

PREA Facility Audit Report: Final

Name of Facility: Aspen Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/15/2026

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Cynthia Radtke

Date of Signature: 05/15/2026

AUDITOR INFORMATION

Auditor name: Radtke, Cynthia

Email: radtkecl@gmail.com

Start Date of On-Site Audit: 04/15/2026

End Date of On-Site Audit: 04/16/2026

FACILITY INFORMATION

Facility name: Aspen Center

Facility physical address: 2000 West Bluemound Road, Waukesha, Wisconsin - 53186

Facility mailing address: 6737 W Washington St., Suite 2275, West Allis, Wisconsin - 53214

Primary Contact

Name:	Sarah Sanderson
Email Address:	sarah.sanderson@lsswis.org
Telephone Number:	6082166932

Facility Director	
Name:	Tina Ettinger
Email Address:	christina.ettinger@lsswis.org
Telephone Number:	4148501738

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	34
Current population of facility:	22
Average daily population for the past 12 months:	21
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	18-79
Facility security levels/resident custody levels:	non-locked facility, non-incarceration
Number of staff currently employed at the	18

facility who may have contact with 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:	1

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

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

Agency-Wide PREA Coordinator Information			
Name:	Laurie Lessard	Email Address:	laurie.lessard@lsswis.org

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of

Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-04-15
2. End date of the onsite portion of the audit:	2026-04-16

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?	☐ Yes ☒ No
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AUDITED FACILITY INFORMATION

14. Designated facility capacity:	34
15. Average daily population for the past 12 months:	21
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ 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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	14
25. 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:	27
26. 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
27. 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
28. 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
29. 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
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. 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:	1
32. 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:	0
33. 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:	0
34. 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:	0
35. 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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	16
37. 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:	1

38. 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
39. 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:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	22
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☐ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility has one housing unit. Randomly selected residents were chosen from different rooms and housing areas, with consideration given to characteristics such as age, race, ethnicity, gender, and length of stay.

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
44. 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	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
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".	
47. 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:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	The facility reported that a disabled and limited English proficient resident population are not currently housed at this facility. To corroborate this information, the auditor reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.
48. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The facility reported that a cognitive or functional disability resident population are not currently housed at this facility. To corroborate this information, the auditor reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.

49. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The facility reported that a Blind or low vision resident population are not currently housed at this facility. To corroborate this information, the auditor reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.
50. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	The facility reported that a Deaf or hard-of-hearing resident population are not currently housed at this facility. To corroborate this information, the auditor reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.
51. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The facility reported that a Limited English Proficient resident population are not currently housed at this facility. To corroborate this information, auditor reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.

52. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The facility reported that a lesbian, gay, or bisexual resident population are not currently housed at this facility. To corroborate this information, auditor reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.
53. 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:	1
54. 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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The facility reported that there were no residents who reported sexual abuse currently housed at this facility. To corroborate this information, the auditor reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.
55. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	The facility reported that there were no residents who disclosed prior sexual victimization currently housed at this facility. To corroborate this information, the auditor reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.
56. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The facility reported that residents who are or were ever placed in segregated housing/isolation for risk of sexual victimization are not currently housed at this facility. To corroborate this information, the auditor reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	8
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☐ Yes ☒ No

a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☒ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	7
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No

65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☐ Yes ☐ No ☒ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. 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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
70. 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.

71. Did you have access to all areas of the facility?	☒ Yes ☐ No
Was the site review an active, inquiring process that included the following:	
72. 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)?	☒ Yes ☐ No

73. 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)?	☒ Yes ☐ No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
75. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
77. 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?	☒ Yes ☐ No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

79. 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	1	0	1	0
Staff-on-inmate sexual abuse	1	0	0	1
Total	2	0	1	1

80. 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.

81. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	1
Staff-on-inmate sexual abuse	0	0	0	1
Total	0	0	0	2

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.

83. 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

84. 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

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

2

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The facility reported no allegations of sexual harassment during the audit review period that resulted in a criminal or administrative sexual harassment investigation. As a result, there were no sexual harassment investigation files available for auditor review.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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

103. 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

108. Who paid you to conduct this audit?

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

Standards
Auditor Overall Determination Definitions
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: - Documents - Aspen Center PAQ Responses - LSS ARJ PREA Policy and Procedures - Handbook and Orientation Materials describing zero tolerance policy - Interviews - PREA Coordinator - Site Review Findings (By Provision).

	115.211 (a). The facility indicated in its response to the Pre-Audit Questionnaire that the agency maintains a written policy mandating zero tolerance. The LSS ARJ PREA Policy and Procedures is a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. The LSS ARJ PREA Policy and Procedures includes several major elements and guidelines to: Help detect incidents, perpetrators, and resident victims of sexually abusive behavior; Help prevent sexually abusive behavior; Educate staff to intervene properly and in a timely manner; Document, report, and investigate reported incidents; Discipline and/or prosecute perpetrators. The policy further states, "The protection and safety of staff and residents who are sexually victimized is a top priority and is addressed throughout this policy." Additionally, the policy includes PREA definitions and prohibited behaviors, to include: non-consensual sexual act, staff sexual misconduct, staff sexual harassment of a resident, resident-on-resident abusive sexual contact, resident-on-resident sexual assault, and resident sexual harassment. Retaliation for reporting sexual abuse, harassment, or misconduct is prohibited. Upon arrival at the facility all residents receive the PREA Notice to Residents. The PREA Notice to Residents also describes the agency's zero tolerance policy and the agency's effort to implement PREA standards. During the site review, postings were visible throughout the facility, and intake orientation materials were confirmed to include clear instructions on reporting. Staff interviews affirmed understanding of the policy and described the process for responding to allegations. 115.211 (b). The facility indicated that the CEO has designated an upper-level agency-wide PREA Coordinator who has sufficient time and authority to develop, implement, and oversee PREA compliance efforts. The policy requires designation of a PREA Coordinator with sufficient time and authority to develop, implement, and oversee compliance. The PREA Coordinator described oversight duties including audits, investigations, training coordination, and policy enforcement. During interviews, the PREA Coordinator described dedicated time allocation for PREA oversight, including policy development, data collection, training coordination, and monitoring. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses

	2. Interviews a. PREA Coordinator Findings(By Provision). 115.12 (a). Aspen Center indicated in its response to the Pre-Audit Questionnaire that the agency contracts with private agencies or other entities, including other government agencies, for the confinement of residents. However, while they do house DOC residents at Aspen, they do not contract for the purpose of housing Aspen residents elsewhere. During the interview with the PREA Coordinator, it was confirmed that Aspen is solely responsible for confinement and supervision of residents at Aspen and has not entered any contracts or contract renewals since August 20, 2012, for the purpose of housing residents elsewhere. 115.12 (b). Since the agency does not contract with other entities for the confinement of residents, the requirement to include PREA monitoring provisions in contracts does not apply. The PREA Coordinator confirmed during the interview that there are no arrangements requiring monitoring of contractor compliance with PREA standards. A final analysis of the evidence indicates these provisions are not applicable.
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ responses b. Staffing Plan 2. Interviews a. PREA Coordinator b. Program Supervisor 3. Site Review Findings (By Provision). 115.213 (a). The facility indicated in its response to the PAQ that it maintains a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse. During interviews with the Program Supervisor and PREA Coordinator, it was confirmed the

	staffing plan is reviewed annually. The Program Supervisor described how the staffing plan is evaluated in collaboration with facility leadership and adjustments are considered in response to operational needs. The Program Supervisor noted there is always a minimum of one staff member in the facility. 115.213(b). During the pre-onsite portion of the audit, the facility indicated there are no deviations from the plan. When asked what would occur if or when there is no staff to cover a shift, the Program Supervisor indicated they would call other staff, directors and counselors would cover shifts, or Aspen Center could call another facility to cover. The auditor reviewed the Annual Staffing Plan Review, which documented consideration of all required elements. The facility reported an average daily population of 21 residents during the audit period. 115.213 (c). The facility indicated in its response to the PAQ that the staffing plan is assessed annually to determine whether adjustments are needed to the staffing. During interviews, the PREA Coordinator confirmed that this year's assessment was completed. The auditor reviewed the annual staffing plan which noted no adjustments were necessary. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures 2. Interviews a. PREA Coordinator b. Random Staff c. Random Residents 3. Site Review Findings (By Provision). 115.215 (a). The facility indicated in its PAQ response that it does not conduct cross-

	gender strip searches or cross-gender visual body cavity searches of residents. The LSS ARJ PREA Policy states in part: “The staff will never conduct cross-gender strip searches or cross-gender visual body cavity searches. Pat down searches are not allowed to be performed by LSS staff at Affinity House, Aspen Center, Exodus House, or Recovery Center Oconomowoc.” During interviews, all staff confirmed they do not conduct cross-gender strip or visual body cavity searches. Residents reported that strip searches and pat searches are not performed. The facility reported no such searches in the preceding 12 months, and no logs were available to review due to no occurrences. 115.215 (b). The facility reported in the PAQ, and staff and resident interviews confirmed, that in the past 12 months, no cross-gender pat-down searches of female residents occurred. 115.215 (c). As indicated in (a) and (b), there have been no cross-gender strip searches, visual body cavity searches, or cross-gender pat-down searches of female residents during the audit period. No logs were produced for review because no events occurred. 115.215 (d). LSS ARJ PREA Policy and Procedures establishes that residents can expect to have privacy while toileting, showering, and changing clothes...staff of an opposite gender will never view a resident while toileting, showering, or changing...Residents should only shower, perform bodily functions, and change clothing in designated areas (e.g. bathrooms or bedrooms). Residents consistently reported that they are able to maintain privacy while showering or changing clothes, and that staff announce when entering private areas. 115.215 (e-f). The auditor is not required to audit these provisions. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures 2. Interviews

	a. PREA Coordinator b. Random Staff 3. Site Review Findings (By Provision). 115.216 (a-c). The facility indicated in its PAQ that it does not accept clients with physical disabilities. During interviews with the PREA Coordinator, it was confirmed that Aspen Center does not accept clients with disabilities. The LSS ARJ PREA Policy and Procedures state: "We do not accept residents who are limited English proficient, deaf, visually impaired, or who have physical disabilities. The class "A" CBRF regulation prohibit the facility from accepting clients with physical disabilities. Residents must be ambulatory and must be mentally and physically able to respond to a fire alarm and exit the facility without any help or verbal or physical prompting. Correctional clients must have sufficient cognitive ability to respond to curriculum based, CBT/MI therapy and interventions. The PREA Coordinator noted that if it is determined 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. Interviews with staff confirmed they ensure all residents are explained the PREA materials to ensure resident understanding. During interviews, the PREA Coordinator and random staff all affirmed that resident interpreters are not used. The facility reported no instances in the prior 12 months where resident interpreters, readers, or other resident assistants were used for PREA related communication. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures c. Background check documentation d. Personnel files for recently hired or promoted staff 2. Interviews

a. Agency Head

b. Staff who conduct criminal background checks

3. Site Review

Findings (By Provision).

115.217 (a). The facility indicated in its PAQ responses that the agency prohibits hiring, promotion of anyone engaged in sexual abuse in any confinement setting, been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or with a victim unable to consent, or been civilly or administratively adjudicated to have engaged in such activity. The LSS ARJ PREA Policy and Procedures state, "LSS ARJ programs prohibit 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 or sexual harassment in a correctional facility or who has been convicted, engaging, or attempting to engage in sexual activity in the community or who has been civilly or administratively adjudicated to have engaged in the activity described in (a)(2) of 115.217."

115.217(b). The facility indicated in its PAQ responses that material omissions regarding misconduct or provision of materially false information during the hiring process disqualify applicants. LSS ARJ PREA Policy and Procedures stipulates that material omissions or false information during the hiring process are grounds for termination. The Human Resources representative confirmed adherence to this policy and confirmed they incorporate it in screening decisions.

115.217(c). The facility indicated in its PAQ responses that, before hiring new employees or contractors with resident contact, the agency performs a criminal background records check using both state (CCAP) and national (CIB) systems and makes best efforts to contact all prior institutional employers for information on substantiated sexual abuse allegations or any resignation during a pending investigation. Review of randomly selected personnel files confirmed that both criminal background checks and employer reference checks were completed and documented. The staff member responsible for background checks demonstrated knowledge of these procedures during the interview.

115.217(d). The facility indicated in its PAQ responses that criminal background checks are conducted before staff promotions. Personnel files reviewed for promoted staff included evidence of completed background checks prior to promotion.

115.217 (e). The agency indicated in its PAQ that it has implemented a process to conduct criminal background checks for employees and contractors at least every four years which complies with Wisconsin Caregiver requirements. LSS ARJ PREA Policy and Procedures establishes the four-year recheck requirement. Documentation of rechecks were reviewed for staff with more than four years of service confirming the background checks were completed.

	115.217 (f). LSS ARJ PREA Policy and Procedures require that all programs will include in all interviews for prospective employment or promotion the following question: "Have you ever been investigated for or convicted of any type of sexual misconduct, sexual abuse or sexual harassment?" Review of application materials confirmed that applicants are required to attest to these questions in writing. Interviews confirmed this practice. 115.217 (g). As noted under provision (b), LSS ARJ PREA Policy and Procedures states that any material omissions or false statements related to PREA violations are grounds for termination. This expectation is communicated during hiring and documented in the employment application. 115.217 (h). Interviews confirmed that when contacted by other institutional employers, Aspen Center provides information regarding substantiated allegations unless legally prohibited. The LSS ARJ PREA Policy and Procedures also states: "LSS ARJ programs will provide information on substantiated allegations of sexual abuse or harassment involved a former employee upon receiving a request from an institutional employer with whom the employee has applied for work." A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ responses 2. Interviews a. Agency Head b. Program Supervisor 3. Site Review Findings (By Provision). 115.218 (a-b). The agency indicated in its PAQ response that it has not acquired a new facility or made any substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. During interviews, the Agency Head and the Program Supervisor noted no video monitoring system, electronic surveillance system, or other monitoring technology have been

