

PREA Facility Audit Report: Final

Name of Facility: Aspen Center

Facility Type: Community Confinement

Date Interim Report Submitted: 11/09/2023

Date Final Report Submitted: 04/18/2024

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: Lawrence Mahoney	Date of Signature: 04/18/2024

AUDITOR INFORMATION	
Auditor name:	Mahoney, Lawrence
Email:	mahoneylj@live.com
Start Date of On-Site Audit:	09/26/2023
End Date of On-Site Audit:	09/27/2023

FACILITY INFORMATION	
Facility name:	Aspen Center
Facility physical address:	2000 West Bluemound Road, Waukesha, Wisconsin - 53186
Facility mailing address:	

Primary Contact

Name:	Tina Ettinger
Email Address:	christina.ettinger@lsswis.org
Telephone Number:	262-330-8772

Facility Director	
Name:	Tina Ettinger
Email Address:	christina.ettinger@lsswis.org
Telephone Number:	262-330-8772

Facility PREA Compliance Manager	
Name:	Christina Ettinger
Email Address:	christina.ettinger@lsswis.org
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	22
Current population of facility:	15
Average daily population for the past 12 months:	15
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18-67
Facility security levels/resident custody levels:	Facility doesn't have security level
Number of staff currently employed at the facility who may have contact with	13

residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4

AGENCY INFORMATION	
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Name of agency:	Lutheran Social Services of Wisconsin and Upper Michigan, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	6737 W. Washington Street, Suite 2275, West Allis, Wisconsin - 53214
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
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Name:	Laurie Lessard	Email Address:	laurie.lessard@lss.wis.org
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Facility AUDIT FINDINGS	
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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:

1

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-09-26
2. End date of the onsite portion of the audit:	2023-09-27

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:	Women's Center of Waukesha Jessica Trauth Director of Shelter and Transitional Services.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	22
15. Average daily population for the past 12 months:	13
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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	15
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>5</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>21</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	13 regular staff, plus 8 maintenance staff who have only occasional contact with residents while doing maintenance tasks.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<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
If "None," explain:	Interviewed all 8 "correctional clients" plus 2 voluntary clients.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Interviewed all 8 correctional residents.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with supervisor and Case managers and review of all risk screens.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with supervisor and Case managers and review of all risk screens.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with supervisor and Case managers and review of all risk screens.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with supervisor and Case managers and review of all risk screens.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with supervisor and Case managers and review of all risk screens.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with supervisor and Case managers and review of all risk screens.</p>

<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with supervisor and Case managers and review of all risk screens.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There is no segregated housing.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>14</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Interviewed all current staff, plus one supervisor of maintenance.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>8</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

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

84. 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:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. 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>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</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>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>All current personnel record were reviewed. All current resident files were reviewed, and 18 discharged resident files were reviewed. All (1) investigations were reviewed.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

1

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</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>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</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>102. 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>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

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

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input 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 harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

Non-certified Support Staff

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

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Standards
<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: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>The agency, Lutheran Social Services (LSS) operates Aspen Center along with 6 other halfway houses in Wisconsin. LSS first developed a PREA Policy 2016. It has been amended a few times following audits, but most of the policy has been in place for 7 years. The agency provides all staff with LSS ARJ PREA Policy and Procedures, which also describes the agency zero tolerance policy. The policy includes a description of the agency efforts to reduce and prevent abuse and harassment of residents.</p> <p>Aspen House provides all residents with a copy of the PREA Notice to Residents, which describes the agency zero tolerance policy and other information for residents.</p> <p>During interviews with 14 staff and 10 residents, there was an awareness of the agency zero tolerance policy and efforts to prevent, respond, report, and investigate sexual abuse and harassment. During the on-site visit, I observed that PREA information for residents is posted in two locations (male and female housing areas)</p>

	<p>in the facility.</p> <p>Laurie Lessard has been the agency PREA Coordinator since April 2016. Prior to that time, she was very involved in the implementation of PREA standards at all LSS facilities. Lessard is the Director of LSS Addictions/Restorative Justice Services. During the 11 previous audits that I have completed of LSS facilities, I have had extensive contact with Lessard, and she has demonstrated extensive knowledge of PREA standards. Since she oversees all of the 7 LSS halfway houses and she is able to implement changes to comply with standards. During corrective action period for the previous audits, Lessard was able to facilitate changes at the facilities.</p> <p>I interviewed Lessard on 10-2-23. When asked if she has sufficient time for PREA duties, she said "I make the time." While Lessard has delegated some duties to managers and other staff, she continues to oversee all audit, investigations and training.</p> <p>Based upon the on-site visit of the facility, my review of agency policies and procedures, interviews with staff and residents, and numerous contacts with the PREA Coordinator, I conclude that the agency exceeds the requirement of the standard.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency does not contract with other agencies to provide housing or other services.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	As a licensed CBRF, Aspen is required to maintain staff 24/7. According to the Tina Ettinger, Program Supervisor, the facility staffing pattern includes 1 counselor for every 8 residents and a minimum of 1 Support Professional for every shift. If the census is over 15, they have 2 Support Professionals on each shift. The only time they will have only one staff on duty is if someone calls in sick. A copy of the staffing plan was attached to the questionnaire. State licensing requires a minimum one staff member on duty at all times. The Department of Corrections contract requires similar staff coverage.

The staff that do primary supervision of residents are Support Professionals. Support Professionals are responsible for supervising residents and monitoring the facility. During first shift, several staff are in the facility, including Support Professionals, Counselors, Supervisors, and other support staff. Second shift may include some of the above staff. Two Support Professionals works third shift. Ettinger said that she always gets notified is someone doesn't report to work or calls in sick. The facility has always had at least one staff member present at all times.

The staffing pattern at Aspen is appropriate given the size and layout of the facility. The staffing pattern is somewhat better than most halfway houses that I have audited. According to interviews with the PREA Coordinator/CEO designee, Aspen always complies with the staffing pattern. Because of their CBRF status, they must maintain the minimum staffing pattern at all times.

There are cameras at each entrance to the facility and exterior cameras at entrances and parking lots. There is a camera at the window of the staff office, where meds are dispensed. The State has limited where cameras can be located due to confidentiality issues. Not all of the residents are correctional clients. Some residents are voluntary, which creates a unique facility. Although not all residents are on supervision, all residents are provided with PREA education at intake and are assessed for risk.

At the time of the on-site visit, Aspen was a coed facility. Men and women were housed in separate areas with doors separating the areas. The staff office is between the two housing areas. There is limited mingling allowed and typically men and women only have contact in a few treatment groups. Most groups are not co-ed.

