 3. Onsite Review <p>Findings (By Provision):</p> <p>115.218 (a) - 1</p> <p>The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the facility has not acquired a new facility or made a substantial modification to the existing facility since the last PREA audit. The PREA Coordinator and the Agency Head's Designee confirmed this in an interview.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision of the standard.</p> <p>115.218 (b) - 1</p> <p>The facility indicated, in their response to the Pre-audit Questionnaire (PAQ) that the facility has added two video cameras on the outside of the facility, one at the front door and one at the back door, since the last audit. Auditor observed both cameras</p>

	<p>during the review of the facility. In an interview, the Agency Head’s Designee confirmed this.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.</p>
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023 c. Community Confinement Sexual Abuse and Sexual Harassment Incident Reporting Form DOC-2784 (11/2016) 2. Interviews <ol style="list-style-type: none"> a. Random Sample of Staff b. SANE c. PREA Coordinator <p>Findings (By Provision):</p> <p>115.221 (a) - 1 The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The facility staff respond to all allegations made at the facility by conducting an investigation, interviewing the resident who made the allegation, and all parties involved, including any potential witnesses.</p> <p>115.221 (a) - 2 The facility indicated, in their response to the PAQ, that the agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-</p>

on-resident sexual abuse or staff sexual misconduct). In interviews with the Agency PREA Coordinator and Facility Program Manager, the auditor determined that the facility is not responsible for conducting criminal sexual abuse investigations. If an incident occurs at the facility, that may include criminal behavior, the local police department is contacted, and a report is made. The Racine Police Department will be responsible for conducting any criminal sexual abuse investigations necessary for the facility. The facility staff will conduct a preliminary investigation, of all allegations made, and will report all investigations on the DOC-2784 Wisconsin Department of Corrections (WIDOC) form, within 24 hours of the receipt of the allegation, as required by the contract the agency holds with the WIDOC.

115.221 (a) - 3

The facility indicated, in their response to the PAQ, that the local police department has responsibility for conducting criminal sexual abuse investigations. In the agency Investigation Policy, policy 17.8, it says that if a "significant," incident occurs, the resident victim will be encouraged to contact the local law enforcement agency, which is the Racine Police Department, to report the incident. In interviews with the Agency PREA Coordinator and the facility PREA Program Manager, it was identified that the agency responsible for conducting criminal sexual abuse investigations is the Racine Police Department.

115.221 (a) - 4

The agency does not conduct investigations of sexual abuse.

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

115.221 (b) - 1 and 2

The facility indicated, in their response to the PAQ, that whether the protocol is developmentally appropriate for youth is not applicable. It was determined during an interview with both the PREA Coordinator and the Facility Program Manager, that the facility does not house youthful residents.

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

115.221 © - 1

The facility indicated, in their response to the PAQ, that all residents who experience sexual abuse have access to forensic medical examinations at the local hospital, Ascension All Saints Hospital of Racine, Wisconsin. Auditor talked with SANE staff, at the hospital, who verified that a SANE examiner is available 24/7.

115.221 © - 2

The facility indicated, in their response to the PAQ, that all residents of the facility are under the jurisdiction of the Wisconsin Department of Corrections who offers

forensic exams to the residents without financial cost to the victim. Additionally, auditor talked with SANE staff, at the hospital, who verified that a SANE examiner is available 24/7, at the hospital emergency room and that forensic examinations are provided at no cost to the victim.

115.221 © - 3 and 4

The facility indicated that where possible, examinations are conducted by Sexual Assault Forensic Examiners. Auditor contacted Ascension All Saints Hospital, in Racine, and spoke with staff there who verified that a Sexual Assault Nurse Examiner (SANE) is available 24 hours and that the service would be provided upon request.

115.221 © - 5

The facility indicated, in their response to the PAQ, that the facility documents efforts to provide SANEs and SAFEs. A form that the facility uses to report incidents to the Wisconsin Department of Corrections, DOC-2784 (11/2016), includes a spot for notating immediate actions taken. Staff would note here if a resident was transported to the hospital for a forensic exam.

115.221 © - 6

The facility indicated, in their response to the PAQ, that the number of forensic medical exams conducted during the past 12 months was zero.

115.221 © - 7

The facility indicated, in their response to the PAQ, that the number of exams performed by SANEs/SAFEs during the past 12 months was zero.

115.221 © - 8

The facility indicated, in their response to the PAQ, that the number of exams performed by a qualified medical practitioner during the past 12 months was zero.

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

115.221 (d) - 1

The facility indicated, in their response to the PAQ, that the facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other means. The facility does provide telephone numbers for rape crisis centers that residents who allege sexual abuse can call and request a victim advocate. Auditor noted these telephone numbers posted near the telephones, in the residential facility, that residents regularly use. Staff also said that Ascension All Saints hospital would make a victim advocate available to any resident who requested a forensic exam at the hospital. Auditor was able to verify this in a phone call to the hospital. Emergency Room staff there said that they would make a victim advocate available to any resident who came there for a forensic exam and wished to have a victim advocate available during the exam and investigatory interviews.

115.221 (d) - 2

The facility indicated, in their response to the PAQ, that these efforts are

documented. The facility has not experienced any allegations of sexual abuse, but the form DOC-2784 (11/2016) requires them to list all actions taken so these efforts would be documented if they were to occur. In addition, auditor did observe telephone numbers for rape crisis center posted near the telephone that residents use.

115.221 (d) - 3

The facility indicated, in their response to the PAQ, that if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. Again, there have been no allegations of sexual abuse made at the facility, but the PREA Coordinator said, in an interview, that if a resident went to the Ascension All Saints Hospital for a forensic exam, the hospital would provide a victim advocate to accompany the victim during the forensic exam. Staff at the hospital verified this during a telephone interview. The PREA Coordinator also said that a staff counselor could act as a victim advocate if necessary. In view of that, the auditor recommends that the facility counselors complete a victim advocate training, in case they are ever called upon to fulfill that service or that the facility present documentation showing that their counselor positions require this type of training.

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

115.221 € - 1

The facility indicated, in their response to the PAQ, that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. Auditor noted that the facility does provide telephone numbers for rape crisis centers and community-based organizations that residents can call and request a victim advocate if they need one. A telephone interview with staff at Ascension All Saints hospital also verified that a victim advocate is provided, by the hospital, to anyone seeking a forensic exam who requests the services of a victim advocate. In addition, the facility has two staff counselors who can fill that role as well.

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

115.221 (f) - 1

The facility indicated, in their response to the PAQ, that the agency has not requested that the agency responsible for investigating allegations of sexual abuse follow the requirement of paragraphs (a) through € of standard 115.221. However

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

115.221 (g)

Auditor is not required to audit this provision of the standard.

115.221 (h)

The facility indicated that a qualified staff member would be a facility counselor.

They did not provide any particular training or position requirements that demonstrate that these staff have been screened for appropriateness for this role.

Staff also said that facility staff would not be in this position because the hospital provides an advocate for any victim seeking a forensic exam, which auditor was able to verify by interviewing staff at Ascension All Saints Hospital in Racine, WI.

Additionally, the facility posts contact information for local Rape Crisis Centers where staff are trained in advocacy for victims of sexual abuse.

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

Corrective Action

A final analysis of the evidence indicates that the facility is not substantially compliant with the standard. The facility must:

1. Contact the Racine Police Department Detective Bureau and ask them to submit a letter/memo requesting that they follow the requirements of sections (a) through (e) of this standard. Staff should submit a copy of this letter/memo to the auditor.

Corrective Action Taken:

The facility attempted to enter into a memorandum of understanding with Be-Leaf Survivors, a local advocacy organization, for providing a victim advocate from a rape crisis center to the residents of Laurel House. The facility submitted documentation showing that they are in the process of setting up an this relationship. The facility is currently waiting for the Be-Leaf Survivors agency to respond. Submitted were

The facility also submitted a copy of a correspondence submitted to the Racine Police Department requesting that they follow the requirements of sections (a) through (e) of this standard. Staff submitted a copy of this e-mail request as documentation.

A final review of the evidence indicates that the facility is now substantially compliant with the standard.

Auditor recommends that the facility provide the proper training to facility counselors for acting as an advocate for a victim of sexual abuse. The training should cover elements of providing emotional support, crisis intervention, information and referral The facility must also provide documentation of the

	completion of this training by facility counselors.
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023. 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Investigative Staff c. PREA Coordinator <p>Findings (By Provision):</p> <p>115.222 (a) - 1 The facility indicated, in their response to the Pre-audit Questionnaire, (PAQ) that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct). The facility submitted their PREA policy, Prison Rape Elimination Act Policy 7.17 that requires, on page 88, all staff to report any allegation of sexual abuse or sexual harassment to the Clinical Supervisor, the Counselor, or the Program Director, immediately upon learning of it. They also submitted their Investigations Policy that requires that all allegations of sexual harassment and abuse must be fully investigated.</p> <p>115.222 (a) - 2 The facility indicated, in their response to the Pre-audit Questionnaire, that in the past 12 months, that number of allegations of sexual abuse and sexual harassment that were received is two. The facility provided paper copies of all investigations that were completed during the past 12 months.</p> <p>115.222 (a) - 3 The facility indicated, in their response to the PAQ, that, in the past 12 months, the number of allegations resulting in an administrative investigation was two. The facility provided paper copies of investigations that were completed during the past 12 months.</p>

115.222 (a) - 4

The facility indicated, in their response to the PAQ, that in the past 12 months, the number of allegations referred for criminal investigation was zero. Auditor reviewed the investigations submitted as documentation and found that none of the incidents described in the investigations involved potentially criminal behavior.

115.222 (a) - 5

The facility indicated, in their response to the PAQ, that for all allegations received during the past 12 months, all administrative and/or criminal investigations were completed. Auditor reviewed the investigations that were submitted as documentation and found that all the investigations were completed and the documentation was submitted to the Wisconsin Department of Corrections on the requisite form, Sexual Abuse and Sexual Harassment Incident Reporting Form, DOC-2784 (11/2016).

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

115.222 (b) - 1

The facility indicated, in their response to the PAQ, that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The facility submitted as documentation, their PREA policy, Prison Rape Elimination Act policy 7.17, which states, on page 1, item number 8, that is an allegation is, "significant," the resident victim of sexual abuse should be advised to contact the Racine Police Department by dialing 911 to report the sexual assault. Although the policy does indicate that this item number does refer to incidents of sexual abuse, auditor recommends that the policy be revised to say that if the allegation appears to involve potentially criminal behavior, the resident victim should be advised to contact the Racine Police Department to report the sexual abuse.

115.222 (b) - 2

The facility indicated, in their response to the PAQ, that the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The facility did not provide any documentation of how this information is made publicly available. Auditor reviewed the agency and the facility websites and could not locate this information.

115.222 (b) - 3

The facility indicated, in their response to the PAQ, that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

A final analysis reveals that the facility is not in substantial compliance with this provision of the standard.

	<p>Corrective Action</p> <p>A final analysis indicates that the facility is not substantially compliant with the standard.</p> <p>The facility must:</p> <ol style="list-style-type: none"> 1. Submit a screen shot of the appropriate information posted on their website or other means of communication to make the agency’s policy regarding referral of allegations of sexual abuse or sexual harassment for criminal investigation publicly available. The information made publicly available must include a description of the responsibilities of both the agency and the investigating entity. <p>Corrective Action Taken:</p> <p>The facility submitted a revised PREA Investigation Policy that states, in Item No. 8, "if allegations appear to involve potentially criminal behavior, the client that is the victim of the sexual abuse should be counseled to contact the Racine Police Department by dialing 911 to report the sexual assault."</p> <p>A final review of the evidence indicates that the facility has completed the required corrective action and is now in compliance with the standard.</p>
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115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023. 2. Interviews <ol style="list-style-type: none"> a. Random Staff <p>Findings (By Provision):</p>

115.231 (a) - 1

The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The facility presented, as documentation of the training, computer generated transcripts from the Relias Training, a computer based training platform that administers all of the employee training. Included in that training is training on the agency's PREA Policy. A review of the PREA policy indicated that zero-tolerance for sexual harassment and sexual abuse is the requirement of the agency. Training transcripts for eight staff were presented and all five staff who were interviewed indicated that they had completed the training and understood the zero-tolerance policy. All of them were well able to articulate what the zero-tolerance policy means by saying that there is absolutely no tolerance, in the facility, for sexual harassment or sexual abuse.

115.231 (a) - 2

The facility indicated, in their response to the PAQ, that the agency trains all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The facility presented, as documentation of the training, computer generated transcripts from the Relias Training, a computer based training platform that administers all of the employee training. Included in that training is training on the agency's PREA Policy, Prison Rape Elimination Act 7.17. A review of the PREA policy indicated that the policy holds staff responsible for preventing incidents of sexual harassment and sexual abuse by:

1. Announcing the presence of opposite gender staff in the facility
2. Being aware of surrounding (i.e. blind spots, unlocked closets)
3. Maintaining professionalism

A review of the PREA policy indicated that the policy holds staff responsible for detecting incidents of sexual abuse or sexual harassment by being aware of:

1. Red flag behaviors that maybe indicative of sexual harassment or abuse|
2. Any unexplained change in a resident's behavior
3. Residents who seem earful of going into their room or going to sleep
4. Increased sexualized language
5. Unusual aggressiveness
6. Lingering near staff warning that an incident of sexual harassment or abuse involving a resident may have occurred the employee.

