

PREA Facility Audit Report: Final

Name of Facility: A.R.C. Maternal and Infant Program

Facility Type: Community Confinement

Date Interim Report Submitted: 11/29/2022

Date Final Report Submitted: 05/30/2023

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: Lawrence Mahoney

Date of Signature: 05/30/2023

AUDITOR INFORMATION

Auditor name: Mahoney, Lawrence

Email: mahoneylj@live.com

Start Date of On-Site Audit: 10/26/2022

End Date of On-Site Audit: 10/27/2022

FACILITY INFORMATION

Facility name: A.R.C. Maternal and Infant Program

Facility physical address: 2001 West Beltline Highway, Suite 102, Madison, Wisconsin - 53713

Facility mailing address:

Primary Contact

Name:	Robin Ryan
Email Address:	rryan@arccommserve.com
Telephone Number:	608-278-2300

Facility Director	
Name:	Sarah Williams
Email Address:	swilliams@arccommserve.com
Telephone Number:	608-223-9033

Facility PREA Compliance Manager	
Name:	Sarah Williams
Email Address:	swilliams@arccommserve.com
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	12
Current population of facility:	4
Average daily population for the past 12 months:	7
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	18+
Facility security levels/resident custody levels:	Voluntary
Number of staff currently employed at the facility who may have contact with	16

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:	6

AGENCY INFORMATION	
Name of agency:	Adult Rehabilitation Center (ARC) Community Services, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	2001 West Beltline Hwy, Suite 102, Madison, Wisconsin - 53713
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Linda Van Tol	Email Address:	lvantol@arccommserv.com

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-10-26
2. End date of the onsite portion of the audit:	2022-10-27

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Rape Crisis Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	12
15. Average daily population for the past 12 months:	7
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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	5
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	17
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	12

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	5
54. 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
If "None," explain:	All 5 residents were interviewed.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	All 5 current residents were interviewed.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
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".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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).	Reviewed all resident files and risk screens.
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	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).	Reviewed all resident files and risk screens.
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	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).	Reviewed all resident files and risk screens.
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	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).	Reviewed all resident files and risk screens.
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	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).	Reviewed all resident files and risk screens.
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
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).	Reviewed all resident files and risk screens.

67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	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).	Reviewed all resident files and risk screens. Interviews with director, PREA coordinator and residents.
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	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).	Facility does not have segregated housing or isolation.
70. 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	
71. Enter the total number of RANDOM STAFF who were interviewed:	15
72. 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
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No

74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	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.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	8
76. Were you able to interview the Agency Head?	☒ Yes ☐ No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
78. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
79. 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)

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

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

	☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☐ Religious ☒ Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	☒ Yes ☐ No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	☒ Yes ☐ No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	☒ Yes ☐ No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
88. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
--	-------------------

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

a. Explain why you were unable to review any sexual abuse investigation files:

There we no investigations in past 12 months.

99. 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	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. 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)
102. 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	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. 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)

105. 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	
106. 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:	There were no investigations in past 12 months.
107. 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	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. 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)

110. 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	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. 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)
113. 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)
114. 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

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards
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 PREA Information for ARC Residents and the Residential Staff Policy and Procedure describes the agency's zero tolerance policy. The staff policy describes the agency's approach to preventing, detecting, and responding to sexual abuse or harassment. This includes: - Educating staff and clients, a client's right to be free of assault or harassment, and methods for reporting. - Creating a safe environment between clients and staff so that clients felt safe reporting concerns. - Staff having frequent individual sessions with each client so staff may note changes in behavior that may be connected to sexual assault or harassment. - Staff having continual presence throughout the facility. - Reporting any allegation of sexual assault or harassment to local law enforcement

	for investigation. • Offering referral to support services to any client who is a victim of sexual assault or harassment (regardless of whether it constitutes a PREA violation.) The Staff Policy and Resident Information both include definitions of prohibited behaviors. The staff policy describes sanctions for staff, contractors, volunteers, and residents who violated agency PREA policies. During the on-site visit, I observed that the facility posted “PREA Information for Residents”. During the on-site visit, I interviewed Robin Ryan, ARC Chief Operating Officer, who is the agency PREA Coordinator. Ryan answers directly to the Executive Director. I have interviewed Ryan during the previous 6 audits of ARC facilities that I have audited in the past 6 years. Ryan states that she has sufficient time and authority to implement PREA standards. Ryan has been the PREA Coordinator for over 6 years and has been working on the agency’s compliance with PREA standards during that time. During the previous audits that I conducted, Ryan was instrumental in amending the various documents and it was apparent that she is best able to implement PREA policies and procedures within the agency. During the on-site visit, I interviewed 14 staff members and all 5 residents. All staff and residents were aware of the agency’s zero tolerance policy and received information about PREA. Based upon a review of the PREA Information for ARC Residents and the Residential Staff Policy and Procedure, as well as interviews with 5 residents, 14 staff, and the PREA Coordinator, I conclude that the agency complies with all aspects of the standard.
--	---