	installed at the facility. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ responses b. LSS ARJ PREA Policy and Procedures 2. Interviews a. PREA Coordinator b. Random Staff 3. Site Review Findings (By Provision). 115.221 (a). The facility indicated in its PAQ responses that the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The LSS ARJ PREA Policy and Procedures establishes procedures for the preservation of evidence in cases of alleged sexual abuse, including securing the scene, protecting and collecting evidence, and ensuring appropriate chain of custody. The PREA Coordinator described the process for coordinating evidence collection and ensuring that all staff are trained to preserve evidence pending the arrival of law enforcement. The agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). 115.221 (b). The facility indicated in its PAQ responses that they do not accept residents under the age of 18 therefore this provision is not applicable. 115.221 (c). The facility indicated in its PAQ responses that victims are offered access forensic examinations without cost and shall be performed by SANEs where possible. 115.221 (d). The PREA Policy 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. During interviews, the PREA Coordinator confirmed that a qualified advocate is available 24/7 to accompany and support victims during forensic medical exams and investigatory interviews. Advocates provide emotional support, crisis intervention, information, and referrals upon request of the victim. No residents interviewed reported any past or current need for these services during the audit period. 115.221 (e). The facility indicated in its PAQ responses that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staffmember accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. The PREA Coordinator reported that if requested, by the victim, a qualified community based advocate would accompany and provide support services. 115.221 (f). This provision requires that, if an agency is not responsible for investigating allegations, it must request that the investigating agency follow PREA evidence protocols. The Waukesha Police Department conducts all criminal investigations. Waukesha Police follow a uniform evidence procedure for all sexual assault complaints. 115.221 (g). This provision is not subject to audit. 115.221 (h). This provision applies when no rape crisis center services are available, requiring the use of qualified staff screened and trained for this role. The facility has an established relationship with the Women Center and makes a victim advocate from a rape crisis center available per 115.221(d). A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures c. Agency Website

	2. Interviews a. Agency Head b. PREA Coordinator c. Random Staff Findings (By Provision). 115.222 (a-c). The facility indicated in its PAQ responses that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. LSS ARJ PREA Policy and Procedures states: "The facility will ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All reported incidents will be referred to law enforcement, and all reported incidents will be investigated. This includes incidents that just happened, as well as incidents that happened months or years ago. We may work with the WI Department of Corrections or the Federal Bureau of Prisons, depending on supervision status. Specially trained individuals will be assigned to investigate promptly, thoroughly and objectively, and gather and preserve direct and circumstantial evidence." Interviews with the Agency head, who is also the PREA Coordinator confirmed that all allegations will be investigated by trained personnel. The facility reported that during the past 12 months there were two (2) allegations of sexual abuse and sexual harassment received. Interviews with the Agency Head confirmed that it is standard practice for any allegation of sexual abuse or harassment to be referred for investigation. Random staff interviews further demonstrated consistent understanding of the obligation to immediately report and cooperate with investigations. 115.222 (d-e). The auditor is not required to audit this provision. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures

- c. PREA Training Curriculum
- d. PREA Training Certificates and Rosters

2. Interviews

- a. PREA Coordinator
- b. Random Staff

3. Site Review

- a. PREA posters

Findings (By Provision).

115.231 (a-c). The facility reported in the PAQ that all employees with resident contact receive PREA training covering the agency's zero-tolerance policy, reporting procedures, and prevention measures. The LSS ARJ PREA Policy and Procedures states "All staff and volunteers will receive training at hire and at regular intervals throughout the year in order to understand and acknowledge compliance with LSS' zero tolerance policy toward sexual abuse, misconduct or harassment at any LSS Addiction and Restorative Justice Program. This includes between program staff, between residents, or between a staff person and a client. The training also includes information on how to detect signs of abuse and how to effectively communicate with LGBTQ+ residents. At hire, all staff and volunteers are provided with trainings related to the zero tolerance policy and PREA... Additionally, at least quarterly the Program Supervisor will provide refresher training on any portion of policy and procedures related to PREA during regularly scheduled in-service. In-service is part of the weekly Staff Meeting at all residential facilities. Refresher training may include review of policies, review of reporting forms, role-plays related to handling a client complaint, etc." Every staff member interviewed stated they had received initial PREA training and periodic refreshers. The PREA Coordinator stated that upon hire, all employees complete initial PREA training. Refresher training is conducted every two years through the online training system. In years without formal refresher training, employees are provided with updated policy materials, review of PREA procedures, and role play situations at staff meetings. Documentation of staff completion of training was available for review and included certificates demonstrating passing scores on course assessments.

115.231 (d). Records confirmed that all training is documented through signed certificates or electronic verification following successful completion. Staff interviews affirmed that employees are required to acknowledge understanding of the content.

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

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures c. PREA Training Acknowledgment Forms and Rosters 2. Interviews a. Program Supervisor 3. Site Review Findings (By Provision). 115.232 (a-c). The facility indicated in its PAQ contractors and volunteers receive the same training as staff. The LSS ARJ Policy and Procedures establishes: "LSS ARJ programs do not hire contractors to provide client services with one exception: Affinity House, Aspen Center, BART, Deep River and Fahrman Center are licensed under DHS 75 as well as DHS 83 and therefore have a contracted Medical Director meeting DHS 75 standards. These contractors and any other contractors who may be added per program need are subjected to the same requirements regarding PREA as all employees: complete background checks and requirement to complete the PREA training in Relias. Should a contracted employee (Medical Director) need to work with a client with an active PREA incident, he/she will not have access to electronically stored information pertaining to that incident although the client may choose to discuss the incident with him/her. LSS ARJ programs do not use volunteers per se. We do utilize interns from accredited Vocational Colleges and Universities. The requirements for training are the same as described above. Interns are never alone with clients, there is always a paid and trained staff person (generally a counselor / case manager) in attendance. Interns have no access to information pertaining to PREA incidents." During the onsite portion of the audit, the auditor reviewed training documents confirming contractors or volunteers hired at the facility have received training. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.233	Resident education
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedure c. PREA Educational Resident Information d. Resident Case Files 2. Interviews a. Intake Staff b. Random Residents 3. Site Review - a . PREA posters and notices displayed in housing units and common areas Findings (By Provision). 115.233 (a). The facility indicated in its PAQ and supporting policies that all residents are provided information at intake about the agency’s zero-tolerance policy and how to report sexual abuse or sexual harassment. LSS ARJ PREA Policy and Procedures establishes: "During the intake process, residents receive information explaining the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of abuse or sexual harassment. The PREA Notice to Residents addresses the agency zero tolerance policy, how to report incidents, their right to be free of abuse andretaliation, and the agency response to reports of abuse or harassment. The information is read to residents and extra effort given to residents who have limited reading levels. The Resident Handbook contains identical PREA information. We do not accept residents who are limited English proficient, deaf, visually impaired or who have physical disabilities. Additionally, each resident housing area has a bulletin board with PREA information posted which is readily accessible to all residents residing at our facility. Posted information includes various ways residents may report abuse, phone numbers and addresses for residents to report, and victim support services." Interviews with staff confirmed that each resident reviews the agency's zero tolerance policy and is issued material containing PREA information. All random residents interviewed stated they received this information during intake. 115.233 (b). The facility noted in the PAQ that while they have not had any transfers to Aspen Center, if they did, the resident would receive comprehensive education. Interviews with intake staff confirmed this. No residents interviewed noted they