Since the on-site visit, the agency transitioned Aspen House to an all-male facility. The agency also increased the capacity to 42 beds. The agency closed Cephas House and moved male residents to Aspen over the past few months.

The male and female residents had their own private bathrooms, laundry rooms, kitchens, dining areas, recreation areas and group rooms. At the time of the on-site visit, there were 3 women in the facility. None of those women were under DOC supervision. They were all "voluntary". Although they are not correctional clients, I interviewed 2 of the women residents. The 2 residents said that they felt safe in the facility. Both said that male staff consistently announce their presence when entering the women's housing area.

According to Ettinger, Support Professional staff are required to do rounds every 60-90 minutes. They are required to check at least 2 rooms per shift. They are required to check common areas and bathrooms. They must enter the rounds in a staff log.

The PREA Policy and Procedures also includes additional procedures for staff conducting bed checks.

The agency did not provide me with a copy of the annual review of staffing plans,

	<p>staffing patterns, or deployment of video monitoring. As a result, corrective action was necessary.</p> <p>Since the interim report, the agency provided me with documentation that it reviewed the existing staffing plan, prevailing staffing patterns, and use of video monitoring and other monitoring technologies. The Program Supervisor, Director/ PREA Coordinator, Program Manager, Program Supervisor and other managers participated in the review. It was determined that the existing staffing pattern and electronic monitoring technology are sufficient. Corrective action has been satisfied.</p> <p>Based upon my review of the staffing pattern, use of electronic technology, procedures to supervise and monitor residents, and interview with the Program Supervisor, I conclude that the agency complies with all aspects of the standards.</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The PREA Policy and Procedures state that no searches or pat down of residents are allowed. During interviews with staff and residents, the no-search/pat-down policy is consistently followed. The agency states that there were no reports of body searches of any kind by the agency in the past 12 months.</p> <p>Residents are able to shower, toilet, and change privately in several bathrooms located throughout the facility. The bathrooms have single toilets, sinks, and showers, and the doors to the bathrooms are locked from the inside. The women's housing areas has several private bathrooms. The men's area also has several private bathrooms. During the on-site visit, I interviewed 10 residents. All residents reported that they were able to shower, toilet, and change in private. No one reported incidents where they were viewed naked by staff. As mentioned earlier, the men's and women's housing areas are separated. Any movement between the 2 areas can be monitored closely by staff.</p> <p>The PREA Policy and Procedures prohibit staff of the opposite gender from viewing residents' breasts, buttocks, or genitalia except in exigent circumstances or when viewing is incidental to routine cell checks. LSS reports that it follows Department of Health Services Code 83, which also prohibits this behavior by staff. The Policy and Procedure requires staff of the opposite gender to announce their presence when entering a housing area. During interviews with 13 staff, all staff of the opposite gender said that they announce their presence. During interviews with 10 residents, all said that said staff of the opposite gender consistently announce their presence when entering their rooms.</p>

	<p>Because the facilities policy prohibits staff from conducting any body searches or pat downs of residents, it does not provide training in this area.</p> <p>Based upon my review of agency policies and interviews with 13 staff and 10 residents, I conclude that the agency complies with all aspects of the standards.</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>Aspen Center does not accept clients with physical disabilities. The agency cited several reasons for not accepting this population. Class "A" CBRF regulations prohibit the facility from accepting clients with physical disabilities. Residents must be ambulatory and must be mentally and physically able to respond to an electronic fire alarm and exiting the facility without any help or verbal or physical prompting.</p> <p>LSS has a policy for providing PREA information to residents with disabilities or limited reading levels. Clients with limited cognitive abilities or those with limited reading/English proficiency may be provided with a variety of accommodations. These may include audio or video tapes, assistance of a recovery coach, written translations services are appropriate. According to the PREA Coordinator and the staff member who conducts intake, staff read the PREA handouts to residents and if they exhibited any reading limitations, extra time is spent reading the materials. All of the residents interviewed stated that intake staff gave them the PREA handouts and verbally explained the material to them. The PREA Policy state that it shall 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 or the investigation of the resident's allegations.</p> <p>According to the PREA Coordinator, Aspen also does not accept clients who may have serious learning disabilities, limited English proficiency, blind or low vision, deaf or hard of hearing. The facility does not accept these clients into the program because they would not be able to participate or benefit from in-house programs. If it is determined that a current resident has reading or comprehension limitations that were not previously known, intake staff would carefully read and explain the PREA handouts to residents.</p> <p>According to the LSS CEO/ Designee, any changes to this policy of not accepting clients with disabilities, limited English proficiency, blind or low vision, and deaf or hard of hearing would require significantly more resources and would put unreasonable burdens for them financially.</p>

	Based upon my review of agency policies and interviews with the CEO designee, intake staff and 10 residents, I conclude that the agency complies with all aspects of the standards.
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Aspen House follows the LSS “Background Check Policy and Procedure”. I reviewed the policy with the LSS Human Capital Generalist. The policy states that background checks will be completed for all prospective and existing employees. It states that LSS prohibits the hiring or promotion of anyone who has contact with residents, and will not enlist the services of any contractor who may have contact with residents, who has engaged in sexual abuse in correctional facility, has been convicted, engaging, or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in the activity described in (a) (2) of 115.217.</p> <p>On September 13, 2023, I visited the LSS corporate offices in West Allis. I met with the LSS Human Capital Manager Sara Edwards and reviewed personnel files for 13 current Aspen Center employees. Edwards has been doing background checks following the PREA standards since 2016. She is also a PREA investigator. On April 11, 2024, I again visited Aspen Center to review personnel files as part of corrective action. I met with Sarah Sanderson, the Program Manager.</p> <p>The agency currently uses <u>InCheck</u> for to conduct background checks, which includes a national criminal background check. The agency policy requires that they do a Caregiver check on all employees every 4 years, which exceeds the five-year period required by the standard. The Aspen Center had no employees working there over 5 years.</p> <p>During a file review, I verified that 12 of 13 staff had criminal background checks prior to hire. The agency could not provide documentation that a criminal background check was conducted for 1 employee. This required <u>corrective action</u>. At the end of the 6-month corrective action period, the agency provided copies of criminal background checks (InCheck) for all 3 staff hired since the interim report was issued.</p> <p>The agency policy requires that the agency conduct background checks before enlisting the services of a contractor who may have contact with residents. The agency policy states that the agency will consider any incidents of sexual harassment in hiring or promotions, or to enlist the services of a contractor who may have contact with residents.</p> <p>LSS conducts background checks on all prospective employees using <u>InCheck</u>, which</p>

includes a national criminal background check and National Sex Offender Search. The State of Wisconsin requires the agency to conduct caregiver background checks prior to hire and updated checks every four years.