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	According to the PREA Coordinator, ARC does not have any contracts to house residents. During the previous 6 audits of ARC facilities that I have conducted, none of the facilities have had contracts for housing residents.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	ARC MIP currently has 17 staff members. The agency included a staffing schedule

	with the questionnaire. The agency policy states that the facility shall have at least one employee present at all times. Contracts with DOC require the facility to be staffed at all times. CBRF regulations also requires at least one staff must be present at all times. The PREA Coordinator and Program Manager said there we no reports of deviation from the staffing pattern. Staff are required to walk through the facility once per hour to monitor activities and must document resident activities in the resident's log. Staff working overnight shifts document the hourly checks in a log. Staff are instructed to contact "on-call" if they cannot adequately monitor all people in the facility. During the day, Monday through Friday, there are usually 1-5 staff present in the facility. In the evening there are 1-2 staff present. After 11:00 p.m. and weekends, there is usually one staff member working. On the dates of the on-site visit, the population was 5. Based on information in the questionnaire and the interview with the CEO Designee/PREA Coordinator, the agency annually reviews the staffing plan to determine whether changes are needed. A copy of this review was attached and documented that the agency assessed its staffing pattern and use of video and electronic monitoring in January 2022. The criteria in the standard were addressed. The facility does not have cameras or other monitoring technology. The CEO designee states that based on the size of the facility, the site lines, and other physical layout factors, the agency has determined that the installation of cameras is not needed. During nonprogram hours, when residents are permitted to be in their rooms, staff walk through the house at least hourly to check on residents. Staff on the overnight shifts log these hourly checks, noting the status of each resident. During the on-site visit, I conducted an inspection of the entire facility led by the Program Manager. I was able to view all areas of the facility. The facility is small, and the staff are able to monitor the activities of residents. Given the size and layout of the facility and the population, I believe that the agency is able to provide for adequate supervision of residents. In the event of an unusual situation, staff are able to contact on-call and have back-up staff report to the facility. The staffing pattern is consistent with other halfway houses given its size and layout. I have conducted audits at about 20 other halfway houses in Wisconsin and ARC has a typical staffing pattern. Based upon the interviews with the PREA Coordinator and 14 staff, information in the Pre-audit Questionnaire that includes the agency staffing plan, and the on-site inspection of the facility, and I conclude that the agency complies with all aspects of the standard.
--	--

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	MIP and all ARC facilities prohibit any cross-gender pat searches, strip searches, or visual body cavity searches of residents. Interviews with staff and residents confirmed that residents are never searched under any circumstances. The ARC PREA Policies and Staff Policy states that ARC does not permit any physical searches of residents. Although MIP and other ARC facilities have never employed male staff in any of its halfway houses, the ARC PREA Policy and Staff Policy prohibits that staff of the opposite gender from viewing a resident while showering, performing bodily functions, or changing clothes and that they must announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothes. Both staff and residents interviewed, stated that residents have sufficient privacy to perform these functions. There are 3 bathrooms in the facility. All residents are able to privately use the bathrooms and showers and are able to lock the door to the bathroom. During interviews with all 5 residents, all residents reported having adequate privacy in the facility. Although the policy prohibits searches of residents, the ARC PREA Policies and Staff Policy states, "ARC employees may not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted by a medical practitioner." Based upon a review of the agency PREA policies and interviews with 14 staff and 5 residents, I conclude that the agency complies with all aspects of the standards.
--	---

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion ARC MIP does not accept residents with physical disabilities or those who are as blind, low vision, deaf and hard of hearing because the facility is licensed by the State of Wisconsin as a Community Based Residential Facility (CBRF) Halfway House. Its license classification is Class A Ambulatory (AA). The facility may only serve residents who are ambulatory and are mentally and physically capable of responding to an electronic fire alarm and exiting the facility without any help or verbal or physical prompting. In addition, ARC policy limits those with certain disabilities because residents must be able to participate and benefit from all programming. Although ARC Dayton does not accept residents with certain disabilities, the agency