	were transferred from another community confinement facility. 115.233 (c). The agency reported that Aspen Center does not accept clients who may have serious learning disabilities or very low reading levels, limited English proficiency, blind or low vision, deaf or hard of hearing. The PREA Coordinator noted that 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. Interviews with intake staff confirmed that they assess the resident's reading and comprehension level when reviewing PREA materials. 115.233 (d). The agency maintains documentation of resident participation in education sessions. The Program Supervisor demonstrated where documentation of resident participation in these sessions were kept and verification of participation was done for all residents. 115.233 (e). The facility ensures that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. During the site review, PREA posters were visible throughout the site. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures c. PREA Investigations Training Certificate 2. Interviews a. Investigative Staff Findings (By Provision). 115.234 (a). The facility reported in its PAQ that it is responsible for administrative investigations of sexual abuse allegations. LSS ARJ PREA Policy establishes "The facility has five (5) staff designated and trained to conduct PREA investigations. The

	investigator confirmed during the on-site interview that designated investigators completed specialized training through a two-day PREA investigations course, which included instruction tailored to confinement settings. The investigator interviewed confirmed their training and the topics included in that training. A review of the training certificate validated the completion of this training. 115.234 (b). The specialized training curriculum included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This was confirmed through the course syllabus reviewed during the audit and corroborated by the investigative staff interview. 115.234 (c). The agency maintains training files that include certificates of completion; training logs indicating the investigator's participation; policy references documenting the training requirement. Review of these files confirmed that the records are up to date and complete. 115.234 (d). The auditor is not required to audit this provision. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures 2. Interviews a. Program Manager Findings (By Provision). 115.235 (a-d). The facility does not have any medical or mental health practitioners who work regularly in its facilities, However, the LSS ARJ PREA Policy and Procedure does include specialized training requirements for medical and mental health staff who may work in other LSS facilities. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures c. Risk Screening Tool d. Completed PREA Screening documents (random sample) 2. Interviews a. PREA Coordinator b. Staff responsible for risk screening c. Random Residents 3. Site Review Findings (By Provision). 115.241 (a). The facility indicated in its response to the Pre-Audit Questionnaire that all residents are assessed during intake for their risk of being sexually abused by other residents or sexually abusive toward other residents. LSS ARJ PREA Policy and Procedures establishes that "During orientation, residents be screened for risk within 72 hours of intake and that a reassessment shall be done not to exceed 30 days after arrival. The assigned Case Manager/Counselor will conduct the Sexual Vulnerability/Predation Risk Assessment with the client." During the onsite portion of the audit, screenings were reviewed, and screenings were complete and conducted within the required timeframe. 115.241 (b). The facility reported that all residents are screened upon transfer to the facility. Staff interviews confirmed that new screenings are completed within 72 hours of transfer to the facility. Review of documentation for transferred residents corroborated this practice. 115.241 (c). Staff responsible for screenings described the screening tool, which incorporates standardized questions and a scoring system. Review of the Risk Screening Tools confirmed they include measurable criteria to determine risk classifications. 115.241 (d). The screening instrument considers the following criteria to assess residents for risk of sexual victimization:

If the resident has a mental, physical or developmental disability

The age of the resident

The physical build of the resident

If the resident has previously been incarcerated

If the resident's criminal history is exclusively non-violent If the resident has prior convictions for sex offenses

If the resident is or is perceived to be LGBTQI

If the resident has previously experienced sexual victimization The resident's perception of vulnerability

Staff interviews affirmed that all sections of the form are completed during intake.

115.241 (e). Review of completed screening documents confirmed that staff consider prior acts of sexual abuse, prior convictions for violent offenses, and any history of prior institutional violence or sexual abuse when assessing a resident's risk of being sexually abusive.

115.241 (f). LSS ARJ PREA Policy and Procedures require that the facility reassess each resident's risk of victimization or abusiveness within 30 days of intake and upon receipt of additional relevant information. Staff interviews confirmed that reassessments are tracked and completed as required. Random samples of reassessments were reviewed and all residents were reassessed within the required timeframe.

115.241 (g). LSS ARJ PREA Policy and Procedures states: "A reassessment will be conducted when warranted due to a referral, request, incident of sexual abuse or additional information is received that bears on the resident's risk of sexual victimization." During the onsite portion of the audit, staff responsible for conducting screenings indicated that they would conduct a reassessment in the event there was a new report or incident of sexual abuse, information unknown at the time of intake.

115.241 (h). LSS ARJ PREA Policy and Procedures prohibits disciplining residents for refusing to answer or for not disclosing complete information in response to screening questions stating "No sanctions will be applied who refuse to answer or respond to the certain questions during the screen." The PREA Coordinator and staff confirmed awareness of this policy. Residents interviewed stated they have not been disciplined for refusing to answer or for not disclosing complete information. No evidence was found that residents were disciplined for declining to answer.

115.241 (i). LSS ARJ PREA Policy and Procedures requires appropriate controls on the dissemination of screening responses to ensure that sensitive information is not exploited to the Resident's detriment stating "All completed assessments will be retained in the Program Supervisor office in a locked cabinet." Staff interviews and

	onsite review confirmed that screening records are only viewed by authorized personnel. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures 2. Interviews a. PREA Coordinator b. Staff Responsible for Screenings indings (By Provision). 115.242 (a). The facility indicated in its PAQ responses that the agency uses information obtained during the intake screening process to inform housing, bed, work, education, and program assignments, with the goal of ensuring each resident's safety and preventing sexual abuse. The PREA Coordinator explained that screening forms are completed during the intake process, with results immediately shared with designated staff responsible for making initial housing assignments. Review of completed screening forms and housing logs demonstrated that staff document the rationale for all housing decisions, including any special considerations related to safety concerns or separation requirements. 115.242 (b). The facility indicated in its PAQ responses that it makes individualized determinations about how to ensure safety of each resident. During interviews, the PREA Coordinator and staff responsible for screenings, all described how housing units are designated and documented to maintain this separation. Review of classification documentation and interviews with screening staff confirmed that individualized determinations are consistently made and that any special considerations are recorded in the resident's record. 115.24 (c-f). The auditor is not required to audit these provisions. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures 2. Interviews a. PREA Coordinator b. Random Staff c. Random Residents 3. Site Review a. Posted Information Findings (By Provision). 115.251 (a). The facility indicated in its response to the PAQ that the agency provides multiple internal ways for residents to privately report sexual abuse, sexual harassment, retaliation by other residents or staff, and staff neglect or violations of responsibilities that may have contributed to such incidents. LSS ARJ PREA Policy and Procedures establishes: "All residents are able to make a report if they are a victim of sexual abuse, assault, sexual misconduct, sexual harassment or staff sexual misconduct while residing in our facility. Reports may be made in one of the following ways: Verbally; In writing; Anonymously; By a Third Party". During intake, residents receive PREA Educational Information describing these options. During interviews, all staff indicated residents can verbally report to any staff member, submit written reports, or report through a third party. Residents consistently identified at least two methods for reporting concerns and noted the facility provides information for all ways to report an incident. 115.251 (b). The facility indicated in its PAQ response that it provides at least one way for residents to report abuse or harassment to an external public or private entity. The facility identifies Women Center, a community-based victim advocacy organization, as the designated external reporting option. Residents may contact them anonymously and request that reports be forwarded. PREA Educational Resident Information materials were reviewed and confirm that Women Center contact information and reporting procedures are included. 115.251 (c). The LSS ARJ PREA Policy and Procedures establishes that residents can