According to the HR Generalist, potential employees are asked about prior misconduct and if they previously had correctional employers. However, the agency was unable to provide documentation for 12 of 13 applicants that they were asked about previous misconduct either on the job application or during interviews. As result, corrective action was necessary. At the end of the corrective action period, the agency provided documentation that it asked the adjudication questions of the 3 new employees prior to hire.

The agency states that applicants were asked about prior abuse and told that that material omissions of information pertaining to any form of sexual misconduct or the provision of materially false information at LSS programs is grounds for termination. The LSS PREA Policy and Procedures states that LSS will ask all prospective employees in an interview whether they have been investigated or convicted of any types of sexual misconduct, sexual abuse or harassment.

The agency states that they annually ask staff about prior abuse during reviews. Six current staff have been employed for at least 1 year. However, the agency was able to provide documentation that the adjudication questions were asked for only 1 employee. Corrective Action was necessary.

At the end of the 6-month corrective action period, the agency provided documentation that it asked those questions of all existing staff as part of promotional interviews or annual reviews. This satisfied the corrective action. Based on a review of job applications/resume, 1 current staff at Aspen reports previous institutional employment. The agency was unable to provide documentation that it attempted to contact the previous institutional employer. Corrective action was necessary. During the corrective action period, the agency had one new hire who reported prior institutional experience. The agency provided documentation that it contacted the Arizona Department of Corrections regarding prior abuse. This satisfied corrective action.

Based upon my review of the LSS "Background Check Policy and Procedure", interviews with the LSS Human Capital Generalist and Program Manager, and a review of personnel files for 13 existing and 3 new hires, I conclude that the agency complies with all aspects of the standard.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>LSS opened a new halfway house in Baronett, WI in March 2017. Prior to opening the facility, the agency considered the effect of the design on the ability to protect residents from sexual abuse. The new facility included four cameras that monitor residents. It is a very small facility, with only 8 beds.</p> <p>The agency has not expanded or made major modifications to its other facilities. According to the PREA Coordinator, the agency has consistently reviewed the use of cameras or other technology over the past several years. All of the LSS halfway houses have cameras. However, due to State of Wisconsin licensing requirements, the facilities were directed to disable several cameras due to “clients’ privacy rights.” Aspen house has cameras, but they are limited to a few areas, such as exits and the main office.</p>
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115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>LSS conducts administrative investigations of sexual abuse at Aspen House. According to the questionnaire, the agency follows a uniform evidence protocol when conducting administrative investigations. The Waukesha Police Department conducts criminal investigations. During previous audits, LSS agency provided me with a copy of a letter it sent to the police department requesting that they follow a uniform evidence protocol and the criteria from the standard. From having previously worked in Waukesha County, I am aware that they follow a uniform evidence protocol.</p> <p>The PREA Policy and Procedures describes steps staff should take to preserve potential evidence. The policy describes steps that staff should take in collecting and preserving evidence. Staff received training in collecting and preserving evidence with the Relias LSS PowerPoint training.</p> <p>I interviewed 13 staff during the on-site visit. Most staff were able to describe steps they would take following an assault, however 4 staff said they were not familiar with the agency procedure for preserving evidence. In addition, 2 staff gave limited responses in what to do following an assault. As a result, this issue will be addressed in 115.264 corrective action.</p> <p>Aspen does not accept clients under the age of 18, so that standard that requires a youth appropriate protocol is not applicable.</p> <p>LSS PREA Policy and Procedures and Notice to Residents states it will provide victims</p>

of sexual assault access to a forensic medical exam. It also states that victims may request that a victim advocate accompany them through the forensic medical exam process and investigatory interviews, as well as provide emotional support, crisis intervention, information, and referrals.

The Pre-Audit Questionnaire states that victims of abuse would go to Waukesha Hospital. The PREA Notice to Residents, Resident Handbook, and the LSS PREA Policy state that forensic medical exam and “all necessary services will be provided to the resident victim at no cost, regardless of whether names an abuser or cooperates with the investigation.”

The agency reports that it has an agreement to get victim support services from The Women's Center in Waukesha, which is a certified rape crisis center. The Women's Center would provide a victim advocate to accompany victims to the forensic exam, investigatory interviews, and follow up services, including emotional support services. On 10-20-23, I spoke with Jessicas Trauth, Director of Shelter and Transitional Services for the Women's Center. She confirmed that the Women's Center center is available 24 hours/7 days a week for victims to confidentially report sexual abuse. The Women's Center would provide support services as described above. The Women's Center also offers on-going support services to residents of Aspen at no cost to the resident. Trauth confirmed that victims would go to Waukesha Memorial Hospital, which has SAFE/SANE nurses.

Based upon my interview with the Women's Center of Waukesha, and review of LSS PREA Policy and Procedures and Notice to Residents and interviews with 13 staff, I conclude that the agency complies with all aspects of the standards.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Aspen Center used the LSS PREA Policy and Procedures and the Notice to Residents which state that the agency will investigate reports of sexual abuse and harassment. The documents state that the agency shall report all incidents of sexual abuse to law enforcement. The Waukesha Police Department conducts criminal investigations. The Policy and Procedure describes the responsibilities of LSS and law enforcement during an investigation.</p> <p>The LSS website also states the same information regarding referrals to law enforcement. The website states that all reported incidents will investigated.</p> <p>Based upon my review of the LSS Website, the PREA Policy and Procedures and the Notice to Residents, and interview with the PREA Coordinator, I conclude that the agency complies with all aspects of the standard.</p>