	has a policy for accommodating residents with other disabilities in the staff policy and the document "Accommodations Provided to Special Populations of Female Offenders". The document states that they facility will provide accommodations to a residents who may have a variety of special needs. The ARC PREA Policies also address accommodations for special needs residents. It states, "ARC shall ensure that all residents, regardless of disability or limited English proficiency, have an equal opportunity to participate in and benefit from all aspects of ARC's effort to prevent, detect, and respond to sexual abuse and sexual harassment. To this end, ARC shall ensure effective communication with all residents." ARC policy states that historically, women who require interpretation services are not accepted, but if a resident requires interpretation services, ARC will contract for those services. According to the staff policy, if a resident has limited reading ability, due to either intellectual abilities or vision impairment, a staff member will read the resident handout on PREA. Although the facility does not typically accept residents who do not speak English, the policy state that if a resident can't sufficiently speak English to engage in a conversation with staff, ARC will arrange for a language interpreter to interpret a conversation about PREA between the staff and the resident. The ARC Program Manager will first request that the correctional agency supervising the resident arrange for an interpreter. If the correctional agency does not provide an interpreter, the Program Manager will contact the services. The policy states that ARC will not rely on a resident to interpret or read material for another resident, except if delay in obtaining a non-resident interpreter or reader would compromise the other resident's safety, performance of agency first-responder duties, or an investigation of a PREA allegation. During interviews, no staff reported that have ever needed the services of an interpreter or other services to assist with PREA education, screening, or other issues. Based upon my review of the ARC PREA Policies, "Accommodations Provided to Special Populations of Female Offenders". and the Staff Policy and interview with the PREA Coordinator and 14 staff, I conclude that the agency complies with the standard
--	--

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion During the on-site visit, I interviewed the PREA Coordinator regarding human resources. The agency has previously used Wisconsin Department of Justice-Crime Information Bureau (CIB) to conduct record checks. Because the CIB is not national background check, I previously advised the PREA Coordinator using the CIB is not a

best practice. As a result, ARC recently began using Fidelitec to conduct national background checks. The agency policy states that Caregiver background checks on all staff every four years per State of Wisconsin requirements. The PREA Coordinator confirmed that the agency has followed these procedures since they began PREA audit at other facilities in 2016.

The agency's PREA Policies address hiring and promotion procedures. The language in the policies complies with the standards.

During the on-site visit, I reviewed the personnel files for 17 current staff.

All of the files had documentation that ARC conducted CIB background checks prior to hire.

Four staff were hired over 5 years ago and all 4 had updated background checks.

One staff member had previously worked in a correctional institution. The agency was unable to provide documentation that they contacted the correctional facility prior to hire. Corrective action was necessary. During the corrective action period, the agency provided documentation that it did not have any new hires who previously worked in an institution.

The agency has a form "Employee Verification for PREA Compliance" that asks applicants and staff about prior misconduct. The PREA Coordinator said that they ask all applicants about prior misconduct, but that they don't always document that they have asked all applicants. The agency had documentation that 9 current staff were asked prior to hire about previous misconduct described in paragraph (a) of this section. The agency was unable to provide that for the remaining 5 staff. Regarding current staff, there was documentation that 13 staff were asked annually about misconduct, however, based upon my file review, 4 current staff did not complete this form. Corrective action was necessary. Following the corrective action period, the agency provided documentation that all new applicants completed a form that asked the adjudication questions. In addition, the agency submitted documentation that all current staff were asked about prior abuse as part of an annual review.

Following the on-site visit, I interviewed the ARC HR Director. She confirmed that the agency is now using Fidelitec to conduct a national background check for applicants. She is responsible for tracking and initiating and tracking all background checks.

At the end of the corrective action period, that agency provided documentation that demonstrates that it complies with all aspects of this standard.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	According to the PREA Coordinator, the agency has not opened a new facility or made any expansions to its existing facilities. The agency has not installed any video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Staff Policy and Procedure includes the following information: · Coordinate with law enforcement agencies, correctional agencies, health care providers, and victim advocates to investigate the allegation and address the needs of the victim. (According to the questionnaire and Program Manager, criminal investigations would be done by the City of Milwaukee Police Department.) · ARC staff will contact law enforcement to conduct a criminal investigation unless the behavior is not potentially criminal. · Staff will also fulfill the duties of first responder until law enforcement or emergency medical services arrive in order to tend to the victim's needs and to maximize the potential for obtaining usable physical evidence for administrative proceedings or criminal prosecution. · Staff will notify the Program Manager, who will notify the ARC PREA Coordinator, to conduct an administrative investigation. · ARC staff will offer the victim access to a forensic medical exam performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). Forensic medical examinations shall be at no cost the victim. Staff will document efforts to provide SAFEs or SANEs. Forensic Exams are done at Meriter Medical Center. · ARC will offer to connect the victim with a victim advocate from a rape crisis center. The victim may request that staff participate in her contact with the rape crisis center or may make the contact confidential. If an advocate from the rape crisis center is not available, ARC will make available a staff member who has been screened and trained to serve as an advocate. Staff will document efforts to secure services from a rape crisis center. At the request of the victim, the victim advocate (or qualified staff member) will accompany and support the victim through the