	report in writing, anonymously, and through third parties. During interviews, all staff confirmed they would accept reports in any form (verbal, written, anonymous, or third party) and immediately document verbal reports. Residents consistently reported that staff are responsive to reports and take them seriously. 115.251 (d). During interviews, the PREA Coordinator explained that staff may privately report concerns to a supervisor or the PREA Coordinator. Staff training materials include instructions on confidential reporting procedures. All staff interviewed were aware of the option to report privately and described methods for doing so. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures Findings (By Provision). 115.252 (a-g). The facility indicated in the PAQ that it does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. The LSS ARJ Policy and Procedures states: "The LSS Grievance Resolution Process shall not be used as an administrative remedy process to address sexual abuse. This auditor confirmed with the Agency Head that LSS does not have an administrative procedure to address resident grievances regarding sexual abuse. As a result, the agency is exempt from this standard. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures c. PREA Intake Document 2. Interviews a. Random Residents 3. Site Review Findings (By Provision). 115.253 (a). The facility indicated in its response to the Pre-Audit Questionnaire that it provides residents with access to outside victim advocates for emotional support services related to sexual abuse. LSS ARJ PREA Policy and Procedures states: "All clients will receive a list of outside support services related to sexual abuse which includes telephone numbers and mailing addresses, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. LSS will not monitor these communications, unless the resident requests that we do so, and would be done in the fashion the resident requests; ie: direct observation (in person), via telephone, or electronically via email." During interviews, residents reported that they received written information about outside services during intake and understood that communications with the agency could be made by phone or mail. Residents who were not familiar with the services available knew where to find the information if needed. 115.253 (b). The facility indicated in its response to the PAQ that it informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. During interviews, residents confirmed they were informed of these monitoring practices and reporting requirements as part of their PREA education at intake. 115.253 (c). The agency reported in its PAQ that it maintains and attempts to enter into MOUs with community service providers. Documentation reviewed confirmed the agency is actively working to formalize a memorandum of understanding with a community support provider. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.254	Third party reporting
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures Findings (By Provision). 115.254 (a). The facility indicated in its response to the Pre-Audit Questionnaire that it has established methods to receive third-party reports of sexual abuse and sexual harassment. Specifically, staff will take third party reports via phone, mail or email. LSS ARJ PREA Policy and Procedures states: "Third Party reports may be made to any of the persons identified under Resident Reporting, (115.251) or by contacting the Lutheran Social Services main office in West Allis. Phone: 414-281-4400". The information is also listed on the agency's website. A final analysis of the evidence indicates the facility is substantially compliant with these provisions.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures 2. Interviews a. PREA Coordinator b. Program Supervisor c. Random Staff Findings (By Provision). 115.261 (a-b). The facility indicated in its PAQ that it requires all staff to

	immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The LSS ARJ PREA Policy and Procedures states: "The facility requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is part of the agency. Further, the agency requires all staff to report immediately any incidents of retaliation against residents or staff who reported an incident. All staff are to report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in the agency policy, to make treatment, investigation, and other security and management decisions." During interviews, staff consistently reported that they are trained to notify their immediate supervisor without delay, complete the required documentation, and maintain confidentiality. 115.261 (c). The facility indicated that it requires medical and mental health practitioners to report sexual abuse, and they are required to inform residents of the duty to report. While the facility does not have onsite medical or mental health practitioners, interviews with the Program Supervisor and PREA Coordinator affirmed this expectation. 115.261 (d). During the onsite audit, the Program Supervisor and PREA Coordinator confirmed that while the facility does not house youth, the policy requires mandatory reporting to the appropriate state or local agency if this ever occurs. A review of the resident roster confirmed that no persons under age 18 were in custody during the audit period. 115.261 (e). The facility had two (2) allegations during the past 12 months. Interviews with the PREA Coordinator and the Program Supervisor noted the facility immediately forwarded any and all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents

	a. Aspen Center PAQ Responses b. LSS ARJ Policy and Procedures 2. Interviews a. Agency Head b. Program Supervisor c. Random staff Findings (By Provision). 115.262 (a). The facility indicated in its PAQ response that it takes immediate action to protect residents determined to be subject to a substantial risk of imminent sexual abuse. LSS ARJ Policy and Procedures establishes: "Staff will take steps to ensure the safety of any client believed to be in imminent danger of sexual assault. Should staff become aware of the potential of an imminent sexual assault on a client or observe a sexual assault taking place within the facility, the following steps will be taken immediately: Staff will call 911 and make immediate report, and will call Supervisor. Staff will assure that the victim or intended victim is provided with safety until the perpetrator or individual suspected of planning a sexual assault is removed. This may mean bringing the victim or intended victim to the locked staff office until the danger has been addressed." During interviews, the Agency Head and Program Supervisor reported that staff are directed to separate any potential victims and perpetrators immediately, relocate the resident to a safe area, notify a supervisor without delay, and initiate appropriate investigative steps. Random staff interviews confirmed that their primary responsibility is to ensure the resident's safety by relocating the individual and alerting their supervisor. The facility reported that in the past 12 months there were no occurrences where a resident was determined to be at substantial risk of imminent sexual abuse. A final analysis of the evidence indicates the facility is in substantial compliance with this provision.
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ Policy and Procedures

	2. Interviews a. Agency Head b. Program Supervisor Findings (By Provision). 115.263 (a-c). The facility indicated in its response to the PAQ that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Supervisor is responsible for notifying the head of the facility or the appropriate office of the agency where the alleged abuse occurred. LSS ARJ Policy and Procedures states: "Upon receiving an allegation that sexually abusive behavior occurred at another confinement facility or correctional agency, the Program Supervisor will report the allegation to the head of the facility where the incident occurred. Notification will be provided within 72 hours of receipt of the allegation, and will document that they provided such notification." During the on site portion of the audit, the Agency Head and Program Supervisor confirmed that the Program Supervisor is responsible for this notification. The facility reported no such allegations were received during the prior 12 months. 115.263 (d). The facility indicated that the facility head receiving such notification from another entity is responsible for ensuring the allegation is investigated in accordance with PREA standards. During interviews, the Program Supervisor reported that, if the agency received notification from another facility, the allegation would be immediately assigned for investigation and documented in accordance with policy. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures 2. Interviews a. Random Staff