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Policy and Procedures states that all staff and volunteers will receive training at hire and at regular intervals throughout the year. The training materials cover all aspects of the standards.</p> <p>The agency reports that all its current staff has received PREA training. I reviewed the Relias training materials that all staff must complete.</p> <p>During the on-site visit, I interviewed all 13 staff, plus a maintenance worker who is employed by LSS. All but 1 of the regular staff said they were trained on PREA. One staff hired in July 2023 said she did not complete training. <u>Corrective action</u> will be necessary to ensure all new staff are trained. Of the 12 who said they received PREA training only 1 has acknowledged completion of the training either by signature or electronic acknowledgment. Since the standard requires that the agency shall document, through employee signature or electronic verification, that employees understand the training, <u>corrective action</u> was necessary. Aspen Center began taking correctional clients in September 2022. Staff working at that time received training on PREA. Others hired after that time, (except for one staff), received training shortly after hire.</p> <p>As part of corrective action, the agency provided documentation that all existing staff were trained shortly after hire. The agency provided electronic documentation that all staff understood the training.</p> <p>Regarding update training, staff said that PREA is frequently discussed at in-service and staff meetings. Aspen Center only began housing correctional clients in September 2022, so 2-year refresher training is not applicable.</p> <p>LSS has 9 maintenance staff in southeast Wisconsin that service numerous facilities, including Aspen Center. They all occasionally work in the Aspen and may have incidental contact while servicing the facility. I only learned of these staff while doing the on-site visit. I interviewed the supervisor of the maintenance staff. He had never heard of PREA and none of the maintenance staff have been trained. I spoke with the PREA Coordinator and verified that the maintenance staff were not trained. She did not think they needed to be trained. However, she acknowledged that any of them could have incidental contact with residents. Because of the limited contact with residents, I recommended that LSS develop a shorter training plan for those staff that focuses on the important parts of PREA. Within a couple of days, she developed a training document that addresses the no-tolerance policy, how report abuse, sanctions for those who violate PREA policies and other basic information. Because only 3 of the 9-maintenance staff have completed the PREA, training, <u>corrective action</u> was necessary. During the corrective action period, the agency provided documentation that all maintenance staff were trained on PREA and they signed acknowledgement of training. to satisfy corrective action.</p>

	<p>At the time of the on-site visit, Aspen was co-ed, and the Relias training materials include extensive information on specific approaches for supervising both male and female residents. Since the on-site visit, Aspen has transitioned to an all-male facility.</p> <p>Based upon my review of the PREA Policy and Procedures, Relias training materials, personnel files for all staff, and interviews with 14 staff, the Program Supervisor, and the Program Manager, I conclude that the agency complies with all aspects of the standards.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Program Supervisor reports that Aspen Center currently does not have any volunteers or contract staff. The PREA Policy and Procedures states that volunteers and contractors shall receive PREA training. According to the Program Supervisor, LSS has a Medical Director who was trained on PREA, even though he does not have direct contact with residents. According to the Program Supervisor, the Medical Director only reviews charts of residents and does not come to the facility.</p>

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The "PREA Policy and Procedures" states that residents shall receive PREA information at intake. It states that staff shall read the information to residents and shall give extra effort to residents who have limited reading levels.</p> <p>During the on-site visit, I interviewed the Administrative Assistant who is responsible for conducting intake for all new residents. She stated that she meets with all new residents and provides them with a copy "PREA Notice to Residents". Transfers from other facilities go through the same intake process. The PREA Notice to Residents has extensive information about PREA and includes the criteria from the standards. The PREA Notice to Residents addresses the agency zero tolerance policy, how to report incidents, their right to be free of abuse and retaliation, and the agency response to reports of abuse or harassment. As mentioned earlier, Aspen does not accept clients who are limited English proficient, deaf, visually impaired or who have physical disabilities. The Administrative Assistant said that goes over the document and explains it to each client. She will assess their reading/comprehension level and will take extra time going over the information if someone needs it,</p>

	<p>All 10 residents that I interviewed stated that they received PREA printed information in a packet upon arrival (all within 1-2 days). The residents stated that staff explained the material to them. Residents also said that PREA is often discussed in treatment groups.</p> <p>It should be noted that not all resident Aspen Center are "correctional" clients. Aspen had 17 residents in the facility on the date of the on-site visit. Eleven of those residents were on supervision with the Department of Corrections. The remaining residents were voluntary and came to the facility seeking treatment. Although not all of the residents were correctional clients, Aspen Center provides all of them with the PREA Notice to Residents and provides PREA education.</p> <p>I also reviewed files for all 17 residents. All 17 files contained signed acknowledgements that residents received PREA information within 1-2 of intake. I also reviewed 13 files for discharged residents, going back about 12 months, when the facility first began admitted correctional clients. All 13 of those residents received PREA information with 1-2 days of intake.</p> <p>During the on-site visit, I observed PREA information posted in the facility in two areas, the men's and women's housing areas. The posting includes the PREA Notice to Residents and victim services, including 800 hotlines.</p> <p>Based upon my review of the PREA Notice to Residents, PREA Policy and Procedures, interviews with intake staff, 10 residents, and review of 17 current resident files, and 13 discharged files, I conclude that the agency complies with all aspects of the standards.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has 5 staff designated to conduct PREA investigations. The five investigators have completed the NIC PREA Training for Investigators. Documentation was provided. In the past year, Aspen had one investigation of sexual abuse. I reviewed a copy of the investigation. The investigation was conducted by 2 LSS administrative staff who completed the NIC training. The report was reviewed and approved by the PREA Coordinator/Director of Residential Services. Over the past 8 years, while doing LSS audits, I have reviewed numerous sexual abuse investigations. All were conducted by trained investigators.</p>

115.235	Specialized training: Medical and mental health care
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	LSS had a contracted medical director who reviews residents' files at intake but does not see residents at any time. Although he doesn't see residents, he did complete PREA training.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Aspen Center uses the "Sexual Vulnerability/Predation Risk" assessment. This form was developed by LSS several years ago and includes all the criteria in 115.241(d). The PREA Policy and Procedures state that staff will conduct with residents during within 72 hours. The policy states that re-assessments shall occur "not to exceed 30 days" after arrival.</p> <p>It should be noted that the population of Aspen Center is unique. Not all of the residents are under correctional supervision. During the on-site visit, the census was 15. Eight of those residents were correctional clients, 3 were pre-trial and the remaining residents were there voluntarily seeking AODA treatment.</p> <p>Although some residents are not on supervision, all residents are screened for risk using the PREA form and provided PREA education at intake.</p> <p>The PREA Policy and Procedures state that no sanctions will be applied who refuse to answer or respond to the screen and includes language to require a re-assessment based on information described in 115.241 (g).</p> <p>The form is completed on-line and only the Program Supervisor, Program Manager and treatment staff have access.</p> <p>During the Aspen Center on-site visit, I interviewed a Counselor who is one 4 staff who complete the risk screening. The counselor stated that risk screening occurs at intake, usually the first day that the resident arrives. The follow-up risk screening is usually done prior to 30 days. The counselor has been responsible for risk screening since Aspen began taking correctional clients in September 2022.</p> <p>The counselor said that if the resident is medium or high for risk of victimization or for being a predator, she forwards the form to the Clinical Supervisor. If high risk, they will determine if the resident need special placement for housing. Because of capacity at Aspen, a resident can be given a single room. The location of the room would be considered. Since she began conducting risk screening, she hasn't had a resident who scored high as a perpetrator. Aspen House does not accept sex</p>