	forensic medical examination process and investigatory interviews, and will provide emotional support, crisis intervention, information, and referrals. · If a resident reports information to staff that must be reported to a state agency, for example child abuse or neglect, or elder abuse, ARC staff will report that information to the appropriate state agency. The Procedures list staff responsibilities upon receiving an allegation of sexual abuse. These responsibilities include call 911 if necessary, attending to the immediate needs of the victim, separate the victim and perpetrator, and preserve evidence. It also states that the Program Manager or on-call be contacted. ARC developed a uniform evidence protocol that maximizes the potential for obtaining physical evidence for administrative proceedings. According to the PREA Coordinator, the agency used 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". The Madison Police Department has a Sensitive Crimes Unit and from my experience, they would typically follow paragraphs (a) through (e) of this section. During previous criminal investigations at ARC facilities, I received documentation that ARC requested that the investigating department follow the requirements of 115.221 (a) through (e). During interviews, all staff were able to describe the agency's procedures for evidence collection. The PREA Resident Information states that victims will be referred for a forensic medical exam by a SAFE or SANE at no cost to the victim. It also states that ARC will refer the victim to a victim advocate from a rape crisis center. The agency provided me with a letter from the Rape Crisis Center. The letter said that Center will provide 24-hour telephone confidential crisis hotline, referral and information, confidential counseling for victims, accompaniment to medical exams, law enforcement interviews, and legal proceedings, and confidential support group. On November 18, 2022, I contacted the Rape Crisis Center. Dana Pellebon, the Co-Executive Director, confirmed that their agency provides the services described in the letter. She also confirmed that forensic exams using SAFEs or SANEs are conducted at Meriter Hospital. Based upon my review of the Pre-audit Questionnaire, the Staff Policy, Resident Information, the agreement letter with Rape Crisis Center, and interviews Program Manager and PREA Coordinator, I conclude that the agency complies with all aspects of the standard.
--	---

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard

	Auditor Discussion The Residential Staff Policy and Procedure state that the ARC will “contact law enforcement to conduct a criminal investigation unless the behavior is not potentially criminal.” It states that complaints will be referred to the Madison Police Department. The PREA Resident Information states that ARC “will report the allegation to the Madison Police Department for investigation.” Both the staff policy and resident information state that ARC will conduct all administrative investigations. The staff policy describes the responsibilities of both agencies during investigations. In the past 12 months, the facility has not received any allegations of sexual abuse. The agency’s website states that the agency policy is to report allegations of sexual abuse to the Madison Police Department. Based upon my review of the Staff Policy, PREA Resident Information, and the agency website, I conclude that the agency complies with all aspects of the standard.
--	---

115.231	Employee training
	Auditor Overall Determination: Meets Standard Auditor Discussion The ARC PREA Policies states that ARC will train all staff, volunteers, and interns who have contact with residents. The policy states that employees, volunteers, and interns will be trained in all areas described in 115.231 (a) (1)-(10). The policy also states ARC will provide refresher training every two years. I reviewed the ARC training curriculum that describes in detail the training content, training methods, and materials. ARC has developed a specific training curriculum for PREA. The training includes two parts. Part 1 requires the employee to read specific training materials including the Residential Staff Policy for Compliance with PREA. The Part 1 training covers: Policy and rights, reporting, ARC response to report, outside support services, preserving evidence, services for victims, response to violation, definitions from PREA. After reviewing the material, the staff member views the video, Pt. 2 and meets with the program manager to review ARC PREA policies. The training video covers the material in the Staff Policy and includes prevention and

	detection, rights to free from retaliation, common reactions of victims, reporting, how to communicate with residents, including LGBTI. The training includes specific information on supervising female offenders. The agency provided a copy of articles by Stephanie Covington that is part of the training for staff on supervising female offenders. According to the PREA Coordinator, staff receive part 1 and 2 of the training during their first three shifts on the job. They are required to complete the training before working alone with residents. According to the Program Manager, most staff receive the above PREA training within a few days after hire. Some of the relief and weekend may receive the training within a longer period of time, but before they have worked with residents for more than a few days. At the time of the on-site visit, ARC MIP had 17 staff. During the on-site visit, I interviewed 14 staff. All of the staff interviewed said that they received training on PREA within the first week or two of hire. In addition to interviewing staff, I reviewed personnel files for all 17 staff to document training completion. All files had documentation that staff acknowledged having PREA training shortly after hire. However, 7 files did not contain documentation that staff had the 2-year refresher training. Corrective action was necessary. At the end of the corrective action period, the agency provided documentation that all staff had refresher training and now complies with all aspects of the standard.
--	---