	Findings (By Provision). 115.264 (a). The facility indicated in its response to the PAQ that it has a first responder policy for allegations of sexual abuse. LSS ARJ PREA Policy and Procedures notes that on duty staff will follow the first responder protocol when a report is made, specifically: "Any staff on duty is considered a first responder in relation to reports of sexual abuse/assault. All staff will be able to take a report, respond in a situation where a sexual assault has occurred or where a client is in imminent danger, and to attend to the safety of the victim. Staff will make no restrictions on how a client reports sexual assault. They may report verbally, in writing, via a thirdparty, etc. See "Prison Rape Elimination Notice to Residents". Staff on duty will assist the client in making a report. Note that as mandatory reporters, we must report sexual assaults on correctional clients if the perpetrator is alleged to be a staff of this facility, a staff of another correctional facility (another community corrections center or institution, or another correctional client)." During onsite interviews, staff consistently reported that upon learning of an allegation of sexual abuse, they immediately separate the alleged victim and alleged abuser; secure the area as a potential crime scene; advise the alleged victim and alleged abuser; not to take any actions that could destroy evidence; and notify their supervisor without delay. 115.264 (b). The facility indicated in its response to the PAQ that if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. The facility reported that in the past 12 months there were no instances in which the first responder was a non-security staff member. During onsite interviews, all staff confirmed that their role, if responding first, would be to remain with the alleged victim, advise the resident not to take any actions that could destroy evidence, and immediately notify a supervisor or on-duty security staff. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures

	2. Interviews a. Program Supervisor Findings(By Provision). 115.265 (a). The facility indicated in its PAQ responses that it has an established written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse, the LSS ARJ PREA Policy and Procedures describes duties of the first responder staff, Program Manager, treatment team and PREA Coordinator. During the Program Supervisor's interview they described the coordinated response plan, the expectations of staff and the importance of preserving evidence. They also noted the actions would be a coordinated effort among all staff at the facility. A final analysis of the evidence indicates the facility is in substantial compliance with this provision.
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses Findings (By Provision). 115.266 (a). The facility indicated in its response to the PAQ that it does not have collective bargaining agreements in place. 115.266 (b). This provision does not require auditing. A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures 2. Interviews a. Agency Head b. Facility Director c. Staff member designated to monitor retaliation Findings (By Provision). 115.267 (a-f). The facility indicated in its response to the PAQ that it has established policies to protect all residents, staff and any other individual who report sexual abuse or sexual harassment or cooperate with related investigations from retaliation. LSS ARJ PREA Policy and Procedures states: "...LSS prohibits anyone from interfering with an investigation, including intimidation or retaliation against witnesses. Retaliation can include staff on staff, staff on resident, resident on resident, and resident on staff. Residents and staff are instructed to report immediately to the Program Supervisor or Investigator if they believe they are being unfairly transferred or punished in some way because they filed a complaint or assisted in the investigation of a complaint. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility will take appropriate measures to protect that individual against retaliation. Emotional support services will be made available outside of the facility for residents or staff who fear retaliation. The services may be provided to staff through the Employee Assistance Program, and for residents through a referral to a community provider. The Program Supervisor and Program Manager monitor staff and residents who have reported sexual abuse allegations to protect them from retaliation for 90 days. This includes daily review of staff log, daily check-in with various staff, on-going check-in with the reporting resident. However, if the initial monitoring indicates a continuing need, periodic status checks occur, and are documented." During interviews, the Agency Head and Program Supervisor confirmed that retaliation monitoring is initiated immediately upon receipt of a report or identification of a resident or staff member as having cooperated in an investigation. It was also noted that monitoring includes periodic status checks and any allegation determined to be unfounded shall terminate monitoring. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures 2. Interviews a. PREA Coordinator b. Program Supervisor c. Investigative Staff Findings (By Provision). 115.271 (a-c). LSS ARJ PREA Policy and Procedures states: "All reports of sexual harassment or assault by residents will be investigated by a trained team and according to relevant PREA standards." The facility indicated that over the past 12 months, there were two (2) allegations. Interviews with the Program Supervisor and Investigator both affirmed the facility investigates each allegation promptly, thoroughly, and objectively. They noted they use investigators who have received special training in sexual abuse investigations pursuant to 115.234 and attempt to gather and preserve all direct and circumstantial evidence; interview all alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving a suspected perpetrator. 115.271 (d). The agency has not had criminal investigations which lead to the need for compelled interviews in a sexual abuse case, but the facility reports they would discuss it with the investigator or prosecutor if the situation arose. The agency policy states that substantiated allegations of conduct that is criminal shall be referred for prosecution. 115.271 (e). During interviews, the investigator stated the credibility of an alleged victim, suspect, or witness would be assessed on an individual basis and would not be determined by the person's status as resident or staff. The agency would not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. 115.271 (f). The facility indicated that all administrative investigations would include an effort to determine whether staff actions or failures to act contributed to the incident. Interviews confirmed the investigator understands the need and has examined staff conduct as part of every administrative review.
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	115.271 (g-i). The facility indicated that all criminal investigations are conducted by local police. LSS ARJ PREA Policy and Procedure states: "All reported incidents will be referred to law enforcement, and all reported incidents will be investigated...Supervisor or Manager will remain in contact with the law enforcement entity in order to remain abreast of any criminal investigation... Written reports will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. It's also noted "...per licensing requirements, client files are retained for 7 years, and for 10 years when there is a PREA investigation." During the interview with the investigator, they confirmed that criminal investigations are turned over to local law enforcement and all reports are documented and retained. 115.271 (j). LSS ARJ PREA Policy and Procedures specifies that the departure of an alleged abuser or victim from the agency's control does not terminate an investigation. The investigator confirmed that investigations continue in such circumstances, with efforts documented and reports completed. 115.271 (k). The auditor is not required to audit this provision. 115.271 (l). The facility indicated that when outside agencies investigate sexual abuse, the facility cooperates with outside investigators and remain informed about the progress of the investigation. Interviews with the Program Supervisor and the PREA Coordinator confirmed their process for continuing to stay apprised of an investigation. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures 2. Interviews a. Investigative Staff Findings(By Provision). 115.272 (a). The facility reported in its PAQ that it does not impose any standard of

	proof higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. During interviews, the PREA Investigator confirmed that the preponderance of the evidence is the evidentiary standard applied in all investigations. A final analysis of the evidence indicates the facility is in substantial compliance with this provision.
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures 2. Interviews a. PREA Coordinator b. Program Supervisor c. Investigative Staff Findings (By Provision). 115.273 (a-b). The facility indicated in its PAQ that residents are informed of the outcome of investigations into allegations of sexual abuse. LSS ARJ PREA Policy and Procedures states: "After the investigation is finished, a decision will be reached and you will be informed of that decision..." During interviews, the Program Supervisor and PREA Coordinator confirmed that notifications are provided in writing. 115.273 (c). The facility indicated that, unless an allegation is determined to be unfounded or the resident has been released from custody, the agency informs the resident whenever the staff member accused of sexual abuse is no longer posted within the resident's living area. During interviews, the PREA Coordinator confirmed that these notifications are completed if applicable. 115.273 (d). The facility indicated that, unless an allegation is determined to be unfounded or the resident has been released, the agency notifies the resident if the staff member is no longer employed at the facility. The PREA Coordinator confirmed in interviews that such notifications are provided as required.