A review of the PREA policy indicated that the policy holds staff responsible for reporting incidents of sexual abuse or sexual harassment by requiring them to:

1. Immediately report allegations to the Clinical Supervisor, assigned Counselor and Program Director

A review of the PREA policy indicated that the policy holds staff responsible for responding to allegations of sexual harassment and sexual abuse by:

1. Request that the resident write a statement regarding the incident
2. If the incident involves an alleged rape, call 911, recommend that the resident be

seen immediately at a hospital for a rape exam. Preserve the area where the incident occurred until police have examined the area.

3. Obtain statements from all residents involved in the incident or who may have knowledge of the incident

4 Requiring the Clinical Supervisor to notify PPA, AOR, PREA Coordinator, and Executive Vice President of alleged incident and

5. Cooperate with any investigation.

115.231 (a) 3 through 10

Auditor interviewed all facility staff, and all indicated that they had completed the training and understood it. All of them were well able to articulate what the zero-tolerance policy means by saying that there is absolutely no tolerance, in the facility, for sexual harassment or sexual abuse. They were also able to identify all the elements in paragraphs two through 10 this standard as having been covered in their training.

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

115.231 (b) -1

The facility indicated, in their response to the PAQ, that the training provided to staff is tailored to the gender of the residents of the facility. The facility houses only female residents, and all the staff are also female. The facility does not ever house male residents, nor does it employ male staff. All residents are referred by, and are under the jurisdiction of, the Wisconsin Department of Corrections and this is a contractual agreement.

115.231 (b) - 2

The facility indicated, in their response to the PAQ, that it is not the policy of the facility to hire male staff to work in female residential facilities. Thus there is no additional training provided because staff do not move from one gender facility to another gender.

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

115.231 © - 1

The facility indicated, on the PAQ, that between trainings, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The facility indicated, on the PAQ, that staff are required to complete the PREA training annually, and as needed. All staff who were interviewed indicated that training is provided annually and more often as needed, as often as monthly if agency policy changes.

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

	<p>115.231 (d) - 1</p> <p>The facility indicated, in their response to the PAQ, that the agency documents that employees who may have contact with residents understand that the training they have received through employee signature or electronic verification. The facility presented, as documentation, training records for all staff employed at the facility. The transcripts are computer generated and are printed from a computer-based training that requires the staff to demonstrate understanding of the training in order to complete.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision of the standard.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023. 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator <p>Findings (By Provision):</p> <p>115.232 (a) - 1</p> <p>The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. No documentation of this training was provided.</p> <p>115.232 (a) - 2</p>

The facility indicated, in their response to the PAQ, that the number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is two, a maintenance man and a food delivery person.

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

115.232 (b) - 1

The facility indicated, in their response to the PAQ, that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. The PREA Coordinator said, in an interview, that the facility does not use volunteers and that contractors are maintenance employees who comes when called to make repairs to the facility and a delivery person who delivers food weekly. She also said that when these contractors come to the facility, residents are informed ahead of time that they are coming and that they are not allowed to be in the part of the residence where the contractor is working while they are there. Additionally, it was indicated on the PAQ that contractors are always supervised by staff while they are onsite. Therefore, contractors do not have contact with residents unless the staff is present.

115.232 (b) - 2

The facility indicated that all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The facility offered no documentation verifying this claim.

A final analysis of the evidence indicates that the facility is not in substantial compliance with this provision of the standard. The facility must notify the contractors of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and inform them how to report such incidents.

115.232 © - 1

The facility indicated, in their response to the PAQ, that the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received. The facility offered no documentation verifying this training of contractors.

A final analysis of the evidence indicates that the facility is not in substantial compliance with this provision of the standard. The facility must provide training to contractors who come to the facility regularly and obtain their signature verifying that they understand the training they received.

Corrective Action

A final analysis of the evidence indicates that the facility is not substantially

	<p>complaint with the standard. The facility must:</p> <ol style="list-style-type: none"> 1. Provide training on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents to contractors who come to the facility on a semi-regular basis. Obtain their signature verifying that they understand the training they receive, keep the documentation on file and provide a copy to the auditor. <p>Corrective Action Taken:</p> <p>The facility provided training transcripts of all employees and volunteers who are required to complete the same training. The training is computer based and includes a knowledge test that requires trainees to achieve a certain score to pass the training. The facility does not currently have any contractors but will use the same training should they acquire any.</p> <p>A final review of the evidence indicates that the facility is now in substantial compliance with the standard.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. PREA Compliance Manager c. Intake Staff d. Facility Residents <p>Findings (By Provision):</p> <p>115.233 (a) - 1</p>

The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The facility presented an intake packet that is given to residents at intake as documentation. The packet contains information regarding the Prison Rape Elimination Act including definitions of sexual abuse and sexual harassment and some examples of those types of behavior. The information also tells residents how to report incidents of sexual harassment and sexual abuse but does not identify the agency's zero-tolerance policy, does not highlight residents' right to be free from sexual abuse and sexual harassment and from retaliation for reporting such incidents. Interestingly, all residents who were interviewed said they were given information on their rights to be free from sexual abuse and sexual harassment and retaliation for reporting any such incidents, they said they were informed of the agency's zero-tolerance policy and were able to articulate what that means, and they all said they were informed on how to report any incidents of sexual abuse and sexual harassment. In addition, all of them said they were given that information the day they arrived at the facility.

115.233 (a) - 2

The facility indicated, in their response to the PAQ, that the number of residents admitted during the past 12 months who were given this information at intake is 43.

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

115.233 (b) - 1

The facility indicated, in their response to the PAQ, that the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233 (a) - 1.

115.233 (b) - 2

The facility indicated, in their response to the PAQ, that the number of residents transferred from a different community confinement facility during the past 12 months was 43. However, auditor believes this number is an error and that staff who completed the PAQ believed the question was the same question as in 115.233 (a) - 2.

115.233 (b) - 3

The facility indicated that the number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information was 43. Again, auditor believes the person who completed the PAQ misunderstood the question.

Auditor determined, through interviews with staff, that residents are not transferred from a different community confinement facility. If a resident is unable to complete

the 90 day program, they are remanded to the custody of the Wisconsin Department of Corrections who will hold a hearing and make a determination about whether they will be readmitted to such a program and where they will be admitted. Intake staff at the facility said that all residents who attend the program are given the same information at intake, which is the day of their arrival at the residence.

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

115.233 © - 1 through 5

The facility indicated, in their response to the PAQ, that resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, those who are deaf, those who are visually impaired, those who are physically disabled, and to those who have limited reading skills. However, no documentation verifying that was provided. An interview with the PREA Coordinator revealed that the facility is not equipped to work with the type of residents described above and that the Wisconsin Department of Corrections screens residents and does not refer residents who fit into those categories to the Genesis Cross Roads Residential facility. Individuals who have those particular needs are referred to residential facilities that are equipped to work with them. The PREA Coordinator, and other staff, verified that the facility does not ever have residents who are limited English proficient, deaf, visually impaired, disabled or who have limited reading skills

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

115.233 (d) - 1

The facility indicated, in their response to the PAQ, that the agency maintains documentation of resident participation in PREA education sessions. The staff provided as documentation, an intake packet. All residents who were interviewed recalled receiving the information and signing for it. However, the facility did not provide copies of resident signatures verifying they had received the information.

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

115.233 € - 1

The facility indicated, in their response to the PAQ, that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. The auditor noted that in the group room, where all residents spend the majority of their day, there are PREA posters on the bulletin board and telephone numbers that residents can call for victim advocacy.

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

	<p>compliance with this provision of the standard.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is not substantially compliant with the standard. The facility must:</p> <ol style="list-style-type: none"> 1. Revise the information presented at intake to include the agency’s zero-tolerance policy and residents’ right to be free from sexual harassment and sexual abuse and retaliation for reporting such incidents. 2. Submit copies of resident signatures verifying their participation in PREA education sessions. <p>Corrective Action Taken: The facility submitted a revised inmate education packet that includes an explanation of the agency's zero-tolerance policy and residents' right to be free from sexual abuse and retaliation for reporting such incidents. There is also a signature page, in the packet, where residents are required to sign verifying that they have received the information and that they understand it. The facility also submitted proof of resident education being delivered to all residents of the facility for the last 90 days.</p> <p>A final review of the evidence indicates that the facility is now substantially compliant with the standard.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023. 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. PREA Compliance Manager <p>Findings (By Provision):</p>

115.234 (a) - 1

The facility indicated, in their response to the PAQ, that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. No training curriculum was identified or provided and, in fact, the facility's investigation PREA policy requires that allegations of sexual abuse be referred to the Racine Police Department for investigation. The agency policy does not address sexual abuse investigation training.

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

115.234 (b) - 1

The facility offered no documentation verifying that facility investigators are trained in conducting sexual abuse investigations.

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

115.234 © - 1

The facility indicated, in their response to the PAQ, that the agency does maintain documentation showing that investigators have completed the required training.

However, no documentation of such training was presented. Interviews with the PREA Coordinator and other staff indicated that the staff does not conduct investigations of sexual abuse and that the agency does not train staff in conducting sexual abuse investigations. The facility has not had any allegations of sexual abuse but if they were to, their investigations policy requires that staff advise a resident victim of sexual abuse to contact Racine Police Department by dialing 911.

115.234 © - 2

The facility indicated, in their response to the PAQ, that the number of investigators currently employed who have completed the required training is two. Auditor believes this is a misunderstanding on the part of staff who completed the PAQ because staff at the facility said they had not been trained in conducting investigations. The facility offered no documentation of any criminal investigation training having been completed by staff at the facility.

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

Corrective Action

A final analysis of the evidence indicates that the facility is not substantially

	<p>compliant with the standard. The facility must:</p> <ol style="list-style-type: none"> 1. Require that all staff who conduct investigations of sexual abuse be trained for conducting those investigations. 2. Provide proof of that training to the auditor. <p>Corrective Action Taken:</p> <p>Corrective Action Taken: The facility submitted proof of the investigative training completed by the House Manager, who is responsible for conducting investigations of sexual harassment and sexual abuse at the facility.</p> <p>A final review of the evidence indicates that the required corrective action has been completed and the facility is now in substantial compliance with the standard.</p>
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115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023. 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.235 (a) - 1 The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency does not have medical and mental health practitioners who work regularly in its facilities.</p> <p>115.235 (a) - 2 The facility indicated, in their response to the PAQ, that the number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy is zero.</p>

	<p>115.235 (a) - 3 The facility indicated, in their response to the PAQ, that the percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy is zero.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision of the standard.</p> <p>115.235 (b) - A The facility indicated, in their response to the PAQ, that the agency medical staff at this facility do not conduct forensic medical exams. In fact, there are no medical staff at this facility.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision of the standard.</p> <p>115.235 © -1 The facility indicated, in their response to the PAQ that this provision of the standard is not applicable because the agency does not have medical and mental health practitioners who work regularly in its facilities.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision of the standard.</p> <p>115.235 (d) The facility indicated, in their response to the PAQ, that there are no medical or mental health practitioners on site at the facility.</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this provision of the standard.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.</p>
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents (policies, directives, forms, files, records, etc.)
 - a. Pre-audit Questionnaire
 - b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023.

2. Interviews
 - a. PREA Coordinator
 - b. PREA Compliance Manager
 - c. Resident Interviews

Findings (By Provision):

115.241 Screening for Risk of Victimization and Abusiveness

115.241 (a) - 1

The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency does not have a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

Interviews with PREA Coordinator, the Program Manager, and the Agency Head's Designee revealed that the agency does not have such a policy. Interviews with residents also revealed that they had not experienced such a process with staff upon arrival at the residence.

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

115.241 (b) - 1 and 2

The facility indicated, in their response to the Pre-audit Questionnaire, that the agency does not have a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

Interviews with PREA Coordinator, the Program Manager, and the Agency Head's Designee revealed that the agency does not have such a policy. Interviews with residents also revealed that they had not experienced such a process with staff upon arrival at the residence.

The facility indicated, in their response to the PAQ, that the number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72

hours of their entry into the facility was zero.

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

115.241 © - 1

The facility indicated, in their response to the Pre-audit Questionnaire, that the agency does not screen residents (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

Interviews with PREA Coordinator, the Program Manager, and the Agency Head's Designee revealed that the agency does not have such a policy. Interviews with residents also revealed that they had not experienced such a process with staff upon arrival at the residence.

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

115.241 (d)

The facility indicated, in their response to the Pre-audit Questionnaire, that the agency does not screen residents (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

Interviews with PREA Coordinator, the Program Manager, and the Agency Head's Designee revealed that the agency does not have such a policy. Interviews with residents also revealed that they had not experienced such a process with staff upon arrival at the residence.

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

115.241 €

The facility indicated, in their response to the Pre-audit Questionnaire, that the agency does not screen residents (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

Interviews with PREA Coordinator, the Program Manager, and the Agency Head's Designee revealed that the agency does not have such a policy. Interviews with residents also revealed that they had not experienced such a process with staff upon arrival at the residence.

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

115.241 (f) - 1

The facility indicated, in their response to the Pre-audit Questionnaire, that the agency does not screen residents (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

Interviews with PREA Coordinator, the Program Manager, and the Agency Head's Designee revealed that the agency does not have such a policy. Interviews with residents also revealed that they had not experienced such a process with staff upon arrival at the residence.

115.241 (f) - 2

The facility indicated, in their response to the PAQ, that the number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake is zero.