	<p>offenders or others how would pose an unreasonable risk.</p> <p>All 10 residents interviewed said that staff asked those questions about history of sexual abuse, victimization, and their safety upon intake. Three of these residents had been in the facility more than 30 days and they reported that staff did a follow-up screening during the first few weeks.</p> <p>I also reviewed completed risk assessments for 15 current residents. All of the 15 residents had risk assessments completed according to the standard. Four of the residents were in the facility over 30 days and all have a second assessment.</p> <p>I also reviewed completed risk assessments for 14 discharged residents who were admitted after the facility began taking correctional clients about 1 year ago. All 14 residents were assessed within 72 hours. Thirteen of these residents were in the facility over 30 days. All had reassessments completed within 30 days, except for 1 resident who was reassessed after 30 days. Overall, I reviewed 29 residents and 28 were done in a timely manner.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>According to the LSS PREA Policy regarding risk screening, “room assignments and general program participation will be predicated on the findings of the assessment.”</p> <p>The Policy prevents placing LGBTI residents in dedicated facilities, units, or wings solely based on such identification or status as described in 115.242 (f). The staff ask all residents, including LGBTI residents, how they feel about their own safety.</p> <p>All residents shower, toilet and change clothing separately from other residents. There are individual bathrooms in the facility in which residents are able to lock the doors.</p> <p>During the Aspen Center on-site visit, I interviewed a Counselor who is one of 4 staff who complete the risk screening. The counselor said that if the resident is medium or high for risk of victimization or for being a predator, she forwards the form to the Clinical Supervisor. If there is an immediate need, she would discuss the placement with the supervisor. If high risk, they will determine if the resident needs special placement for housing. Because of capacity at Aspen, a resident can be given a single room. The location of the room would be considered. Since she began conducting risk screening, she hasn't had a resident who scored high as a perpetrator.</p> <p>LSS has several other halfway houses where residents could be moved if there are safety issues.</p>

115.251	Resident reporting
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 340 1461 624">The PREA Notice to Residents, which is provided to all residents upon intake, states that residents can report sexual abuse “verbally, in writing, anonymously, or by a third party”. It also states that residents may tell any staff member, tell their probation/parole agent, contact the Manager or the LSS PREA Coordinator. It also states that they may send a letter to the PREA Coordinator at Rock Valley Community Programs or contact law enforcement by calling 911. Information is posted in the facility with phone numbers and addresses of various agencies.</p> <p data-bbox="280 665 1469 904">Rock Valley Community Programs (RVCP) is the outside entity that residents may contact to report abuse. Although they operate a community correctional facility, RVCP is not part of LSS. LSS and RVCP have a MOU in which both agencies agree to receive reports of sexual abuse from the other agency and immediately forward reports of abuse to the other agency, allowing the resident to remain anonymous upon request.</p> <p data-bbox="280 945 1461 1144">All residents interviewed were aware of multiple reporting options and several residents said they would read the Notice to Residents for reporting options and phone numbers. During interviews with 13 staff, all staff were aware of multiple reporting options for residents. All staff said that they could privately make reports to their supervisors without concerns.</p> <p data-bbox="280 1184 1378 1256">The agency website also includes multiple reporting options for Aspen Center residents.</p> <p data-bbox="280 1296 1469 1666">The PREA Policy and Procedures states that residents may report abuse “verbally, in writing, anonymously, or by a third party” and states that residents can contact the Supervisor, PREA coordinator, managers, or LSS ARJ Director. The policy also specifies that staff may make a report of sexual abuse to the same entities and make complaints privately. The policy mandates that staff accept all reports of abuse regardless of the manner of reporting. The policy is provided to staff upon hire. The Relias PREA Power Point training, which is required of all employees, includes information about residents reporting abuse and lists multiple reporting options.</p> <p data-bbox="280 1706 1461 1821">Based upon my review of the PREA Policy and Procedures, the MOU with RVCP, and interviews with 10 residents and 13 staff, I conclude that the agency complies with all aspects of the standards.</p>