	115.273 (e). The facility indicated that all such notifications or attempted notifications shall be documented. The agency had no such situations occur during the review period to allow for such notifications. 115.273 (f). The auditor is not required to audit this provision. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures 2. Interviews a. PREA Coordinator Findings (By Provision). 115.276 (a-b). The facility reported in its PAQ that staff are subject to disciplinary sanctions, up to and including termination, for violating agency policies regarding sexual abuse and sexual harassment. LSS ARJ PREA Policy and Procedures states: "Disciplinary sanctions for staff who violate agency sexual abuse policies relating to sexual abuse and harassment (other than actually engaging in sexual abuse), shall be commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanction imposed for comparable offenses by other staff with similar histories. At LSS ARJ programs, staff found to have engaged in sexual harassment, sexual misconduct, sexual abuse under PREA will be terminated from employment. All terminations for violations of agency policies relating to sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies." During interviews, the PREA Coordinator confirmed that any substantiated violation would result in disciplinary action and that termination is considered in all cases involving sexual abuse. 115.276 (c). LSS ARJ PREA Policy and Procedures requires that disciplinary sanctions for other violations related to sexual harassment or policy breaches be

	commensurate with the nature and circumstances of the conduct, the staff member's disciplinary history, and comparable cases involving other staff. The PREA Coordinator described this approach, explaining that each case is evaluated individually, documented, and reviewed to ensure consistency. 115.276 (d). LSS ARJ PREA Policy and Procedures requires that all terminations for violations of sexual abuse or harassment policies, or resignations in lieu of termination, are reported to law enforcement unless the behavior is clearly not criminal, and to any relevant licensing bodies. The PREA Coordinator confirmed this reporting process is standard practice. No terminations or resignations meeting these criteria occurred during the review period. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures 2. Interviews a. Program Supervisor Findings (By Provision). 115.277 (a). The facility reported in its PAQ that it requires contractors or volunteers who engage in sexual abuse are prohibited from contact with residents, the LSS ARJ PREA Policy and Procedure states: "Contractors and/or Volunteers found to have engaged in sexual harassment, sexual misconduct, sexual abuse will be dismissed from services at any LSS ARJ facility and reports made as noted above." The Program Supervisor confirmed that any substantiated sexual abuse results in immediate removal of the contractor or volunteer from all resident contact. 115.277 (b). Policy requires that in cases of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer (other than substantiated sexual abuse), the agency takes appropriate remedial measures and considers whether to prohibit further contact with residents. The Program Supervisor confirmed this approach, stating that all violations are reviewed to

	determine whether termination of access is warranted. No such cases were reported during the audit period. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policies and Procedures 2. Interviews a. Agency Head b. Program Supervisor Findings (By Provision) 115.278(a-g): The facility responses on the PAQ was non-applicable for this standard. LSS ARJ PREA Policy and Procedures states: "LSS ARJ programs have no ability to discipline a correctional client for sexual assault/harassment. However, the relevant correctional entity will be immediately contacted should a report be made about a client and removal requested at least during the investigation. The DOC or the FBOP would then make determinations in terms of holding or placing the accused client in a correctional facility. LSS ARJ 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 the LSS program, any discipline would be up to the correctional entity." During the onsite audit portion of this audit, this auditor interviewed the Agency Head and Program Supervisor. Both confirmed the agency has no authority to sanction residents who engage in sexual abuse or harassment and reconfirmed policies stating the residents who engage in sexual abuse or harassment would be removed from the program. DOC would detain the resident pending their investigation and final disposition. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures 2. Interviews a. Security and non-security staff first responders Findings (By Provision). 115.282 (a-d). The facility reported in its PAQ that resident victims of sexual abuse are provided timely, unimpeded access to emergency medical treatment and crisis intervention services, with the nature and scope of care determined by medical and mental health practitioners according to their professional judgment. LSS ARJ PREA Policy and Procedures states: "Victims of rape or sexual assault will be referred to the local hospital for physical assessment and documentation of injuries by a SANE nurse. This referral will occur in a timely manner, and will afford the victim unimpeded access to emergency medical treatment and crisis intervention services. Staff will transport the victim to the hospital, or accompany them if they are transported by the police, unless the alleged abuser is a staff member, then staff would only accompany the resident if requested, so as not to impede the investigation. The hospital staff will be requested to provide 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 at no cost, regardless of whether the victim names an abuser or cooperates with the investigation." During the onsite audit, there were no residents who reported sexual abuse. Interviews with staff indicated they understand and are familiar with responsibilities noted in policy and confirmed that services would be offered and documented. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed to determine compliance:

1. Documents

- a. Aspen Center PAQ Responses
- b. LSS ARJ PREA Policy and Procedures

2. Interviews

- a. PREA Coordinator

Findings (By Provision).

115.283 (a-g). The facility reported in its PAQ that it offers 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. LSS ARJ Policy and Procedures establishes: "...Evaluation and treatment for such victims shall include, as appropriate followup services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility shall provide such victims with medical and mental health care services consistent with the community level of care. The facility shall 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. Medical staff at the local hospital are responsible for examination, documentation, and treatment of victim injuries arising from sexually abusive behaviors, including testing when appropriate for pregnancy and sexually transmitted infections, including HIV. These services will be provided at no cost to the victim. The forensic exam is performed by qualified sexual assault examiners (Sexual Assault Nurse Examiner). The victim is examined at a local hospital equipped to conduct such examinations. The forensic exam will occur as soon as possible, but within 72 hours of staff becoming aware that a resident reported involvement in a sexually abusive assault. A resident's refusal of a forensic examination is documented in the resident record. The facility will arrange follow-up care, including screening for infectious disease (HIV, viral hepatitis, or other sexually transmitted infections), pregnancy testing for female victims, and administration of prophylactic medication (if exposure to blood borne pathogens is suspected) if these services were not already rendered. The services will be of no cost to the victim. If pregnancy results from the conduct described in paragraph § 115.283(d), such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The facility will also coordinate any referrals to mental health providers in the community for follow-up care to an incident. Follow up services may also be offered and provided to staff at no cost. Typically these services for staff would be through the Employee Assistance Program." There were no residents that the facility classified as having reported sexual abuse reviews of case files confirmed this. During interviews, the PREA Coordinator confirmed that all residents who have been victimized would be offered community based medical and mental health evaluations and treatment.