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

115.241 (g)

The facility indicated, in their response to the Pre-audit Questionnaire, that the agency does not screen residents (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

Interviews with PREA Coordinator, the Program Manager, and the Agency Head's Designee revealed that the agency does not have such a policy. Interviews with residents also revealed that they had not experienced such a process with staff upon arrival at the residence.

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

115.241 (h) - 1

The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency does not have a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

Interviews with PREA Coordinator, the Program Manager, and the Agency Head's Designee revealed that the agency does not have such a policy. Interviews with residents also revealed that they had not experienced such a process with staff upon arrival at the residence.

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

115.241 (i)

The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency does not have a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

Interviews with PREA Coordinator, the Program Manager, and the Agency Head's Designee revealed that the agency does not have such a policy. Interviews with residents also revealed that they had not experienced such a process with staff upon arrival at the residence.

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

Corrective Action

A final analysis of the evidence indicates that the facility is not substantially compliant with this standard. The facility must:

1. Create a policy that requires screening upon admission to a residence or transfer from another residence, for risk of sexual abuse victimization or sexual abusiveness toward other residents.
2. Ensure that the policy requires the screening for risk of sexual abuse victimization or sexual abusiveness toward other residents takes place within 72 hours of admission to the residence.
3. Ensure that the policy requires that the screening be conducted using an objective intake screening tool that includes all of the following:
 - a. Whether the resident has a mental, physical, or developmental disability,
 - b. Age of the resident
 - c. The physical build of the resident
 - d. Whether the resident has been previously incarcerated
 - e. Whether the resident's criminal history is exclusively nonviolent
 - f. Whether the resident has prior convictions for sex offenses against an adult or child
 - g. Whether the resident is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming, (Screener must make a subjective determination based on their perception of the resident)
 - h. Whether the resident affirmatively identifies that they are gay lesbian, bisexual, transgender, intersex or gender nonconforming,
 - i. Whether the resident has previously experienced sexual victimization, and the resident's own perception of vulnerability (ask the resident, "do you feel safe here?")

4. Create a process to, within a set time period not to exceed 30 days from the resident's arrival at the facility, reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.
5. Include in the policy that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.
6. Ensure that the policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability.
7. Ensure that the policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability.
8. Because the facility has a very small staff, include in the policy that information from intake screenings will be available to all residence staff who are involved in the placement and daily activities of the residents. You want to ensure that staff understand they should not discuss individual screenings with any other residents and that the information will not be posted or otherwise made available to the general population.
9. Create a process for completing the intake screening and train staff on the new policy and procedure and submit to the auditor signed statements indicating that they have read and understood the policy and procedure.
10. Identify a date for implementation of the process and remit to the auditor copies of intake screens completed over a three-month period, as well as the accompanying 30 days reassessments. The three-month period will be agreed upon between the auditor and the facility when the process implementation date is identified.

Corrective Action Taken:

The facility created, and submitted, a newly created policy that requires screening, upon admission and during intake, for risk of being sexually abused by other residents or being sexually abusive toward other residents. The policy included the creation of a screening tool that includes all the required elements as well as a process for ensuring that all residents admitted to the facility are screened upon

	<p>admission and reassessed within 30 days of the initial screening. However, the facility did not submit any of the required resident screens so there is no evidence that the screening process was ever put into practice. At this time, the facility remains non-compliant with this standard.</p> <p>Corrective Action Taken: The facility created, and submitted, a newly created policy that requires screening, upon admission and during intake, for risk of being sexually abused by other residents or being sexually abusive toward other residents. The policy included the creation of a screening tool that includes all the required elements as well as a process for ensuring that all residents admitted to the facility are screened upon admission and reassessed within 30 days of the initial screening. However, the facility did not submit any of the required resident screens so there is no evidence that the screening process was ever put into practice. At this time, the facility remains non-compliant with this standard.</p>
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115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023. 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. PREA Compliance Manager c. Resident Interviews <p>Findings (By Provision):</p> <p>115.242 (a) - 1 The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency does not have a policy that requires screening (upon admission to a</p>

facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

Interviews with PREA Coordinator, the Program Manager, and the Agency Head's Designee revealed that the agency does not have such a policy. Interviews with residents also revealed that they had not experienced such a process with staff upon arrival at the residence.

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

115.242 (b) - 1

The facility indicated, in their response to the Pre-audit Questionnaire, that the agency does not have a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

Interviews with PREA Coordinator, the Program Manager, and the Agency Head's Designee revealed that the agency does not have such a policy. Interviews with residents also revealed that they had not experienced such a process with staff upon arrival at the residence.

Staff who make room assignments during intake said that they make the assignments considering variables like age, physical build, and staff's perception of personality always with the goal of keeping all residents safe.

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

115.242 © - 1 and 2

The facility indicated, in their response to the Pre-audit Questionnaire, that in deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency does consider, on a case-by-case basis whether a placement would ensure the resident's health and safety.

Interviews with PREA Coordinator and the Program Manager revealed that all placements of transgender residents involve the inclusion of the Parole/Probation Agent, from the Wisconsin Department of Corrections, and the resident in determining whether the resident will be placed in a male or female facility. The Program Manager indicated that the residence has a single room that is used to house transgender residents, as well as a room on the first floor, which is closer to staff offices, for housing transgender residents if they are in agreement, in an effort to ensure their safety.

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

115.242 (d)

The facility indicated, in their response to the Pre-audit Questionnaire, that the agency does consider the views of a transgender or intersex resident's own view with respect to this or her own safety when making placement assignments. Staff identified that all placements of transgender residents involve the inclusion of the Parole/Probation Agent, from the Wisconsin Department of Corrections, and the resident in making the assignment. The Program Manager indicated that the residence has a single room that is used to house transgender residents, as well as a room on the first floor, which is closer to staff offices, for housing transgender residents if they are in agreement, in an effort to ensure their safety. There were no transgender residents housed in the facility at the time of the onsite portion of the audit. However, all residents who were interviewed confirmed that staff did ask them, in an intake interview, if they felt safe in the residence.

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

115.242 €

The facility indicated, in their response to the Pre-audit Questionnaire, that the agency does provide the opportunity for all residents to shower separately. The facility has a bathroom policy that requires that only one person is allowed in the bathroom at all times. There were no transgender or intersex residents assigned to the facility at the time of the onsite portion of the audit, but all residents interviewed were aware of this policy, and this rule, and said that they always have the opportunity to shower separately from other residents.

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

115.242 (f)

The Program Manager verified, in an interview, that lesbian, gay, bisexual transgender or intersex residents are not placed in dedicated facilities and that the facility is not a dedicated facility. She also verified that the facility is not subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents. She said that placement of transgender or intersex residents is made in conjunction with the Wisconsin Department of Corrections liaison and is always made in an effort to promote the safety of the resident.

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

Corrective Action

A final analysis of the evidence indicates that the facility is not substantially compliant with the standard because they do not have a policy regarding risk screening of residents. The facility must create such a process, as outlined in the

Corrective Action section of standard 115.241.

Corrective Action Taken:

The facility did create, and submit a new policy entitled, "Resident Screening for Risk of Victimization and Abusiveness Policy. The policy outlines identifies the screening form and process created by staff for screening all residents of the facility upon intake for risk of victimization and abusiveness. It also gives directions for properly using the screen, identifies when the screening should take place and identifies how residents should, and should not be housed, based on the outcome of the screening. It identifies what factors should be taken into account when conducting the screening:

- a. whether the resident has a mental, physical or developmental disability,
- b. the age of the resident,
- c. the physical build of the resident,
- d. the resident's incarceration history,
- e. whether the resident's criminal history is exclusively nonviolent,
- f. whether the client has prior convictions for sex offenses against an adult or child,
- g. whether the resident is or is perceived to be gay, bisexual, transgender, intersex, or gender non conforming,
- h. whether the resident has previously experienced sexual victimization and
- i. the resident's own perception of vulnerability.

The policy also identifies that prior acts of sexual abuse, prior convictions for violent offenses and a history of institutional violence or sexual abuse. It also required reassessment within 30 days of the initial screening and that residents may not be disciplined for not disclosing complete information in response to questions asked during the screening. It identifies that controls be placed on the access to the screening information and that if, at any time, staff learns that a resident may be subject to substantial risk of imminent sexual abuse, the staff, in conjunction with the Wisconsin Department of Corrections, will assess and take immediate action to protect the resident.

A final review of the evidence indicates that the facility is now in substantial compliance with the provisions of this standard. The facility is compliant with the standard.

Recommendations: Although the provisions of this standard do not specifically say that the information contained in each one must be included in the agency policy regarding risk screening, auditor recommends that they be included as policy requirements so that all staff know exactly what the expectations are and can perform their requirements according to the requirements of the standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents (policies, directives, forms, files, records, etc.)
 - a. Pre-audit Questionnaire
 - b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023
 - c. PREA Investigation Policy 7.18
2. Interviews
 - a. PREA Coordinator
1. Documents (policies, directives, forms, files, records, etc.)
 - a. Pre-audit Questionnaire
 - b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023
 - c. PREA Investigation Policy 7.18
2. Interviews
 - a. PREA Coordinator

Findings (By Provision):

115.251 (a)

The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency has established procedures allowing for multiple ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment (c) staff neglect or violation of responsibilities that may have contributed to such incidents. The facility provided their PREA Investigation Policy, 17.8, which says, in item number 3, "all allegations of sexual misconduct can be provided orally, in writing, anonymously, or by a third party." The policy does not, however, address the reporting of retaliation by other residents or staff for reporting sexual abuse and sexual harassment or staff neglect or violation of responsibilities that may have contributed to such incidents. Interestingly, residents who were interviewed said they could report a sexual abuse or sexual harassment, retaliation or staff neglect or violation of responsibilities any of the above identified ways.

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

115.251 (b)

The facility indicated, in their response to the PAQ, that the agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The Investigation policy, 17.8, indicates that residents can dial 911 and report an incident to the Racine Police Department.

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

115.251 ©

The facility indicated, in their response to the PAQ, that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The facility provided their PREA Investigation Policy, 17.8, which says, in item number 3, "all allegations of sexual misconduct can be provided orally, in writing, anonymously, or by a third party."

115.251 © - 2

The facility indicated, in their response to the PAQ, that staff are required to document verbal reports. The Program Manager said, in an interview, that when an allegation is received, the staff is required to review and investigate the complaint, including interviewing the person who made the allegation and any active parties or potential witnesses, and make their report to the Wisconsin Department of Corrections within 24 hours of the receipt of the allegation.

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

15.251 (d) - 1

The facility indicated, in their response to the PAQ, that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. In interviews, both staff and residents identified that they can ask for a private meeting with any supervisor or write a private letter to any supervisor making a report of sexual abuse or sexual harassment.

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

Corrective Action

A final analysis of the evidence indicates that the facility is not in substantial compliance with the standard. The facility must:

1. Revise their Investigation Policy to include the information that residents can report, in addition to an allegation of sexual abuse or sexual harassment, any retaliation by other residents or staff for reporting sexual abuse and sexual harassment and any staff neglect or violation of responsibilities that may have contributed to such incidents.
2. Establish a relationship with an outside public or private entity, that is not part of the agency, that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.
3. Educate residents at Intake of the existence of the outside agency, that is not

	<p>part of the agency, that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, and provide contact information for the agency to them.</p> <p>Corrective Action Taken: The facility submitted a revised policy related to filing reports of sexual harassment or sexual abuse. The revised policy does include the information that residents can report retaliation for having reported sexual abuse or sexual harassment by other residents as well as staff neglect that may have contributed to an incident. The revised policy does identify an e-mail address residents can use to report a sexual abuse or sexual harassment to someone outside the facility that is able to immediately forward reports to the facility for investigation and will allow the client to remain anonymous if they request. This information is provided to residents at intake in a client education packet.</p> <p>A final review of the evidence indicates that the facility is now substantially compliant with the standard.</p>
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115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023 c. Investigation Policy 7.18 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator <p>Findings (By Provision):</p> <p>115.252 (a) - 1 The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. The facility referred auditor to the agency PREA</p>

Investigation policy. A review of that policy indicated that the policy outlines the process for clients to use in making an allegation of sexual abuse and sexual harassment by saying, in item number 4 that all PREA allegations must be reported immediately. The procedure for dealing with resident grievances regarding sexual abuse is laid out in items number 5 through 14 and identifies that, within 24 hours of the allegation, statements will be obtained from the victim, perpetrator and any potential witnesses and staff, in collaboration with the Wisconsin Department of Corrections (WIDOC) liaison, will determine if the accused should be removed from the facility or may remain in the residence pending further investigation. It also requires that within 24 hours of the allegation, the PREA Coordinator or designee shall submit the PREA Incident Reporting Form (DOC-2784) to the Wisconsin Department of Corrections with a summary of the investigation and any statements obtained during the investigation.

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

115.252 (b) - 1

The facility indicated, in their response to the PAQ, that the agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. A review of the policy 7.18 reveals that no timeline for making a report of an incident of sexual harassment or sexual abuse is identified. Staff completing the PAQ indicated that, "grievances can be submitted at any time. There is no time limit."

115.252 (b) - 2

The facility indicated, in their response to the PAQ, that agency policy requires a resident to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse. A review of the policy indicated that the process for filing the complaint, and the processing of the complaint is laid out in the policy. Within 24 hours of the receipt of the complaint, staff will interview the person who made the allegation, the person the complaint is about and any potential witnesses and follow a clearly defined process for determining if the perpetrator should be removed from the facility, if the Racine Police Department should be contacted, and the Wisconsin Department of Corrections.