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>According to the PREA Coordinator, Aspen Center does not have an administrative process for PREA complaints. The PREA Policy and Procedures and PREA document for residents state, "The LSS Grievance Resolution Process shall not be used as an administrative remedy process to address sexual abuse." As a result, the agency is exempt from this standard.</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Policy and Procedure states that all clients will receive a list of outside support services related to sexual abuse, including telephone numbers and mailing addresses, toll-free hotline numbers of victim advocacy agencies.</p> <p>The PREA Notice to Residents includes a list of community resources with addresses and phone numbers available to Aspen residents, including The Women’s Center with the 24-hour crisis line, Victim Witness Services of Waukesha County, Waukesha Memorial Hospital, and the Wisconsin Coalition Against Sexual Assault.</p> <p>The Policy and Procedure and Notice to Residents state that the facility will enable reasonable communication between residents and services, in as confidential a manner as possible. It states, “LSS will not monitor these communications, unless the resident requests that we do so, and would be done in the fashion the resident requests.” It also states that the facility will 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.</p> <p>LSS provided me with a copy of an agreement for Aspen to get victim support services from the Women’s Center of Waukesha. The agreement states that the Women’s Center will be a resource for the provision of confidential services related to sexual abuse for clients at Aspen Center per PREA. On 10-20-23, I spoke with Jessica Trauth, Director of Shelter and Transitional Services at the Women’s Center. Trauth confirmed the details of the agreement, specifically that the Women’s Center would provide a victim advocate to accompany victims to the forensic exam, investigatory interviews, and follow up services, including emotional support services.</p> <p>Based upon my review of the PREA Policy and Procedures, the PREA Notice to Residents, the agreement with Women’s Center and my interview with Jessica Trauth of the Women’s Center, I conclude that the agency complies with all aspects of the standard.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The LSS PREA Policy and Procedures and PREA Notice to Residents state that reports can be accepted from a third party. A resident may make a third party report to a number of contacts listed in the Policy and Notice to Residents. The LSS website includes information about third party reporting. All staff and residents interviewed were aware that residents may file a report to a third party.</p> <p>Based upon my review of the LSS website, the PREA Policy and Procedures and Notice to Residents, as well as interviews with 13 staff and 10 residents, the agency complies with all aspects of the standard.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Policy and Procedures state that staff are required to report any knowledge, suspicion, or information they receive regarding sexual abuse or harassment, whether it occurred at Aspen Center or another facility. The PREA PowerPoint, states that employees are required to report in any of the listed situations, including retaliation. The LSS Employee Handbook has several references that make it clear that employees have a duty to warn. The Policy and Procedure and the PowerPoint state that staff are prohibited from revealing information related to a sexual abuse other than reasons cited in 115.261 (b).</p> <p>Although Aspen does not have medical staff, the policy states that they are required to report sexual abuse and to inform residents of the duty to report, and the limitations of confidentiality, at the initiation of services. The policy includes language from 115.261 (c) and (e). The facility does not accept anyone under the age of 18. The Policy states that all information regarding abuse shall be forwarded to the agency's investigators.</p> <p>During the on-site visit, I interviewed 13 staff. All staff stated that they are required to report any knowledge, suspicion, or information they receive regarding abuse or retaliation.</p> <p>Based upon my review of the PREA Policy and Procedure, training slides, and interviews with all 13 current staff members, the facility supervisor, and the PREA Coordinator, I conclude that the agency complies with all aspects of the standard.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Policy and Procedures lists steps staff shall take when they become aware of the potential of an imminent sexual assault on a client or observe a sexual assault taking place within the facility, to include, call 911, make report and call supervisor, assure victim is provided with safety until perpetrator is removed and consider taking the intended victim into the locked staff office until the danger has been addressed.</p> <p>According to the Pre-Audit Questionnaire, Aspen Center had no instances in the past 12 months where a resident was subject to a substantial risk.</p> <p>The PREA training materials, that all staff are required to view, has similar language to the policy for dealing with imminent risk.</p> <p>During the on-site visit, I interviewed 13 staff members regarding imminent risk. All staff said that the priority would be to protect the victim. Other steps included contacting law enforcement and a supervisor, separating the victim and the perpetrator. The Program Supervisor was also interviewed and identified the steps that they would take to protect the victim.</p> <p>Based upon my review of the Policy and Procedure, the Pre-audit Questionnaire, PREA training slides, and interviews with 13 staff, including the Program Supervisor, I conclude that the agency complies with all aspects of the standard.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Program Supervisor said that Aspen House did not receive any reports of abuse that occurred at other facilities.</p> <p>The PREA Policy and Procedures includes specific steps to take if a resident reports an assault that occurred at another facility. The Program Manager will contact the head of the facility where the abuse occurred within 72 hours. The Program Manager will document the notification. This policy complies with the standard.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>The PREA Policy and Procedures and the Relias Power Point addresses first responder duties. The agency designates all staff on duty as first responders. The policy lists steps to take upon receiving a report of abuse, including. These steps separating the involved parties, assisting the client, providing emotional support, calling the supervisor and 911, preserve evidence/gather evidence. It also states that the client will be provided transportation to local victim services and medical services.</p> <p>During the on-site visit, I interviewed 13 staff. Staff gave appropriate responses to questions about first responder duties. However, some staff were not familiar with the agency policy for maintaining usable physical evidence. Four staff said they were not familiar with the agency procedure for preserving evidence. In addition, 2 staff gave limited responses in what to do regarding preserving evidence. As a result, corrective action was necessary.</p> <p>On January 10, 2024, supervisors reviewed the agency's procedure for preserving useable physical evidence with all staff. The agency provided documentation signed by staff that the issue was reviewed, thus corrective action was satisfied.</p> <p>Based upon my review of the PREA Policy and Procedures and the Relias training materials, interviews with 13 staff, and documentation that refresher training was held regarding first responder duties, I conclude that the agency complies with all aspects of the standards.</p>
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115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>During the on-site visit, staff were interviewed regarding the steps that they would take following a report of sexual abuse. All staff followed the agency procedures. The PREA Policy and Procedures includes specific steps that first responders, mental health practitioners, investigators, and facility leadership shall take in response to an incident of sexual abuse.</p> <p>Based upon my review of the PREA Policy and Procedures, I conclude that the agency complies with all aspects of the standards.</p>

115.266	Preservation of ability to protect residents from contact with abusers
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	According to the PREA Coordinator/CEO designee, the agency does not have collective bargaining contracts.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Retaliation is addressed in The PREA Policy and Procedures and Notice to Residents. The policy defines retaliation to include staff-on-staff, staff on resident, resident on resident, and resident on staff. The policy incorporates multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with the victim, and emotional support services for staff or residents who fear retaliation. The policy states that monitoring retaliation shall occur for at least 90 days after the report and longer if needed. The Relias Power Point also has information on retaliation that complies with the standards.</p> <p>I interviewed Program Manager Lynda Olson, who is primarily responsible for monitoring retaliation at Aspen and other LSS facilities. I interviewed Olson using the “Monitoring Retaliation” protocol questions. Although they have not had a situation where they needed to monitor retaliation in several years, Olson would coordinate the monitoring. Depending on the circumstances, she might designate the daily monitoring to one of the co-supervisors.</p> <p>Olson identified several steps she would take to monitor retaliation. Olson said that if there were suspected retaliation towards a resident, she would interview the resident and assess the level of retaliation. If necessary, they could move the victim or the perpetrator to another LSS facility. If a staff member were retaliating, suspension or dismissal would be an option. If that wasn’t possible, she would monitor the staff’s behavior as it relates to the victim.</p> <p>Other steps would include talking to staff about concerns, monitoring different shifts, and reviewing video cameras. She would discuss the client with the clinical team and look for behavior issues. Are there changes in behavior? Is the resident withdrawn? She would monitor a resident who is subject to retaliation for as long as the resident was at the facility.</p> <p>Based upon my review of the PREA Policy and Procedures and interview with the Program Manager, I conclude that the agency complies with all aspects of the standards.</p>