	A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures 2. Interviews a. Program Supervisor b. PREA Coordinator Findings (By Provision). 115.286 (a-e). The Facility indicated in the PAQ it conducts incident reviews after all allegations and does so within 30 days. The LSS ARJ PREA Policy and Procedures establishes: “In the cases of unsubstantiated allegations, Executive Staff review the incident to assess the facility’s response to the allegations. Executive staff includes the ARJ Director, one or more ARJ Managers, and may include the ARJ Executive Director and the LSS Risk Management Director. All factors noted within PREA Standard 115.286(d) are considered. The PREA Compliance Manager at the location from where the report was filed documents the review in a report, including recommendations for improvements, if any. If the unsubstantiated allegation involved a staff member, the report under this section must not include the staff member’s personally identifiable information. The report is submitted to appropriate LSS staff, typically the HC Specialist and Program Supervisor, who ensures implementation of the recommendations or documents the reason for not following them. In cases of substantiated sexual abuse, ExecutiveStaff review the incident to assess the facility’s response. All factors noted with PREA Standard115.286 (d) are considered. The PREA Compliance Manager documents the review in a report, including recommendations for improvements, if any. The report is submitted to the appropriate LSS staff, typically the HC Specialist, Program Supervisor and Manager, who ensures implementation of the recommendations or documents the reason for not following them. A copy of this report is forwarded to the Regional Director through the Regional PREA Coordinator.” During the onsite portion of the audit, there were no reports available for review. The PREA Coordinator noted that when a review is necessary, it would be comprised of Facility level management,

	investigative staff, and the PREA Coordinator. There are no medical or mental health staff at the Facility. This team would review the incident within 30 days of the conclusion of the investigation. The SART includes the following review topics in its Sexual AbuseResponse Team (SART) Report: 1) whether there are any recommendations for improvement of policy or practice; 2) whether the allegation and or incident was motivated by lesbian, gay, bisexual, transgender or intersex identification; 3) an examination of the area in the facility where the incident occurred to expose any potential physical barriers that may enable the abuse; 4) whether staffing levels were adequate in that area during all shifts; and 5) whether monitoring equipment/technology is sufficient to protect residents from sexual abuse and sexual harassment. The Program Supervisor also reported that all incidents of sexual abuse are reviewed by the PREA Coordinator. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures c. PREA Annual Report 2. Interviews a. PREA Coordinator Findings (By Provision). 115.287 (a-d). LSS ARJ PREA Policy and Procedures requires “All reports of a PREA incident will be documented on a Significant Events Reporting Form by the Supervisor or Manager of the program within 24 hours of the incident being noted. The individual filing the initial SERF is responsible for updating the SERF in EVOLV regularly until such time that the incident disposition is complete. A standardized method Information is collected via SERF through EVOLV in order to make annual reports of incidents. All supporting documents are retained electronically. The PREA Coordinator confirmed that these records are reviewed annually to generate the annual report.

	115.287 (e-f). During the audit, the PREA Coordinator confirmed the agency does not contract with any other entity for the confinement of residents. This provision is not applicable. The PREA Coordinator also confirmed DOJ has not requested agency data. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures c. PREA Annual Reports d. Agency website 2. Interviews a. Agency Head b. PREA Coordinator Findings (By Provision). 115.288 (a-d). The agency indicated in the PAQ that they collect and aggregate data. The LSS ARJ PREA Policy and Procedure 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 finding per 115.288 (a)-1. A report is filed annually (bi-annually for 2016) and is available on the website www.lsswis.org under the section Corrections/Restorative Justice. The Agency Head confirmed the agency reviews the reports and if trends or repeat issues are observed, immediate corrective action would be taken and documented. LSS also evaluates each reported allegation to determine if policy and practice is sufficient or could be improved and whether training needs to be adjusted or increased. It was also confirmed the information is readily available to the public through its website. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. LSS ARJ PREA Policy and Procedures c. PREA Annual Report d. Agency website 2. Interviews a. PREA Coordinator Findings (By Provision). 115.289 (a-d). LSS ARJ PREA Policy and Procedures establishes: "All incident-based and aggregate data regarding PREA events will be stored securely and electronically...All reported incidents will be entered into EVOLV via a SERF report which will be updated regularly by the author of the report until such time as a final disposition is made. The PREA Coordinator will maintain an electric file for each reported incident on the secure H: drive and/or a secure email folder specific to that incident. The file or folder will include all documentation and communication regarding the incident up to and including the final disposition. Aggregated sexual abuse data from LSS ARJ PREA facility is made readily available to the public via the LSS website(www.lsswis.org) under the Corrections/Restorative Justice tab. The information will be updated in January each year. All personal identifiers are to be removed from aggregate data that is provided to the public. The data will be retained for at least 10 years from the date of initial collection." During interviews, the PREA Coordinator confirmed that all data is securely and allaggregated sexual abuse data is readily available to the public at least annually through its website. The auditor confirmed that the agency's website contains a link to the Annual PREA Report and any personal identifiers were removed. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

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

	Auditor Discussion The following evidence was analyzed to determine compliance: 1. Documents a. Aspen Center PAQ Responses b. Agency Website 2. Pre/Onsite/Post-Audit Observations a. General observations during the audit process, including posted Notices of Audit Findings (By Provision). 115.401 (a-b). During the three-year period starting on August 20, 2013, and during each three-year period there after, the agency has ensured that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. During each one-year period starting on August 20, 2013, the agency has ensured that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. 115.401 (h). During the onsite portion of this audit, the auditor had access to and the ability to observe all areas of the facility. Facility staff fully cooperated with providing access to any requested areas. 115.401 (i). Throughout all phases of the audit process, the auditor was permitted to request and receive copies of all relevant documents, including but not limited to facility logs, resident files, personnel files, policy and procedure manuals, postings, intake and classification documents, and other records as needed. 115.401 (m). During the onsite portion of this audit, the auditor was permitted to conduct private interviews with residents and staff in designated locations without video or audio monitoring capability. 115.401 (n). During the pre-audit phase, Residents were permitted to send confidential information or correspondence to the auditor in the same manner as legal mail. During onsite interviews, Residents confirmed awareness of the audit notices posted throughout the facility and described how to send correspondence if they chose. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard

	Auditor Discussion The following evidence was analyzed to determine compliance: 1. Documents a. LSS ARJ public website Findings (By Provision). 115.403 (f). The agency’s website has a section dedicated to PREA-related information, including applicable policy information, and prior audit reports. This is the facility's first audit. A review of the agency’s website confirmed that the final audit report from the prior audit is posted and publicly available. A final analysis of the evidence indicates the facility is in substantial compliance with this provision.
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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	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

	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?	
	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	yes

	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?	
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 force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of 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	yes

	contact with residents?	
	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 (f)	Hiring and promotion decisions	
	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 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.)	na
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	yes

	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.)	
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	yes

	services a qualified staff member from a community-based organization, or a qualified agency staff member?	
	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	Policies to ensure referrals of allegations for investigations	

(b)		
	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 residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with 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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
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	Resident education	

(c)		
	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 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)).	yes
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 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.)	na
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: Whether the resident's criminal history is exclusively nonviolent?	yes
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	
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	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242	Use of screening information	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

	third parties?	
	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 with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
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	Exhaustion of administrative remedies	

(d)		
	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 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.)	na
	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	na

	exempt from this standard.)	
	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 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.)	na
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 information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against 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, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that 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	yes

	actions that could destroy physical evidence, and then notify security staff?	
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	yes

	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?	
	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 evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (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 (h)	Criminal and administrative agency investigations	
	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 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.)	yes
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	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	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 the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (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	Disciplinary sanctions for staff	

(b)		
	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 condition of access to programming and other benefits?	yes
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.)	na
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 about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (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	yes

	facility?	
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.)	na
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 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.)	yes
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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	should be deployed or augmented to supplement supervision by staff?	
	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 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (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	yes

	and security of a facility?	
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.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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 same manner as if they were communicating with legal counsel?	yes
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