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

115.252 © - 1 and 2

The facility indicated in their response to the PAQ that the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Agency Policy 7.18, the facility's investigation policy, says that residents may report allegations in writing, in person, anonymously, and through a third party. It also says that an allegation may be reported to the PREA Coordinator. All residents, and all staff, who

were interviewed said that residents can report an allegation to any staff, including the PREA Coordinator.

The agency policy, while it does not state that a grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint, identifies, that if an allegation is levied against a staff, that staff is immediately suspended pending further investigation. Therefore, it can be determined that a grievance alleging sexual abuse against a staff member will not be referred to that staff member. The procedure also identifies that the PREA Coordinator will be in charge of investigations.

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

115.252 (d) - 1

The facility indicated, in their response to the PAQ, that agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse may be made within 90 days of the filing of the grievance. A review of the agency policy regarding allegations of sexual abuse, Investigation policy 7.18, reveals that decisions on the merits of any grievance or portion of a grievance alleging sexual abuse is made within 24 hours of the receipt of the grievance.

115.252 (d) - 2

The facility indicated, in their response to the PAQ, that in the past 12 months, that number of grievances filed that alleged sexual abuse was two, The facility provided documentation of the two identified grievances, including the investigatory packets and outcomes of the investigations conducted.

115.252 (d) - 3

The facility indicated, in their response to the PAQ, that in the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was two.

115.252 (d) - 4

The facility indicated, in their response to the PAQ, that, in the past 12 months, the number of grievances alleging sexual abuse that involved extension because final decision was not reached within 90 days was zero. The documentation of the four allegations received, and the accompanying investigatory packets, revealed that all four were responded to, and resolved, within 24 hours of the receipt of the allegations.

115.252 (d) - 5, 6, and 7

The facility indicated, in their response to the PAQ, that there were no cases where the agency requested an extension of the 90-day period to respond to a grievance that some grievances took longer than a 70-day extension. The staff identified in interviews that all allegations of sexual abuse and sexual harassment are responded to within 24 hours.

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

115.252 € - 1 and 2 and 3

The facility indicated, in their response to the PAQ, that agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. Auditor's review of agency policies revealed that the facility is exempt from this provision of the standard because they do not have a policy for addressing administrative remedies for grievances per se.

A final analysis of the evidence indicates that this provision of the standard is not applicable to the facility because they do not have a policy for addressing administrative remedies for grievances per se.

115.252 (f) - 1 and 2

The facility indicated, in their response to the PAQ, that the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse and that agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. However, the auditor found no indication of this in any facility policy. As stated above, agency policy and procedure require that grievances be investigated and resolved within 24 hours and does not restrict what the subject nature of the grievances can be. Therefore, the auditor finds that an emergency grievance procedure for any type of emergency exists, and all grievances and allegations will be responded to within 24 hours.

115.252 (f) - 3, 4, 5, and 6

The facility indicated, in their response to the PAQ, that the number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was zero. The facility submitted documentation showing that all four allegations of sexual abuse or sexual harassment received in the past 12 months were resolved within 24 hours and final agency decisions were also issued within 24 hours. The facility also indicated, and the documentation provided corroborated, that none of the four allegations received alleged substantial risk of imminent sexual abuse.

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

115.252 (g) - 1

The facility indicated, in their response to the PAQ, that the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging

sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. The facility did not submit a policy that identifies that a resident will only be disciplined for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. The facility does include, in their resident information packet that is given at intake, that "false claims of sexual misconduct or made by offenders can result in action taken against the offender by the Wisconsin Department of Corrections." However, this is not an agency or facility policy.

115.252 (g) - 2

The facility indicated, that, in the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith was zero. Staff at the facility did say that residents do not always clearly understand that some of the allegations they make do not meet the definition of sexual harassment or sexual abuse, but they did not feel that they have had any instances where residents purposefully filed allegations of sexual harassment or sexual abuse in bad faith.

A final analysis of the evidence indicates that the facility is not substantially compliant with this provision of the standard. Neither the facility nor the agency has a policy that includes the information that a resident can be disciplined for making a report of sexual harassment or sexual abuse ONLY if the resident made the report in bad faith.

Corrective Action

A final analysis of the evidence indicates that the facility is not substantially compliant with the standard.

The agency does not have a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. The agency or facility must:

1. Revise the PREA Policy, policy 7.17, to include the information that the agency/facility is limited to disciplining a resident for making an allegation of sexual harassment or sexual abuse only if the resident made the allegation in bad faith.

Corrective Action Taken:

The facility submitted a newly created policy that contains all the proper information that was previously housed in their PREA policy and also includes the only information that was previously missing. That information is contained in item 12, that says, "only residents filing a sexual abuse grievance in bad faith where no evidence exists to support the allegation, or the intent was deceitfulness, will be subject to involuntary discharge from the program and potential revocation back to

	<p>incarceration."</p> <p>A final analysis of the evidence indicates that the facility completed the required corrective action and is now substantially compliant with the standard.</p> <p>Auditor recommends that a Grievance policy be created that addresses all the items listed in the standard. However, staff can take the above action only to bring the facility into compliance with the standard if they choose.</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023. 2. Interviews <ol style="list-style-type: none"> a. Random Sample of Residents <p>Findings (By Provision):</p> <p>115.253 (a) - 1 The facility indicated, in their response to the Pre-audit Questionnaire, (PAQ), that the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse.</p> <p>115.253 (a) - 2 The facility provides residents with access to such services by giving residents mail addresses and telephone numbers (including toll-free hotline numbers where available) for local, state or national victim advocacy or rape crisis organizations.</p> <p>Staff indicated that they do provide toll-free hotline telephone numbers for residents to call for local, state, or national victim advocacy or rape crisis organizations. Auditor also noted that these numbers were posted by the telephones so residents have access to them.</p> <p>115.253(a) - 3 The facility indicated, in their response to the PAQ, that the facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.</p>

Staff pointed out that the numbers are posted near the telephones, which are located in a small alcove near the group room. Residents using this telephone would have a measure of privacy to make those types of calls.

All the residents who were interviewed were aware of the numbers and where they are posted and said they could call them anytime they have telephone time. The staff explained that residents must sign up for telephone time to ensure that everyone has equal access to the telephones.

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

115.253 (b) - 1

The facility indicated, in their response to the PAQ, that the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored.

Auditor reviewed the telephone area where the hotline numbers are posted and did not see any information regarding the monitoring of communications posted with the telephone number. In interviews, none of the residents were aware of the extent to which such communications would be monitored.

115.253 (b) -

The facility indicated, in their response to the PAQ, that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The facility did not submit any documentation of any place this information is made available to residents. It is not posted with the telephone numbers, it is not available in agency policy, and it is not included in the resident education materials that are given at intake.

In interviews with residents, none of the residents interviewed were familiar with mandatory reporting rules or limits to confidentiality under relevant federal, state, or local law.

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

115.253 © - a

The facility indicated, in their response to the PAQ, that the agency or facility does not maintain memorandums of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

115.253 © - c

The facility indicated, in their response to the PAQ, that the agency or facility has attempted to enter into MOUs or other agreements with community service providers that are able to provide such services. However, they did not provide any documentation demonstrating any of these types of efforts. Their reasoning is that they do not provide this because the hospital will provide a victim advocate if a resident goes there for a forensic exam, because they provide hotline numbers the residents can call at any time, and because the residents are free to see a provider of their choice in the community. Residents who make their home in the community often have their own victim advocate, or mental health professional that they see on a regular basis and can continue to see while they are in the 90-day program at Laurel House Residential facility. Additionally, all residents are under the jurisdiction of the Wisconsin Department of Corrections and can be provided access to a mental health professional through their Probation or Parole Agent while they are completing the program.

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

Corrective Action

A final analysis of the evidence indicates that the facility is not substantially compliant with the standard. The facility does not inform the residents of the extent to which communications with advocacy agencies available at the numbers posted near the telephones will be monitored. They also do not inform residents about mandatory reporting laws and the limits of confidentiality that these organizations are subject to.

1. The facility must post information informing the residents of the extent to which communications with advocates available at the numbers posted near the telephones will be monitored and the relevant mandatory reporting laws, including limits to confidentiality. This information can be added to the postings with the hotline numbers that are posted near the telephones, to agency policy, and/or to the resident education information that is presented to residents at intake.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Documents (policies, directives, forms, files, records, etc.)
 - a. Pre-audit Questionnaire
 - b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023.

2. Interviews
 - a. PREA Coordinator

Findings (By Provision):

115.254 Third Party Reporting

115.254 (a) - a

The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency or facility provides a method to receive third-party reports of resident harassment. The staff presented as evidence their investigation policy, policy 7.18 which states, in item number 3, that allegations of sexual abuse and sexual harassment can be made in writing, in person, anonymously, and by a third-party.

In the comments box, on the PAQ, staff also indicated that they are able to receive copies of policy reports, for any allegation that is made to the Racine Police Department.

In a random sample of resident interviews, all residents interviewed were aware of the reporting methods available to them including the opportunity to make a report through a third party. All of them said that they could call a friend or family member and have them report it for them.

115.254 (a) - 2

The facility indicated, in their response to the PAQ, that the agency or facility does not publicly distribute information on how to report resident sexual abuse or sexual harassment on behalf of residents. Staff indicated, in the comments box on the PAQ, that the information is not posted on the website but available, "internally."

Auditor was able to observe PREA posters, however, they are only available to the resident and staff, not to the public.

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

Corrective Action

A final analysis of the evidence indicates that the facility is not substantially compliant with this standard because the facility does not make the information about how to report sexual abuse and sexual harassment on behalf of a resident public information. The facility must:

	<p>1. Post information on how to report sexual abuse and sexual harassment on behalf of a resident on their web site or otherwise make it available to the public.</p> <p>Corrective Action Taken:</p> <p>Corrective Action Taken: The facility submitted a revised policy Related to Filing Reports of Sexual Harassment or Sexual Abuse Anonymously. The subject of the policy is identified as, "residents or a resident's designee can file a report of sexual harassment or sexual abuse anonymously." In addition, the investigation policy, policy 7.18 states, in item number 3, that allegations of sexual abuse and sexual harassment can be made in writing, in person, anonymously, and by a third-party. Additionally, all residents who were interviewed were aware that they could have a third party make a report for them if they wished to report sexual harassment or sexual abuse.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the standard.</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023 c. Investigation Policy 7.1 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Director's Designee <p>Findings (By Provision):</p> <p>115.261 (a) - 1 The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of</p>

sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Offered as evidence of compliance with this provision of the standard was the facility's Investigation Policy, policy 17.8 which says, in item number 4, "all PREA allegations must be reported immediately." This language indicates that staff are only obligated to report allegations made by residents but does not include an obligation to report any other knowledge, or suspicion of sexual harassment or sexual abuse. The PREA Policy, policy 17.7, also offered as documentation, says, on page 88, that, "upon learning that an incident of sexual harassment or abuse involving a resident may have occurred, the employee must immediately report (sic) allegation to the Clinical Supervisor, assigned Counselor and Program Director. This policy also does not address any knowledge that may not have been reported by a resident or any suspicion a staff may have.

115.261 (a) - 2

The facility indicated, in their response to the PAQ) that the agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident. Auditor's review of the policies revealed that agency policy does not mention retaliation. The facility's PREA Policy, policy 17.7, also does not address staff obligation to report retaliation against residents or staff who reported such an incident.

115.261 (a) - 3

The facility indicated, in their response to the PAQ, that the agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Again, neither the Investigation policy nor the PREA policy mention any staff obligation to report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Interestingly, all staff who were interviewed said that they are obligated, by policy, to report any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, that they are obligated to report any retaliation against residents or staff who reported such an incident, and that they are obligated to report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The staff PREA training is completed in an online module, which was not provided to the auditor, so it is possible that this information is included in the training staff receive. It is not, however, in agency policy.

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

115.261 (b) - 1

The facility indicated, in their response to the PAQ, that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment,

investigation, and other security and management decisions. Auditor's review of the Investigation Policy and the PREA policy revealed no such prohibition.

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

115.261 ©

The facility does not have any medical or mental health practitioners onsite.

115.261 (d)

There are no residents under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute housed at the facility.

115.261 €

The facility does, by policy, require that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, be reported to facility supervision. Both the Investigation Policy, policy 17.8 and the PREA Policy, policy 17.7, include this requirement. Require that all allegations of sexual abuse and sexual harassment be reported immediately. This would include anonymous reports and third-party reports.

In interviews, both staff and residents said that residents can make reports of sexual abuse and sexual harassment in person, in writing, by a third-party, or anonymously.