115.271	Criminal and administrative agency investigations
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1445 542">LSS has five supervisory or administrative staff assigned to do PREA investigators. LSS conducts administrative investigations only. LSS policy states that that all suspected criminal behavior shall be referred to the Waukesha Police Dept. The agency provided documentation that the investigators completed the NIC Investigating PREA training.</p> <p data-bbox="280 577 1481 1281">The PREA Policy and Procedures address the investigation process. The policy states various steps taken in an investigation: “All reports are forwarded to the PREA Coordinator and managers. The investigation team will consist of at least two investigators. If allegations involve a staff member, administrative leave is considered. The team will begin conducting interviews within 3-5 business days. Decision made about referrals for criminal charges will be based on the preponderance of evidence. The PREA Coordinator will be involved in all decisions. Law enforcement is updated on administrative investigation. Supervisor or manager will remain in contact with law enforcement to keep up to date on the criminal investigation. Residents will be informed as to the outcome (described per the standard). DOC or FBOP will make the determination regarding the abuser's discipline, with input from the administrative and criminal investigation. Any staff found to be engaged in sexual harassment or abuse will be terminated. Clients' files are retained for 10 years when there is a PREA investigation. After 30 days after the PREA case has been closed, investigative team and program leadership will meet to review and discuss any strategies or changes to operations or policies to prevent suture situations.”</p> <p data-bbox="280 1317 1452 1478">During the on-site visit I interviewed Program Manager Sonja Roper, who is one of the designated investigators. I followed the interview protocols for investigative staff. Roper has been a designated investigator for about 1 year. Roper described the process for investigation that follows the criteria in the standard.</p> <p data-bbox="280 1514 1452 1635">Laurie Lessard, the PREA Coordinator, coordinates all PREA investigations. I have interviewed Lessard several times in the past 7 years and she has demonstrated a thorough knowledge of the investigative process.</p> <p data-bbox="280 1671 1468 2083">There was one investigation of sexual abuse or sexual harassment in the past year. The investigation was conducted in April 2023. The allegation was that a staff member was allegedly involved in a sexual relationship with a resident. The investigation commenced shortly after the agency received information about the alleged assault. The investigation was conducted by a LSS Human Capital Manager, who is trained on PREA investigations. The PREA Coordinator directed the investigation and reviewed and approved the results of the investigation. Law enforcement was contacted. The allegation was determined to be unsubstantiated. The report includes the justification for the outcome. Numerous witnesses were interviewed. In summary, the investigation complied with the standards.</p>

	Based upon my review of the PREA Policy and Procedures, a recent investigation conducted by the agency and interviews with the Program Manager and PREA Coordinator, I conclude that the agency complies with all aspects of the standards.
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	According to the agency PREA Coordinator, LSS uses “a preponderance of evidence” in determining whether allegations of sexual abuse or harassment are substantiated. This standard is also identified in the Investigations section of the Policy and Procedures. In the investigation that was completed at Aspen in the past year, the report said that the allegation could not be substantiated because there was not a preponderance of evidence.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Notice to Residents includes information that residents will be notified as to the outcome of an investigation, whether the allegation is substantiated, unsubstantiated, or unfounded. The Notice to Residents and PREA Policy and Procedures state that it will inform the residents as to the status (indictment) or disposition of the criminal investigation.</p> <p>The PREA Policy and Procedures states that the supervisor or manager will remain in contact with law enforcement in order regarding any criminal investigation.</p> <p>The Policy and Procedures states that if a staff member is the subject of an allegation, that residents will be informed whether the staff has been placed on leave, and the disposition and outcome of any indictments or convictions from the criminal investigation. The policy states that such all notifications will be documented in writing in the client chart.</p> <p>There was one investigation of sexual abuse in the past year that in which a staff member was alleged to have had sexual contact with a resident. The allegation was unsubstantiated. The agency provided me with a copy of a letter to the victim which informed the resident that the allegation was unsubstantiated.</p> <p>Based upon my review of the PREA Notice to Residents and PREA Policy and Procedures, a recent investigation and letter sent to the victim, I conclude that the agency complies with all aspects of the standards.</p>

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 338 1481 745">Staff sanctions are addressed in the PREA Policy and Procedures. The policy states, “Disciplinary sanctions for staff who violate sexual abuse policies relating to sexual abuse and harassment (other than actually engaging in sexual abuse), shall be commensurate with the nature and circumstance of the act committed, the staff member’s disciplinary history, and the sanction imposed for comparable offenses by other staff with similar histories. This language complies with the language in 115.276. The policy also states, “Staff found to have engaged in sexual harassment, sexual misconduct, sexual abuse will be terminated from employment.” In addition, the LSS PREA Power Point addresses disciplinary sanctions for staff.</p> <p data-bbox="280 786 1455 947">The PREA Policy and Procedures include language from (D), regarding terminations for violations of agency sexual abuse or sexual harassment policies where notification to law enforcement and/or licensing bodies is required (includes staff, contractors, and volunteers).</p> <p data-bbox="280 987 1469 1149">Aspen had one report of staff sexual abuse in the past year. While the allegation of sexual abuse was unsubstantiated, the agency reports that the staff member would have likely been terminated for violating policies related to PREA. However, the staff member resigned during the investigation.</p> <p data-bbox="280 1189 1378 1261">Based upon my review of the PREA Policy and Procedures, I conclude that the agency complies with all aspects of the standards.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 1541 564 1574">Auditor Discussion</p> <p data-bbox="280 1615 919 1648">Aspen does not currently have contract staff.</p> <p data-bbox="280 1688 1469 2018">The PREA Policy and Procedures state the following, “Contractors and/or Volunteer found to have engaged in sexual harassment, sexual misconduct, and sexual abuse will be dismissed from services at any LSS ARJ facility.” The Relias Power Point, used for training contractors and interns, addresses these sanctions for contractors and interns who violated PREA policies. The PREA Policy and Procedures include language from (D), regarding terminations for violations of agency sexual abuse or sexual harassment policies where notification to law enforcement and/or licensing bodies is required (includes staff, contractors, and volunteers).</p> <p data-bbox="280 2058 1378 2092">Based upon my review of the PREA Policy and Procedures, I conclude that the</p>

	agency complies with all aspects of the standards.
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 439 564 472">Auditor Discussion</p> <p data-bbox="280 512 1469 757">According to the PREA Coordinator, Aspen has no authority to sanction residents who engage in sexual abuse or harassment. All agency policies state the residents would be immediately removed from the program if they engage in sexual abuse or harassment. The Department of Corrections (DOC) would detain the resident pending their investigation and disposition. DOC would determine the actual sanction following due process.</p> <p data-bbox="280 792 1469 994">Regarding 115.278 (f), the LSS PREA Investigations policy states that LLS programs “have no ability to discipline a correctional client for making a false report. The relevant correctional entity would be contacted if the report is found to be false and although a recommendation would be made by LSS, any discipline would be up to the correctional entity.”</p> <p data-bbox="280 1030 1449 1149">The facility prohibits non-coercive sexual contact between residents. According to the PREA Coordinator, the agency would not consider said conduct to be sexual abuse.</p> <p data-bbox="280 1184 1422 1303">Based upon my review of the PREA Policy and Procedures and interview with the PREA Coordinator, I conclude that the agency complies with all aspects of the standards.</p>