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

Corrective Action

A final analysis of the evidence indicates that the facility is not substantially compliant with this standard. The facility must:

1. Revise both the PREA Policy 17.7, and the Investigation Policy, 17.8, to include the information that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.
2. Revise both the PREA Policy 17.7, and the Investigation Policy, 17.8, to include the information that the agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident.
3. Revise both the PREA Policy 17.7, and the Investigation Policy, 17.8, to include the information that the agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
4. Revise both the PREA Policy 17.7, and the Investigation Policy, 17.8, to include

	<p>the information that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>Corrective Action Taken:</p> <p>Corrective Action Taken: The facility submitted a revised policy that includes all items listed above. The first three items are all listed in item No. 1 of the revised policy. Item No. 4 above is listed in item No. 5 of the revised policy.</p> <p>A final analysis of the evidence indicates that the facility has completed the required corrective action and is now substantially compliant with the standard.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023. 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Agency Head's Designee c. Random Sample of Staff <p>Findings (By Provision):</p> <p>115.262 Agency Protection Duties</p> <p>115.262 (a) - 1</p>

	<p>The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay. The facility offered no evidence of compliance with this standard and the auditor was unable to locate any reference to such an incident in either the PREA Policy, 7.17 or the Investigation Policy, 7.18.</p> <p>However, all staff, and the Agency Head’s Designee, in interviews identified how they would handle this situation and all of them said they would move the potential victim to a safe place in the residence where they could be directly observed by staff until they could investigate and determine the reliability of the report. Staff also went on to describe the reporting process they would use, to inform the Wisconsin Department of Corrections (WIDOC) appropriate Parole or Probation Agents.</p> <p>115.262 (a) - 2, 3 and 4</p> <p>The facility reported, in their response to the PAQ, that, in the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse was zero.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision of the standard.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard, There is no corrective action to take.</p> <p>Recommendation - The standard does not require that the agency or facility have a specific policy for this standard, but auditor recommends that this information be added to the agency PREA policy to ensure that staff understand what their responsibility would be should such an incident occur.</p>
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023.

- 2. Interviews
 - a. PREA Coordinator
 - b. Agency Head's Designee

Findings (By Provision):

115.263 (a) - 1

The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The facility offered no evidence of a policy that makes this requirement.

115.263 (a) - 2 and 3

The facility indicated, in their response to the PAQ, that, during the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was zero.

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

115.263 (b) - 1

The facility indicated, in their response to the PAQ, that agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegations. The facility provided no evidence that such a policy exists.

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

115.263 © - 1

The facility indicated, in their response to the PAQ, that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. No documentation was offered as evidence.

The facility stated, in section (2) that this type of incident has not happened at the facility.

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

115.263 (d) - 1 and 2

The facility indicated, in their response to the PAQ, that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards and that, in the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero.

The facility offered their policy Investigation Policy, 7.18, which requires that all allegations of sexual harassment and sexual abuse be investigated immediately, and a response given within 24 hours of the allegation. An interview with the Agency Head's Designee indicated that the facility would definitely investigate any notification of sexual abuse received from other facilities and agencies in the same manner as any allegation made at the facility.

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

Corrective Action

A final analysis of the evidence indicates that the facility is not substantially compliant with the standard. The facility must:

1. Revise agency policy to include the information that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.
2. Create a process for making this notification, identifying to whom staff who receive such reports from clients should report the allegation, which staff will be responsible for making the notification and to whom, and outlining the documentation required for this notification and the timeline for the notification to be made.

Corrective Action Taken:

Corrective Action Taken:

The facility submitted their revised PREA policy which states, in item No. 7, "immediately or as soon as possible upon learning that a client was sexually abused at another facility or residence, the PREA Coordinator shall notify the head of the facility where the abuse occurred, the Region 2 PPA, and the resident's AOR. This notification must occur within 72 hours of being notified regarding the abuse.

Documentation must be made in the resident's chart that a notification was made to the above individuals."

In item No. 8, the revised policy states that, "if the residence is notified by another facility or residence that a sexual assault occurred while the client was at one of the facilities covered by this policy, a PREA investigation shall be started immediately."

A final analysis that the facility has completed the required corrective action and is now compliant with the standard.

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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023. 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator <p>Findings (By Provision):</p> <p>115.264 Official Response Following a Resident Report</p> <p>115.264 (a) - 1</p> <p>The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency does not have a first responder policy for allegations of sexual abuse. While the agency does not have a first responder policy per se, the agency's Investigation Policy, 17.8, does layout the steps first responders should take if an incident of sexual abuse occurs. Items number 8 through 13 require that, if necessary, a victim of sexual abuse should be counseled to contact the Racine Police Department by dialing 911 to report the assault and that the victim of the sexual assault will be advised to not have anything to eat or drink, use the restroom, change clothes or shower in order to preserve evidence. It also requires that the individual to whom the allegation was made should observe the area where the alleged sexual assault occurred and preserve any evidence such as blood, stool or semen. It goes on to say that other clients should not be allowed near the scene and that the victim should be transported to Ascension Hospital emergency room for a forensic exam.</p> <p>The policy also requires that the accused should not have anything to eat or drink,</p>

use the restroom, change clothes or shower and says that the victim and accused should be advised not to have further contact with each other and should remain under close supervision. The policy goes on to establish timelines for conducting an investigation and notifying the Wisconsin Department of Corrections of the incident.

115.264 (a) - 2

The facility did not indicate whether or not the policy requires that upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report is required to separate the alleged victim and abuser. The Investigation Policy, 7.18, which lays out the first responder process, says that the victim and the accuser should be advised not to have any contact with each other, and both should remain under close supervision.

115.264 (a) - 3

The facility indicated, in their response to the PAQ, that the policy requires that upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The facility does not have security staff, so all staff have the same responsibility which the facility policy identifies as, "the individual to whom the allegation was made should observe the area where the alleged sexual assault occurred and preserve any evidence such as blood, stool or semen."

115.264 (a) - 4

The policy requires that upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time frame that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The Investigation Policy, 7.18, which lays out the first responder process, says that the victim should be, "advised," to not have anything to eat or drink, use the restroom, change clothes or shower in order to preserve evidence.

115.264 (a) - 5

The facility indicated, in their response to the PAQ, that upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy regarding the first responder actions says that the accused should not have anything to eat or drink, use the restroom, change clothes or shower. There is no smoking allowed inside the residence.

115.264 (a) - 6

The facility indicated that, in the past 12 months, the number of allegations that a resident was sexually abused was zero.

115.264 (a) - 7, 8, 9, 10, 11

The facility indicated that in the past 12 months, the number of these allegations where the first security staff member to respond to the report separated the alleged victim and abuser was two. This is obviously a mistake on the part of the PAQ preparer. Both of the allegations resulted in the Wisconsin Department of Corrections being notified.

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

115.264 (b) - 1 and 2

The facility does not employ security staff. All staff are trained the same and have the same responsibilities which are outlined in section (a) - 1.

115.264 (b) - 3

The facility indicated, in their response to the PAQ, that of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was two. The facility does not employ security staff. All staff are trained the same and have the same responsibilities which are outlined in section (a) - 1. All staff are non-security staff.

115.264 (b) - 4

The facility indicated, in their response to the PAQ, that of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence was zero. Auditor's review of the investigation packets revealed that neither of the allegations made met the definition of sexual abuse.

115.265 (b) - 5

The facility indicated, in their response to the PAQ, that of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff was zero. The facility does not employ security staff. All staff are trained the same way, and all have the same responsibilities, which are outlined in section (a) - 1.

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

Corrective Action

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

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents (policies, directives, forms, files, records, etc.)
 - a. Pre-audit Questionnaire
 - b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023.

2. Interviews
 - a. PREA Coordinator
 - b. Agency Head's Designee

Findings (By Provision):

115.265 - Coordinated Response

115.265 (a) - 1

The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility employs five staff, three of whom work the first shift, and one each on second and third shifts, all non-security staff. There are no medical or mental health practitioners on site at the facility and all staff must act as investigators if an incident occurs while they are on duty.

The facility's Investigation Policy, 17.8, outlines a first responder plan to coordinate actions taken by the staff on duty if an incident of sexual abuse should occur. The plan identifies that a first responder should, if necessary, counsel a victim of sexual abuse to contact the Racine Police Department by dialing 911 to report the assault and that the victim of the sexual assault will be advised to not have anything to eat or drink, use the restroom, change clothes or shower in order to preserve evidence.

It also requires that the individual to whom the allegation was made should observe the area where the alleged sexual assault occurred and preserve any evidence such as blood, stool or semen. It goes on to say that other clients should not be allowed near the scene and that the victim should be transported to Ascension Hospital emergency room for a forensic exam.

The policy also requires that the accused should not have anything to eat or drink, use the restroom, change clothes or shower and says that the victim and accused should be advised not to have further contact with each other and should remain under close supervision. The policy goes on to establish timelines for conducting an investigation and notifying the Wisconsin Department of Corrections of the incident.

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

	<p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023. 2. Interviews <ol style="list-style-type: none"> a. Agency Head's Designee <p>Findings (By Provision):</p> <p>The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. There is no agreement in place, which the agency is a party to, that limits the agency's ability to remove alleged staff abusers from contact with residents pending the outcome of an investigation. The Agency Head's Designee confirmed this in an interview.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents (policies, directives, forms, files, records, etc.)
 - a. Pre-audit Questionnaire
 - b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023.

2. Interviews
 - a. PREA Coordinator
 - b. Agency Head's Designee
 - c. Staff Counselor
 - d. Program Manager

Findings (By Provision):

115.267 (a) - 1

The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The facility offered no such policy as evidence and auditor's review of policies provided by the facility, PREA Policy, 7.17 and Investigation Policy, 7.18, revealed that neither policy discussed retaliation. The facility did provide a copy of the employee handbook that has a section entitled, "Retaliation Prohibition." This section identifies sanctions for employees who retaliate against other staff but does not mention retaliation against residents.

115.267 (a) - 2

The facility indicated, in their response to the PAQ, that the agency does not designate staff members or charges departments with monitoring or possible retaliation. When asked if the facility monitors retaliation, the Resident Manager, or Facility Compliance Manager said, "the counselors meet with each of the residents individually, on a weekly basis, and are responsible for monitoring retaliation in those weekly meetings."

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

115.267 (b)

In an interview, a counselor who was asked if they monitor retaliation in their weekly meetings with the residents answered in the affirmative saying that they monitor anything that is going on, that the resident is willing to share with them. She also said that if there had been a recent allegation made, she would inquire

about that and ask about any potential retaliatory behavior. The facility has not had any allegations that met the definition of sexual abuse. They have responded to, and have investigated, allegations made by residents that, upon investigation, were determined to be incidents of violation of residence rules but did not meet the definition of either sexual abuse or sexual harassment.

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

115.267 © - 1, 2 and 3

The facility indicated, in their response to the PAQ, that the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The facility did not receive or investigate any allegations of sexual abuse and none of their residents were reported to have suffered sexual abuse. The facility presented investigations of two resident complaints that were made, neither of which met the definition of sexual abuse. There were no reports of sexual abuse received from staff. Interviews with both the Agency Head's Designee and the PREA Coordinator corroborated this information.

115.267 © - 4

The facility indicated, in their response to the PAQ, that the agency/facility does not continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The therapeutic programming, offered at the residential center, is a 90-day program. Residents who complete the program successfully graduate at the 90-day mark and leave the facility. Thus, staff would not be able to monitor retaliation beyond a 90-day period.

115.267 © - 5

The facility indicated, in their response to the PAQ, that the number of times an incident of retaliation occurred in the past 12 months was zero.

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

115.267 (d) - 1

The Agency PREA Coordinator, the facility Program Manager, and the Agency Head's Designee all verified, in interviews, that facility counselors meet individually, on a weekly basis, with each resident in the program. They also said that counselors will monitor any potential retaliation, for any reason, at those individual meetings with residents. The counselors also verified this information in interviews.

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

115.267 € - 1

The Agency Head's Designee and the Agency PREA Coordinator both confirmed, in interviews, that any individual who cooperates with an investigation, of any kind, and expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Both said that they have a responsibility to report any such occurrence to the Wisconsin Department of Corrections, and that different solutions would be explored. They identified that a room change could be made or even potentially a residence change, if the Parole/Probation Agent concurred with the solution. They said that their goal would be to ensure that the alleged victim be allowed to complete their program, as well as the alleged perpetrator, if they were able to make that possible.

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

Corrective Action

A final analysis of the evidence indicates that the agency/facility is not substantially compliant with this standard because it does not have a clearly identified process that addresses the protection of all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The facility must:

1. Create a process that outlines how the agency/facility will protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

Corrective Action Taken:

Corrective Action Taken:

The facility submitted a revised agency policy regarding Staff and Agency Reporting Duties. In item No. 17, it is identified that, "for at least 90 days following an allegation of sexual harassment or abuse, the behavior of the client or staff reporting the harassment of the client who suffered the harassment or abuse should be monitored for signs of retaliation. The program length mandated by the WIDOC is 90 days so residents will not require additional monitoring past 90 days."

Item No. 18, of the same policy, says, "if any individual who cooperates with an investigation expresses a fear of retaliation the resident shall take appropriate measures to protect that individual against retaliation. Such measures could include moving a client to another residence, moving staff to another residence, or changing a resident's sleeping room or roommate."

A final analysis of the evidence indicates that the required corrective action has been completed and the facility is now substantially compliant with the standard.

115.271	Criminal and administrative agency investigations
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1398 376">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="280 412 1145 448">1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="280 456 660 492">a. Pre-audit Questionnaire <li data-bbox="280 501 1270 537">b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023 <li data-bbox="280 546 670 582">c. Investigation Policy 7.18 <li data-bbox="280 680 472 716">2. Interviews <ol style="list-style-type: none"> <li data-bbox="280 725 574 761">a. PREA Coordinator <li data-bbox="280 770 654 806">b. Agency Head Designee <p data-bbox="280 904 612 940">Findings (By Provision):</p> <p data-bbox="280 976 517 1012">115.271 - (a) - 1</p> <p data-bbox="280 1021 1465 1137">The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency/facility has a policy related to criminal and administrative agency investigations. The facility presented, as documentation, Investigation Policy, 17.8.</p> <p data-bbox="280 1146 1468 1469">Auditor's review of the policy revealed that the facility conducts administrative investigations of all complaints received, including allegations of sexual abuse and sexual harassment. In reviewing investigations that were conducted, by facility staff, during the audit period, it was determined that even though some of the complaints were alleged to be instances of sexual harassment, neither of them met the definition, nor were there any allegations of sexual abuse. Interviews with the Agency PREA Coordinator and Residence Manager corroborated this. The investigation of every allegation of misconduct, of any kind, is investigated by staff.</p> <p data-bbox="280 1478 1404 1559">A review of the policy also confirmed that the agency/facility does not conduct criminal investigations.</p> <p data-bbox="280 1594 1315 1675">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision of the standard.</p> <p data-bbox="280 1783 446 1818">115.271 (b)</p> <p data-bbox="280 1827 1468 2069">Staff who were interviewed said that when an allegation of misconduct, of any kind, is received, the PREA Coordinator will conduct an investigation unless the PREA Coordinator is not available. In that case, staff receiving the allegation, by policy, are required to contact the administrative staff to present their findings and receive further instructions. The auditor noted that this requirement is outlined in the agency policy. Staff also said that if sexual abuse is alleged, and an administrative</p>

investigation indicates that potentially criminal behavior was involved in the incident, agency staff will advise the alleged victim to contact the Racine Police Department by dialing 911. The facility has not had an incident of this type happen.

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

115.271 ©

Agency policy, Investigation Policy 7.18, requires, in item number 9, that staff who received the allegation should observe the area where the alleged sexual assault took place and preserve any evidence such as blood, stool, or semen. Those staff are also responsible, by policy, for ensuring that other clients are not allowed near the scene. The policy does say that the PREA Coordinator will interview alleged victims, suspected perpetrators, and witnesses, but does not require that a review of prior complaints and reports of sexual abuse involving the suspected perpetrator be conducted. Because the facility is a community confinement center, where residents complete a 90-day program, the staff's access to prior complaints would be limited to their residence at the center, a less than 90-day history.

The staff who were interviewed said that they conduct their administrative investigation, preserve any physical evidence that might be available, and report their findings to the Wisconsin Department of Corrections. Agency policy stipulates that, within 24 hours, the facility staff and the Wisconsin Department of Corrections work together to determine if the perpetrator should be removed from the facility.

By policy, if an allegation of sexual misconduct is substantiated, the perpetrator will be removed from the residence.

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

115.271 (d)

When the quality of evidence appears to support criminal prosecution, the agency advises the victim to contact the Racine Police Department to report the sexual abuse. They will also ensure that the victim is transported to Ascension Hospital for a forensic exam if the situation requires it or the victim requests it. The staff at the facility do not conduct criminal investigations.

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

115.271 €

The PREA Coordinator said, in an interview, that credibility is assessed on an individual basis and is not determined by the person's status as resident or staff. The agency's investigative policy requires that if a member of staff is an alleged perpetrator of sexual abuse, that staff is removed from the residence pending the outcome of the investigation.

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

115.271 (f)

The facility has not received any allegations of sexual abuse but staff who were interviewed said that they would definitely consider whether staff actions or failure to act contributed to any abuse that might happen and that all investigations, of any type, are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Staff pointed out that they are obligated to make a report to the Wisconsin Department of Corrections within 24 hours of the receipt of any allegation of misconduct if the initial administrative investigation indicates that a misconduct did occur. Staff presented four investigation packets that were done during the audit period, and all four contained documentations in written reports that included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

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

115.27 (g)

Staff at the facility stated, in interviews, that they do not conduct criminal investigations. All administrative investigations they conduct, of any allegation of misconduct, are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Facility staff said that they are able to obtain a police report, if the Racine Police Department is contacted and they conduct a criminal investigation, and all information they have is included in their report to the Wisconsin Department of Corrections staff who ultimately make the decision as to the final actions taken.

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

115.271 (h)

The facility does not conduct criminal investigations and are therefore not involved in referring matters for prosecution. That would be done by detectives in the Racine Police Department Detective Bureau.

The facility did not receive any allegations of sexual abuse, did not refer any allegations to the Racine Police Department, and did not obtain any police reports from the Racine Police Department within the past 12 months.

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

115.271 (i)

The facility does not conduct criminal investigations. Staff did say that if an allegation is received that names staff as an alleged perpetrator, that staff is suspended pending the outcome of the investigation. The PREA Policy, 1.17, identifies that staff penalties for staff who engage in sexual harassment or sexual abuse of residents includes discipline up to and including dismissal from their employment.

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

115.271 (j)

The facility does not conduct criminal investigations, but the PREA Coordinator said that an investigation of staff involving potentially criminal behavior would be conducted by the Racine Police Department and the departure of either staff or resident would not provide a basis for them terminating their investigation.

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

115.271 (k)

The facility staff who conduct investigations said that they can remain aware of the progress of an investigation by maintaining contact with the Racine Police Department but that when a report is made to the Wisconsin Department of Corrections, the decision as to whether the perpetrator remains in the residential setting is made by the Wisconsin Department of Corrections and the facility's relationship with that person ends when the client is remanded back to the Wisconsin Department of Corrections.

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

Corrective Action

A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action necessary. However, the auditor makes the following recommendation.

Recommendations:

Revise the facility's Investigation Policy, 17.8, to include:

1. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse,
2. The agency shall retain all written reports referenced in paragraphs (f) and (g) of the standard as long as the alleged abuser is housed in the residence or employed by the agency, plus five years.

115.272	Evidentiary standard for administrative investigations
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1398 376">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="280 412 1145 448">1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="280 456 660 492">a. Pre-audit Questionnaire <li data-bbox="280 501 1270 537">b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023 <li data-bbox="280 546 670 582">c. Investigation Policy 7.18 <li data-bbox="280 680 472 716">2. Interviews <ol style="list-style-type: none"> <li data-bbox="280 725 574 761">a. PREA Coordinator <li data-bbox="280 770 676 806">b. Agency Head's Designee <p data-bbox="280 904 612 940">Findings (By Provision):</p> <p data-bbox="280 1048 446 1084">115.272 (a)</p> <p data-bbox="280 1093 1455 1254">The facility indicated, in their response to the Pre-audit Questionnaire, that the agency imposes a standard of preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment can be substantiated.</p> <p data-bbox="280 1290 1481 1953">The facility has not had any allegations of sexual harassment or sexual abuse that, upon preliminary investigation, met the definition for either of those. Staff presented two investigative packets, from investigations made into complaints made by residents during the audit period. Staff who were interviewed said that they investigate all allegations of misconduct by reviewing any physical evidence that may exist, and by interviewing the person making the complaint, all individuals the complaint refers to, both staff and residents, and referring the complaint, and all their investigative findings to the Wisconsin Department of Corrections, typically the Parole or Probation Agent. The investigative packets presented were thorough and contained information from the original reports made, interview notes, and written statements. The reports also identified all action taken by facility staff up to and including the report made to the Wisconsin Department of Corrections. The staff use a standardized Department of Corrections form for making their reports and those were also included with the investigative packets. Decisions regarding whether sexual harassment or sexual abuse can be substantiated are made by Wisconsin Department of Corrections staff.</p> <p data-bbox="280 1989 1315 2069">A final analysis of the evidence indicates that the facility is in substantial compliance with this provision of the standard.</p>

	<p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Does Not Meet Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023 c. Investigation Policy 7.18 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Program Manager c. Agency Head's Designee <p>Findings (By Provision):</p> <p>115.273 (a) - 1</p> <p>The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The facility presented their Investigation Policy, 1.78, which, upon review, does not contain a specific requirement that residents who make an allegation of sexual harassment or sexual abuse are to be informed, either verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or founded following an investigation by the agency.</p> <p>The facility has not received any allegations of sexual harassment or sexual abuse that met the definitions of sexual harassment and sexual abuse. Upon preliminary investigation by staff, the complaints received during the audit period all involved misconduct of some type, including sexual misconduct, but all allegations that were made of sexual misconduct were determined to have involved consensual acts between residents.</p>

The facility conducts administrative investigations of complaints received. Where staff conduct an administrative investigation, a written report is made of the investigation, including notes from interviews with all involved parties, both staff and residents, any statements written by residents, and any physical evidence, such as journal entries, etc. The staff investigator also makes a determination as to whether the allegation is determined to be substantiated, unsubstantiated, unfounded, or a non-prea allegation. At the culmination of that investigation, which is required to be completed within 24 hours of the receipt of the complaint, the complaint is submitted to the resident's Parole or Probation Agent who makes the determination as to whether the resident can remain in the residence or must be remanded back to the custody of the Wisconsin Department of Corrections. The subject of the complaint is always notified verbally if the complaint is resolved and they are allowed to remain in the program, and in writing, by the Wisconsin Department of Corrections, if they are remanded back to the custody of the Wisconsin Department of Corrections and are removed from the residence. The decision is made by the Department of Corrections staff not by the facility staff. However, the agency policy does not highlight this process and does not identify that any resident who makes an allegation is notified or by whom.

115.273 (a) - 2 and 3

The facility indicated, in their response to the PAQ, that the number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was zero. However, they submitted copies of four investigations that were completed, at the facility, during the audit year.

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

115.273 (b) - 1

The facility indicated, in their response to the PAQ, that the number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility, or by an outside agency, in the past 12 months was zero. The PREA Coordinator identified, in an interview, that if a resident made an allegation to the Racine Police Department, of alleged sexual abuse, and the police department did an investigation, the facility could keep contact with them and stay informed of the progress and outcome of the investigation. However, if such an incident occurred, the resident staff would submit their investigation documentation to the Wisconsin Department of Corrections and the Parole/Probation Agent would officially remove the resident from the program and the facility's relationship with that resident would end. The Wisconsin Department of Corrections would then become responsible for maintaining contact with the Racine Police Department and notifying the alleged perpetrator of the results of the investigation.

115.273 (b) - 2 and 3

The facility indicated, in their response to the PAQ, that the number of investigations of alleged resident sexual abuse in the facility that were completed by an outside

agency in the past 12 months was zero.

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

115.273 (c) - 1

The facility indicated, in their response to the PAQ, that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The facility has not had an allegation of sexual harassment or sexual abuse where staff was the alleged perpetrator. Agency policy requires that if a staff member is an alleged perpetrator of sexual harassment or sexual abuse, the staff member is suspended from their employment pending the outcome of the investigation. Agency policy does not, however, require the notifications outlined in this provision of the standard. The therapeutic program is limited to 90 days duration, and if a criminal investigation were to take place, it may not culminate in a final outcome within 90 days.

115.273 © - 2 and 3

The facility indicated, in their response to the PAQ, that there has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months.

A final analysis of the evidence indicates that the facility is not substantially compliant with the provisions of this standard.

115.273 (d) - 1

The facility indicated, in their response to the PAQ, that following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The facility has not experienced any resident allegations of sexual abuse by another resident in the facility, thus no criminal investigations were done, and no such notifications were made. However, the agency policy does not address this issue of notification of criminal charges being made.

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

225.273 € - 1

The facility indicated, in their response to the PAQ, that the agency has a policy that all notification to residents described under this standard are documented. The agency/facility does have an Investigation policy but upon review, it was determined to not make any mention of notifications of outcomes to residents making the allegations, nor the documentation of any such notifications. Admittedly, the final decisions affecting the residents, and their ability to continue in the program, are made by staff at the Wisconsin Department of Corrections, but facility staff, by policy, should still be responsible for making a notification of some type to the resident making the original allegation and their policy should include that requirement. Moreover, the form that is submitted to the WIDOC, with the investigative packet, does require the staff investigator to indicate the outcome of the administrative investigation by making a check mark next to the substantiated, unsubstantiated, unfounded, or non-PREA listing on the form.

225.273 © 2 and 3

The facility indicated, in their response to the PAQ, that, in the past 12 months, the number of notifications to residents that were provided pursuant to this standard was zero.

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

Corrective Action

A final analysis of the evidence indicates that the agency is not substantially compliant with this standard. The agency must:

1. Revise the Investigation Policy 7.18 to include the information above, highlighting how complaints are investigated and who actually makes the notification to the person who made the allegation and/or is the subject of the investigation.
2. Revise the Investigation Police 7.18 to include the requirement that when a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the allegation is determined to be unfounded) whenever: (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
3. Revise the Investigation Policy 7.18 to include the requirement that following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related

	<p>to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>4. Revise the Investigation Police 7.18 to include the requirement that all notifications to residents described under this standard are documented</p> <p>Corrective Action Taken: The facility failed to submit a revised policy regarding investigations of allegations of sexual harassment and sexual abuse that includes items 1 through 4 outlined above. A final review of the evidence indicates that the facility remains non-compliant with this standard.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Agency Head's Designee <p>Findings (By Provision):</p> <p>115.276 (a) - 1 The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The agency/facility PREA Policy, Policy 17.7 says, "Any allegation of sexual harassment or sexual abuse by an employee against a resident if substantiated, could result in termination of employment and referral to the care giver misconduct board."</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.</p>

115.276 (b) - 1 and 2

The facility indicated, in their response to the PAQ, that in the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies is zero. Likewise, the facility also indicated that in the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is zero.

The Agency Head's Designee said, in an interview that the facility has not had an incident of staff having engaged in sexual harassment or sexual abuse but if that were to happen, the staff found to have engaged in the misconduct would be terminated.