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 1592 564 1626">Auditor Discussion</p> <p data-bbox="280 1666 1477 2078">The PREA Policy and Procedures, the PREA Notice to Residents, and the Relias Power Point specify that resident victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Victims shall “receive information and access to emergency contraception, testing for and treatment of sexually transmitted infections, including HIV, and prophylaxis at no cost to the resident. All necessary services will be provided to the resident victim as no cost, regardless of whether the victim names an abuser or cooperates with the investigation.” Since there is usually no medical or mental health practitioners Aspen Center, The PREA Policy and Procedures states that first responders staff take steps to protect the victim and shall notify the appropriate medical and mental</p>

	<p>health practitioners.</p> <p>Based upon my review of the PREA Notice to Residents and the PREA Policy and Procedures, I conclude that the agency complies with all aspects of the standards.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Policy and Procedures and Notice to Residents describe on-going medical services for victims. The documents state that the facility shall 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. The facility shall provide such victims with medical and mental health care services consistent with the community level of care. The documents also state that testing and treatment for pregnancy and sexually transmitted infections shall be provided. All services will be provided at no cost to the victim regardless of whether the victim cooperates with the investigation. Evaluation and treatment shall include follow up services, treatment plans, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>On 10-20-23, I spoke with Jessica Trauth, the Director of Shelter Care and Transitional Services for the Women's Center in Waukesha. The Women's Center is a certified rape crisis center. Ms. Trauth said that the center would provide 24/7 support services to any resident of halfway houses in Waukesha, including Aspen Center and Cephas House. An advocate would accompany a victim for forensic exam and interviews. The Women's Center would coordinate support services, information, and referrals for residents. They would also provide follow-up services.</p> <p>The PREA Policy and Procedures also states that the facility shall attempt to conduct a mental health evaluation and treatment for all known resident-on-resident abusers.</p> <p>Based upon my review of the PREA Policy and Procedures, Notice to Residents, a recent PREA investigation, and interview with the Women's Center of Waukesha, I conclude that the agency complies with all aspects of the standards.</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The PREA Policy and Procedures state that executive staff will review all incidents. It defines who will be part of the team. Upper-level management staff are part of the team along with along with other designated LSS staff. The policy states that the review shall consider whether the incident or allegation was motivated by any factor in 115.286 (2) and to examine the area where the incident occurred to assess whether physical barriers in the area may enable abuse, and assess whether staffing levels are adequate, whether monitoring technology would be deployed. In addition, the policy states that a report shall be completed to include the determinations made pursuant to the paragraphs (d) (1)-(d) (5) in the standard, as well as recommendation for improvement. The report shall go the facility head and PREA coordinator.</p> <p>Aspen Center had one investigation of sexual abuse in the past year which involved a staff member allegedly having sexual contact with a resident. The disposition was unsubstantiated. The agency provided a copy of the incident review which occurred within 30 days of the disposition. The PREA Coordinator, Program Manager, HR staff, and facility staff participated in the review. The agency reviewed a number of issues per the standard. The outcome included re-training of staff and some policy and procedure changes at the facility.</p> <p>Based upon my review of the PREA Policy and Procedures, interview with the PREA Coordinator, and the Incident Review, I conclude that the agency complies with all aspects of the standards.</p>
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115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>According to the Pre-Audit Questionnaire, the agency collects data for all allegations of sexual abuse at its facilities. The PREA Policy and Procedures, states that following an incident, data shall be collected on a “Significant Events Reporting Form” along with data from the “ARJ Demographic and Outcome Measurement Form”.</p> <p>The data collected complies with the standard and includes data necessary to answer all questions from the most recent Survey of Sexual Violence conducted by the DOJ. The PREA policy states that these documents shall be stored electronically. The Annual PREA Report for 2022, which I reviewed on the agency website, reflects the data collected all 7 LSS facilities.</p> <p>Based upon my review of the Questionnaire, PREA Policy and Procedures, and the LSS website, I conclude that the agency complies with all aspects of the standards.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Policy and Procedures addresses the agency policy regarding data review and its annual report. It states “LSS ARJ reviews data annually as well as during the incident review period to identify problem areas, taking corrective action on an ongoing basis, and prepares an annual report of its findings per 115.288.”</p> <p>According to the PREA Coordinator, LSS collects and reviews data from all 7 PREA residential facilities. The agency website has its PREA annual report for 2022, which included the data collected for that period. The data was from all 7 LSS facilities. The report listed one substantiated case of resident-on-resident sexual abuse, 1 substantiated case of staff sexual harassment, 4 unsubstantiated cases of resident-on-resident sexual harassment, and 1 case of unfounded staff sexual misconduct. In response to that 1 case, LSS took several corrective action steps, including additional staff training, review of boundaries, and other actions.</p> <p>Based upon my review of the Questionnaire, PREA Policy and Procedures, and the LSS website, I conclude that the agency complies with all aspects of the standards.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Policy and Procedures states that incident-based data and aggregate data is securely retained. Further, the policy states that the agency shall make the data collected available to the public through its website. The policy states that all personal identifiers be removed from the aggregate data that is provided to the public and that this data be maintain for at least 10 years from the date of initial collection.</p> <p>According to the PREA Coordinator, LSS collects and reviewing data from all PREA reports. The LSS website includes a PREA annual report for 2022, which included the data collected for that period. The current report lists PREA incidents at all LSS facilities. Personal identifiers were redacted.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Lutheran Social Services operates 7 residential facilities in Wisconsin. In the past 3 years 2020-2022, the agency had 1 facility audited. Several audits were postponed due to Covid.</p> <p>During the on-site visit, I was able to interview staff and residents in private offices. I had access to all resident and staff files. The agency provided me with full access to all areas of the audited agency/facility. In addition, I was able to review all personnel files at the LSS corporate offices.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The agency website includes copies of 12 final audit reports completed since 2017.</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	na

	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.)	yes
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).	na

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?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
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	yes

	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)).	yes
	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)).	yes
	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)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
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).)	yes
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?	yes
	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?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
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?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	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?	yes
	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?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	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?	yes
	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)?	yes
	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?	yes
	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?	yes
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?	yes
	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?	yes
	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?	yes
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?	yes

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?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	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?	yes
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?	yes
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?	yes
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.	yes
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.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	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.)	na
	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.)	na
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.)	na
	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.)	na
	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.)	na
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.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

	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.)	na
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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	na

	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?	yes
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?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
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?	no
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?	yes
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	yes

	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?	yes
	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?	yes
	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?	yes
	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?	yes
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?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	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?	yes
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?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
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?	yes
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?	yes
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?	yes
	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?	yes
	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?	yes

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?	yes
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?	yes
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?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
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?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
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?	yes

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

	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.)	yes