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

115.276 © - 1

The facility indicated, in their response to the PAQ, that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar offenses.

The agency/facility policy does not address the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment other than actually engaging in sexual abuse.

115.276 © - 2

The facility indicated, in their response to the PAQ, that in the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies is zero.

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

115.276 (d) - 1

The facility indicated, in their response to the PAQ, that all terminations or violations of agency sexual abuse or sexual harassment policies or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies.

The facility/agency policy PREA Policy 17.7 makes no mention of terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation being reported to law enforcement agencies or to any relevant licensing bodies.

The facility indicated, in their response to the PAQ, that, in the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination, or resignation prior to termination, for violating agency sexual abuse or sexual harassment policies is zero.

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

Corrective Action

A final analysis of the evidence indicates that the facility/agency is not substantially compliant with the standard. The facility must:

1. Revise the agency/facility PREA Policy 17.7 to include the information that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are to be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar offenses.
2. Revise the agency/facility PREA Policy 17.7 to include the information that all terminations of violation of agency sexual abuse or sexual harassment policies or resignations by staff who would have been terminated if not for their resignation will be reported to law enforcement agencies and to any relevant licensing agencies. The facility must also train staff on the revised policy and obtain their signature identifying that they have read and understood the revised policy and present that documentation to the auditor.

Corrective Action Taken:

The facility submitted a revised Disciplinary Sanctions and Corrective Action policy that identifies, in section 1. b, that, "disciplinary sanctions for violations of policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar offenses, the nature the circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

The revised policy also states, in section 1.c., that all staff terminations for violations of policies related to sexual abuse and harassment, or all resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to the State of Wisconsin DHS caregiver misconduct.

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

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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, Revised 08/13/2023 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Program Manager <p>Findings (By Provision):</p> <p>115.277 (a) - 1 The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Auditor reviewed the agency’s PREA Policy, Prison Rape Elimination Act, 1.17, and did not find this requirement anywhere in that policy. In interviews with the PREA Coordinator and the Program Manager, both of them said that the facility does not use volunteers. Both of them also identified that the only contractors at the residence are the food delivery people and the contracted maintenance staff.</p> <p>115.277 (a) - 2 The facility indicated, in their response to the PAQ, that agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. Again, the auditor was unable to locate any such requirement in the agency’s PREA policy.</p> <p>115.227 (a) -3 The facility indicated that, in the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. The facility offered no documentation supporting this claim, and, in fact, the investigation packets that were presented as documentation of the allegations received during the audit period did not</p>

demonstrate that there were any allegations made of contractors or volunteers engaging in any type of sexually harassing or abusive behavior.

115.277 (a) - 4

The facility indicated, in their response to the PAQ, that in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents was zero.

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

115.277 (b) - 1

The facility indicated, in their response to the PAQ, that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The PREA Coordinator and the Program Manager both stated that the residence does not use volunteers. The staff did not offer any documentation supporting their claim that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, and both the Program Manager and PREA Coordinator said that there have been no instances of this type of behavior from any of the contractors who have been at the residence.

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

Corrective Action

A final analysis of the evidence indicates that the facility is not substantially compliant with the standard. The facility must:

1. Create a policy or revise the existing PREA Policy to include the requirement that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.
2. Revise the existing PREA policy to include the requirement that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.
3. Revise the existing PREA policy to include the information that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Corrective Action Taken:

	<p>The facility submitted an updated Disciplinary Sanctions and Corrective Action policy that specifies, in section 2, that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>A final review of the evidence indicates that the facility completed all the required corrective action and is now compliant with the standard.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, Revised 08/13/2023 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Program Manager <p>Findings (By Provision):</p> <p>115.278 (a) - 1</p> <p>The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that residents are not subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. Auditor was unable to find any formal disciplinary process described in any of the agency policies. Staff presented a copy of the contract between the Wisconsin Department of Corrections (WIDOC) and the residence that outlines that all allegations of sexual abuse and sexual harassment are to be reported to the WIDOC within 24 hours of receipt of the allegation. The facility presented two investigation packets, from the allegations made during the audit year, along with the WIDOC form that they are required to submit, form DOC-2784 (11/2016). The WIDOC Parole/Probation Agent receives the form, reviews the information and makes the decision whether to remove the resident from the program or allow them to stay. It appears that there are no sanctions instituted by the agency, and there is no discipline meted out by the agency. Any discipline</p>

comes from WIDOC.

115.278 (a) - 2

The facility indicated, in their response to the PAQ, that residents are not subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. The facility has not received any allegations that meet the definition of resident-on-resident sexual abuse.

115.278 (a) - 3 and 4

The facility indicated, in their response to the PAQ, that in the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility is zero. They also indicated that, in the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility is also zero.

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

115.278 (b) and (c)

The facility indicated, in their response to the PAQ, that sanctions are not commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. The facility submitted a copy of the contract between the agency and WIDOC that outlines that all allegations of sexual harassment and sexual abuse are to be investigated and reported, within 24 hours, to the WIDOC who will administer any sanctions. Auditor was unable to discover any formal discipline policy for residents. The PREA Coordinator said that there is no formal disciplinary policy but that if there are minor problems at the facility, the staff may have the residents involved write an essay on why their behavior was detrimental to the group as a whole.

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

115.278 (d) - 1 and 2

The facility indicated, in their response to the PAQ, that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The facility employs staff counselors, and it is noted, in the agency Investigation Policy, policy 17.8, in items 15 and 16, that if an allegation of sexual misconduct is substantiated, the accused will be removed from the residence and the victim will be offered counseling services from their counselor at the residential facility, a counselor from a Rape Crisis center, or from a counselor of their choice.

They also indicated that the facility does not consider whether to require the offending resident to participate in such interventions as a condition of access to

programming or other benefits. The facility does not have medical or mental health services onsite, and a resident found to be guilty of a sexual assault will be removed from the residence.

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

115.278 €

The agency does not discipline residents.

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

115.278 (f)

The facility indicated, in their response to the PAQ, that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even in an investigation does not establish evidence sufficient to substantiate the allegation. Auditor reviewed policies presented by the staff but did not find this language in any of them.

However, it is printed, in the Resident Handbook that is given to each resident upon arrival, that, "false claims of sexual misconduct made by offenders can result in action taken against the offender by the Wisconsin Department of Corrections."

This statement is in line with the fact that the facility does not discipline residents.

Discipline for residents comes from the WIDOC, not the facility.

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

115.278 (g) - 1

The facility indicated, in their response to the PAQ, that the agency prohibits all sexual activity between residents. The agency Investigation Policy, policy 17.8 says, in item number 1, "all clients receiving drug and alcohol treatment are not allowed to have anything but a friendship relationship with any other client as romantic or sexual relationships among clients interfere with the client's treatment in addition to the treatment environment as a whole.

115.28 (g) - 2

The facility indicated, in their response to the PAQ, that the agency has no tolerance for any form of sexual activity while in treatment. The agency Investigation Policy, policy 17.8 says, in item number 1, "all clients receiving drug and alcohol treatment are not allowed to have anything but a friendship relationship with any other client as romantic or sexual relationships among clients interfere with the client's treatment in addition to the treatment environment as a whole. Any allegation of sexual activity between residents is reported to the WIDOC who will investigate and determine whether to remove the residents from the facility.

	<p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision of the standard.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is in substantial compliance with the standard. There is no corrective action to take.</p> <p>Recommendation: Auditor recommends that the agency include, in their discipline policy, language explaining that the facility does not have a discipline policy for residents and that discipline of residents is handled by the WIDOC.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. SANE/SAFE Staff at Ascension All Saints Hospital, Racine Wisconsin <p>Findings (By Provision):</p> <p>115.282 (a) - 1 The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that resident victims of sexual abuse received timely, unimpeded access to emergency medical treatment and crisis intervention services. The facility has not received any allegations of sexual abuse, but staff who were interviewed said that any type of health care need, by any resident, is responded to immediately and residents always have access to emergency medical treatment and crisis intervention services at the local hospital, Ascension All Saints Hospital in Racine. Staff said that if an emergency occurred, they would obtain health care for a resident by dialing 911 and making use of emergency services. The facility also presented their investigation policy which says that, if a sexual abuse were to occur, the victim of the sexual abuse should be counseled to contact the Racine Police Department by</p>

dialing 911. There are no medical or mental health staff on site at the facility. Auditor did contact Ascension All Saints hospital and staff verified that there is a forensic nurse examiner on call 24/7, and that if a resident from the facility were to be admitted, through their Emergency Room, for a forensic exam, and request an advocate to accompany them during the exam, the hospital would provide one.

115.282 (a) - 2

The facility indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. There are no medical or mental health treatment providers onsite at the facility. Residents needing emergency medical treatment would be transported, by dialing 911, to a local hospital for treatment.

115.282 (a) - 3

The facility indicated, in their response to the PAQ, that there are no medical or mental health care staff at the facility and clients would be referred for medical treatment in a local medical facility.

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

115.282 (b) - 1

The facility does not have medical or mental health care staff on site. All medical emergencies are treated at a local hospital. The PREA Coordinator addressed this issue by presenting the agency investigation policy, Policy 17.8. This policy, in item 8, says that if a sexual abuse occurs, the victim should be advised to call 911 to report the assault to the local police department and to obtain emergency medical treatment and should be encouraged to be transported to Ascension Hospital Emergency Department for a forensic exam.

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

115.282 © - 1

The facility indicated, in their response to the PAQ, that resident victims of sexual abuse, while incarcerated, are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care where medically appropriate. Their reasoning is that, although the facility does not have medical or mental health care facilities onsite, a resident victim needing emergency medical care would be encouraged to dial 911 to receive transportation to the local hospital where treatment would be provided.

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

115.282 (d) - 1

The facility indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates

	<p>with any investigation arising out of the investigation. Staff reported, on the PAQ, that the hospital is obligated to provide this care free of charge to victims of sexual abuse. Auditor talked with staff, at Ascension All Saints Hospital Emergency Room and was told that there is a victim's fund that covers the cost of forensic exams and, other required treatment, at the emergency room, for victims of sexual abuse.</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with this provision of the standard.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, Revised 08/13/2023 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Program Manager <p>Findings (By Provision):</p> <p>115.283 (a) - 1, (b), (c), (d), € , (f),</p> <p>The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in prison, jail, lockup, or juvenile facility. Because there are no medical or mental health staff or services onsite at the facility, the staff said, in interviews, that residents are referred to a local medical facility for medical and mental health needs.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision of the standard.</p> <p>115.283 (g)</p>

	<p>The facility staff indicated that treatment services are provided to victims without financial cost and regardless of whether the victim names the abuser or cooperate with any investigation arising out of the incident. In an interview, hospital staff at Ascension All Saints Hospital, in Racine, WI where facility residents would go to seek emergency medical treatment if needed, verified that forensic exams and follow up treatment are offered to victims without cost. Moreover, all residents at the facility are under the jurisdiction of the Wisconsin Department of Corrections (WIDOC) and would be removed from the facility, along with the perpetrator, by the WIDOC, if a sexual assault were to occur there. The WIDOC policies provide that victims of sexual abuse receive needed medical treatment at no cost to the victim.</p> <p>A final analysis of the evidence indicates that the facility is in substantial compliance with the provisions of the standard.</p> <p>115.283 (h)</p> <p>The facility indicated, in their response to the PAQ, that the facility does not attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Information included on the PAQ indicates that if a resident were to commit sexual abuse, at the facility, that person would be immediately removed from the facility and remanded back to the WIDOC. Therefore, the facility does not have the ability to conduct a mental health evaluation within sixty days of learning of such abuse. The facility has not received any allegations of sexual abuse</p> <p>A final analysis of the evidence indicates that the facility is in compliance with this provision of the standard.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.</p>
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115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023 2. Interviews

a. PREA Coordinator

Findings (By Provision):

115286 - (a) - 1

The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that it does not conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation. A review of the investigations conducted during the audit period, revealed that none of the allegations made actually met the definition of sexual harassment or sexual abuse. Therefore, there were no sexual abuse incident reviews to be conducted.

The staff indicated, in the PAQ, that they would only conduct a review related to incidents of a, "significant nature, incidents involving multiple clients, or incidents involving a systemic break down of training or other identifiable causes." In interviews, the staff said that when an allegation is made, the staff conducts an administrative investigation that includes interviewing the person who made the allegation and all involved parties, reviewing statements and any documentation collected, i.e., journals, handwritten letters, notes, etc., and remits all of the investigative materials to the Wisconsin Department of Corrections (WIDOC) Parole/ Probation Agent who makes the determination whether to remove the resident from the program. The facility is bound, by contract, to submit the investigative information to the WIDOC within 24 hours of the receipt of the allegation.

115.286 (a) - 2

The facility indicated, in their response to the PAQ, that, in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding "unfounded" incidents is zero.

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

115.286 (b) - 1

The facility indicated, in their response to the PAQ, that the facility ordinarily does not conduct a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

115.286 (b) - 2

The facility indicated, in their response to the PAQ, that, in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents was zero.

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

115.286 © - 1

The facility indicated, in their response to the PAQ, that the sexual abuse incident

review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The facility presented no evidence that a sexual abuse incident review team exists.

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

115.286 - (d)

The facility did not indicate in their response to the PAQ, if the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to (d) (1)-(d) (5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator. The facility provided no sample reports for review by the auditor of any reviews that:

- (1) consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- (3) examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- (4) assess the adequacy of staffing levels in that area during different shifts;
- (5) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (6) prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) (1) - (d) (5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator.

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

115.286 - €

The facility indicated, in their response to the PAQ, that the facility implements the recommendations for improvement or documents its reasons for not doing so. The facility offered no documentation demonstrating compliance with this provision of the standard.

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

Corrective Action

A final analysis of the evidence indicates that the facility is not substantially compliant with the standard. The facility must:

1. Create a process for conducting a Sexual Abuse Incident Review of all allegations and investigations of sexual abuse except those that were unfounded.

2. Ensure that the process requires that all such reviews be conducted within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.
3. Ensure that the sexual abuse incident review team includes upper-level management officials and allows for input from other staff.
4. Ensure that a report is prepared for each review conducted that:
 - a) considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - b) considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
 - c) requires examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - d) assesses the adequacy of staffing levels in that area during different shifts;
 - e) assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - f) ensure that that the report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) (1) - (d) (5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator.
 - g) Ensure that any recommendations for improvement are implemented or document the reasons for not doing so.

Corrective Action Taken:

The facility submitted a newly created policy entitled Sexual Abuse Incident Reviews. The policy requires:

- a - a review of every sexual abuse investigation to be completed whether the incident is determined to be substantiated or unsubstantiated,
- b - the review to be completed within 30 days of the conclusion of the investigation,
- c - the review team shall include Executive Vice President, Client Rights Specialist, PREA Coordinator, counselor, with input from line staff, supervisors, agents and medical or mental health providers.

The policy also stipulates that the review team shall:

- a - consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse,
- b - consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility,
- c - examine the area in the residence where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- d - assess the adequacy of staffing levels in that area during different shifts;
- e - assess whether monitoring technology should be deployed or augmented to supplement supervision by staff, and;
- f - prepare a report of its findings but not necessarily limited to determinations

	<p>made pursuant to paragraphs (4)(a) - (4)(e) of this section, and any recommendations for improvement, and submit such report to the facility head and PREA compliance manager;</p> <p>g - the resident shall implement the recommendations for improvement or shall document its reasons for not doing so.</p> <p>A final review of the evidence indicates that the facility has performed all the required corrective action and is now compliant with the standard.</p> <p>h) Provide a printed copy of the sexual abuse incident review process to the auditor.</p>
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115.287	Data collection
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023. 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator <p>Findings (By Provision):</p> <p>115.287 (a) - 1</p> <p>The facility indicated, in their response to the PAQ, that the agency does not collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The facility provided no documentation of any such data collection and auditor was unable to find any such data on the web sites of either the facility or the parent agency.</p> <p>A final analysis of the evidence indicates that the facility is not in substantial compliance with this provision of the standard.</p>

115.287 (b) - 1

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

The facility provided no documentation of any such data collection and auditor was unable to find any such data on the web sites of either the facility or the parent agency.

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

115.287 © - 1

The facility indicated, in their response to the PAQ, that the standardized instrument does not include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. No explanation of their reasoning was offered.

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

115.287 (d) - 1

The facility indicated, in their response to the PAQ, that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The facility provided no documentation of any such data collection and auditor was unable to find any such data on the web sites of either the facility or the parent agency.

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

115.287 € - 1 and 2

The facility indicated, in their response to the PAQ, that this provision of the standard, that the agency obtains incident-based data from every private facility with which it contracts for the confinement of its residents is not applicable to the facility because it does not contract for the confinement of its residents.

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

115.287 - f (1)

The facility indicated, in their response to the PAQ, that this standard requirement, that the agency provide the Department of Justice (DOJ) with data from the previous calendar year upon request by saying that the DOJ has not requested agency data.

	<p>A final analysis of the evidence indicates that the facility is in substantial compliance with this provision of the standard.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the facility is not in substantial compliance with the standard. The facility must:</p> <ol style="list-style-type: none"> 1. Collect accurate uniform data for every allegation of sexual abuse at facilities under direct control using a standardized instrument and set of definitions and present both the standardized instrument and the set of definitions to the auditor; 2. Submit documentation that the agency aggregates the incident based sexual abuse data at least annually, 3. Submit copies of the completed Survey of Sexual Violence 4. Submit copies of data provided to the Department of Justice, if any, 5. OR, submit documentation verifying why the agency is not subject to the requirements of this standard. <p>Corrective Action Taken:</p> <p>The facility submitted a Data Collection policy that requires:</p> <ol style="list-style-type: none"> 1. the residence to aggregate the incident based sexual data at least annually, 2. the incident based data shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. 3 - the residence shall maintain, review, and collect data as needed from all available incident based documents including reports, investigation files, and sexual abuse incident reports, 4 - the residence shall provide all such data from the previous calendar year to the State of Wisconsin PREA Coordinator no later than June 30th. <p>The facility did not submit the requested Survey of Sexual Violence, documentation of any such information submitted to the Department of Justice or any documentation verifying why the agency is not subject to the requirements of the standard.</p> <p>A final analysis of the evidence indicates that the facility is not substantially compliant with the standard. This standard remains on-compliant.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents (policies, directives, forms, files, records, etc.)
 - a. Pre-audit Questionnaire
 - b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023.

2. Interviews
 - a. PREA Coordinator

Findings (By Provision):

115.288 (a) - 1

The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that the agency does not review data collected and aggregated pursuant to standard 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies and training, including:

(a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The facility provided no documentation, i.e., a copy of the annual reports from the data reviews, to substantiate their claim that they comply with the standard.

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

115.288 (b) - 1

The facility indicted that the annual report does not include a comparison of the current year's data and corrective actions with those from prior years. The facility provided no documentation, i.e., a copy of the annual reports from the data reviews, to substantiate their claim that they comply with the standard.

115.288 (b) - 2

The facility indicated that the annual report does not provide an assessment of the agency's progress in addressing sexual abuse. The facility provided no documentation, i.e., a copy of the annual reports from the data reviews, to substantiate their claim that they comply with the standard.

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

115.288 © -1

The facility indicated, in their response to the PAQ, that the agency makes its annual report readily available to the public at least annually through its website. Auditor reviewed the agency website and did not find any such report posted there.

116.288 © - 2 and 3

The facility indicated, in their response to the PAQ, that the agency makes its annual report available through other means, specifically, the SUD website, www.sudrecoverycenters.com. Auditor reviewed this website but was unable to find any annual reports posted to it.

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

115.288 - d (1)

The facility indicated, in their response to the PAQ, that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

115.228 - d (2)

The facility indicated, in their response to the PAQ, that the agency indicates the nature of material redacted. The facility offered no evidence of any such data collection reports being prepared.

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

Corrective Action

A final analysis of the evidence indicates that the agency is not in substantial compliance with this standard. The agency must:

1. Collect accurate uniform data for every allegation of sexual abuse at facilities under direct control using a standardized instrument and set of definitions and present both the standardized instrument and the set of definitions to the auditor;
2. Submit documentation that the agency aggregates the incident based sexual abuse data at least annually,
3. Provide copies of annual reports and the agency's documented review of the data, that includes a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the agency's progress in addressing sexual abuse,
4. Post the annual report on the agency's website or otherwise make readily available to the public,
5. Ensure that the reports are approved by the Agency Head,
6. Indicate the nature of any redacted material in the report.

Corrective Action Taken:

None

A final review of the evidence indicates that the facility remains non-compliant with the standard.

115.289	Data storage, publication, and destruction
	<p data-bbox="280 188 1104 221">Auditor Overall Determination: Does Not Meet Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 383 1398 416">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="280 454 1278 757" style="list-style-type: none"> <li data-bbox="280 454 1145 488">1. Documents (policies, directives, forms, files, records, etc.) <ol data-bbox="280 499 1278 573" style="list-style-type: none"> <li data-bbox="280 499 660 533">a. Pre-audit Questionnaire <li data-bbox="280 539 1278 573">b. Prison Rape Elimination Act (PREA) Policy 7.17, revised 08/17/2023. <li data-bbox="280 685 472 719">2. Interviews <ol data-bbox="280 730 576 763" style="list-style-type: none"> <li data-bbox="280 730 576 763">a. PREA Coordinator <p data-bbox="280 869 608 902">Findings (By Provision):</p> <p data-bbox="280 943 496 976">115.289 (a) - 1</p> <p data-bbox="280 987 1430 1099">The facility indicated, in their response to the Pre-audit Questionnaire (PAQ), that incident-based and aggregate data are securely retained. The facility offered no evidence of compliance with this provision.</p> <p data-bbox="280 1137 1366 1211">A final analysis of the evidence indicates that the facility is not in substantial compliance with this provision of the standard.</p> <p data-bbox="280 1294 576 1328">115.289 (b) -1 and 2</p> <p data-bbox="280 1339 1461 1574">The facility indicated, in their response to the PAQ, that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. The auditor reviewed the agency website and found no evidence that the annual reports are published on it or any other report containing aggregated sexual abuse data from facilities under its direct control.</p> <p data-bbox="280 1585 1477 1659">Staff completing the PAQ offered no documentation of the information being posted on the agency website or of it being made available through other means.</p> <p data-bbox="280 1697 1366 1771">A final analysis of the evidence indicates that the agency is not substantially compliant with this provision of the standard.</p> <p data-bbox="280 1854 488 1888">115. 289 © - 1</p> <p data-bbox="280 1899 1461 2056">The facility indicated, in their response to the PAQ, that before making aggregated sexual abuse data publicly available, the agency removed all personal identifiers. The auditor reviewed the agency website and found no evidence that the annual reports are published on it or any other report containing aggregated sexual abuse</p>

	<p>data from facilities under its direct control. Staff completing the PAQ offered no documentation of the information being posted on the agency website or of it being made available through other means.</p> <p>115.289 © - 2</p> <p>The facility indicated, in their response to the PAQ, that the agency does not maintain sexual abuse data collected pursuant to standard 115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. The facility offered no documentation of their reasoning for not maintaining sexual abuse data collected pursuant to standard 115.287 for the period of time required by the standard.</p> <p>A final analysis of the evidence indicates that the agency is not substantially compliant with this provision of the standard.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates that the agency is not substantially compliant with this standard. The facility must:</p> <ol style="list-style-type: none"> 1. Provide documentation verifying that incident-based and aggregate data are securely retained. 2. Provide documentation verifying that aggregated sexual abuse data from facilities under its direct control is made readily available to the public at least annually through its website or it otherwise made publicly available. 3. Ensure that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. 4. Create a process for ensuring that the agency maintains sexual abuse data collected pursuant to standard 115.287 for at least 10 years after the date of initial collection, or demonstrate where federal, state, or local law requires otherwise. <p>Corrective Action Taken: None</p> <p>A final review of the evidence indicates that the facility remains non-compliant with the standard.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.)

a. Pre-audit Questionnaire

2. Interviews

a. PREA Coordinator

Findings (By Provision):

115.401 (a)

The agency offered no proof that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency ensured that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. Auditor requested, and received, a copy of the report from the most recent PREA audit of the facility. The onsite portion of that audit was conducted on November 20 and 21, 2019 and the final report was submitted on August 4, 2020.

115.401(b)

Auditor was not able to discover any PREA audit reports published on the agency website of any of its facilities.

115.401(h)

Auditor was provided access to all areas of the facility.

115.401 (i)

Auditor was able to request and received all requested copies of documentation pertinent to the audit.

115.401 (m)

The facility provided private areas for interviews with both staff and residents and made all requested staff and residents available for interview.

115.401 (n)

Auditor noted that the audit notices were posted in the facility and were very visible to all residents. Residents verified, in interviews, that they had seen and understood the information included on the notices.

Corrective Action

The facility has not demonstrated that it has met the PREA auditing requirements.

The facility must:

1. Make the information available to auditor that documents the PREA audits, of agency facilities, that have taken place, including the dates of the audits.

Corrective Action Taken:

None

	<p>A final review of the evidence indicates that the facility remains non-compliant with the standard.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Does Not Meet Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Pre-audit Questionnaire 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator <p>Findings (By Provision):</p> <p>115.403 (f) Auditor reviewed the agency website, as well as the facility website, and could not find any PREA Audit reports published on either one.</p> <p>A final analysis of the evidence indicates that the facility/agency is not in substantial compliance with this provision of the standard.</p> <p>Corrective Action A final analysis of the evidence indicates that the facility is not substantially compliant with the standard. The facility/agency has no PREA audit reports of any of its facilities published on any of its websites. The facility must:</p> <ol style="list-style-type: none"> 1. Publish all completed PREA audit final reports on the agency and or appropriate facility website and send auditor a screen shot of the posting. <p>Corrective Action Taken: None</p> <p>A final review of the evidence indicates that the facility remains non-compliant with the standard.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	no
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	no
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	no
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	no
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	no
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	no
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	no
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	na

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	na
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	no
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	no
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	no
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	no
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	no
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	no
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	no
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	no
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	no

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	no
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	no
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	no
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	no
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	no
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	no
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	no
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	no

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	no
	Does the facility reassess a resident's risk level when warranted due to a: Request?	no
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	no
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	no
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	no
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	no
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	no
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	no

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	no
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	no
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	no
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	no
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

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

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	no
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	no

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	no
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	no
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	no
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	no
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	no
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	no

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	no
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	no
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	no
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	no
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	no
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	no
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	no
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	no

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	no
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	no
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	no
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	no
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	no
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	no
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	no

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

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