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The ARC PREA Policies states that ARC will train volunteers, interns, and consultants who have contact with residents on PREA policies. At the time of the on-site visit, MIP had 3 interns and 8 volunteers (baby holders). According to the Program Manager, the interns receive training similar to other staff, but it is not documented. The volunteer "baby holders" do not get PREA training. During the on-site visit, I interviewed 1 of the interns. She confirmed that she received PREA training shortly after she started at MIP.

	Corrective action required that the agency train all volunteers and interns and document that training. At the end of the corrective action period, the agency provided documentation that all 11 volunteers signed acknowledgments that they received PREA training. The agency has satisfied the corrective action and complies with all aspects of this standard.
--	---

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The PREA Information for ARC MIP Residents includes the agency zero-tolerance policy and other information that complies with the standard. It states that a resident may report an incident or suspicion of sexual abuse or sexual harassment, retaliation for reporting such incidents, or staff neglect or violation of responsibilities that may have contributed to such incidents by: Making a written or oral report to any staff member — a report may be anonymous or from a third party. Residents may also contact the ARC PREA Coordinator, Rape Crisis Center, PREA Coordinator at ATTIC Correctional Services (outside agency), or the Department of Corrections. The Resident Information states that the grievance process is not the appropriate means to file a report of sexual abuse or harassment. The staff policy states that ARC accepts third party reports of sexual abuse or sexual harassment at all residential facilities and at the administrative office. The Staff Policy describes how the facility provides PREA information to residents in formats accessible to all residents, including those that who are limited English proficient, deaf, visually impaired, otherwise disabled, or residents who have limited reading skills. During the on-site visit, I interviewed all 5 current residents. All residents reported that they received PREA information upon intake (within 1-2 days) and were aware of zero tolerance and reporting option. I also reviewed the files of all residents and confirmed that all residents received PREA intake information at intake.

	I also reviewed resident files for 14 residents who discharged in the last 12 months. The facility admitted 23 residents in the past 12 months. Between the current and discharged residents, I reviewed a total of 19 of the 28 residents admitted in the past year. The 19 files that I reviewed confirmed that these 19 residents received PREA education at intake. The Case Manager at MIP is primarily responsible for conducting intake. During the on-site visit, I interviewed her regarding resident education. She does intake the first day that residents arrive. Residents receive the handout, PREA Information for ARC Residents at the time of intake. "We go through it". She asks the resident if they understand the information. If it appears they don't understand the materials, she'll go over the information in more detail. During the tour of the facility, I observed the PREA information posted in the facility.
--	---

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Robin Ryan, the PREA Coordinator, is one of 2 ARC staff who are designated as PREA investigators. Tania Rhoads, Program Manager is also an investigator. The agency provided documentation that the 2 staff completed National Institute of Corrections training, "PREA: Investigating Sexual Abuse in a Confinement Setting" Ryan completed the training in 2016. Rhoads in 2019. Ryan was interviewed during the on-site visit. I have interviewed Ryan several times in the past 6 years during audits of other ARC facilities. She was able to describe the investigation process. She has completed several PREA investigations at ARC facilities over the past 6 years. ARC MIP did not have any PREA investigations in the past 12 months. The ARC PREA Policies state, "Any ARC staff member who conducts administrative investigations of sexual abuse will receive training in conducting such investigations in confinement settings. The training will include 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.”
--	---

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency does not have any full or part-time medical or mental health care practitioners who work regularly in its facilities.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Substance Abuse Counselor is primarily responsible for completing risk screening at ARC MIP. She was interviewed during the on-site visit. She said that she usually completes the screening on the first day of intake. The second screen is usually done within 2-3 weeks. Although she is aware of the criteria in the standard for doing an additional risk screen, she has not done any to date. Completed risk screens are kept in the Case Managers office, separate from the resident file. If there are risk issues identified, she will discuss it with the Program Manager. There are not many issues to consider, since it is a small facility. However, they will discuss where to room the residents and who the roommate will be. The Residential Staff Policy and Procedure states that ARC will screen residents for risk of sexual victimization or abusiveness within 72 hours after arrival. The policy states that ARC will conduct a second screening within 30 days after the resident arrives. It also states that a rescreening will occur if staff received information relevant to the resident’s risk for sexual victimization or abusiveness. The policy also states that the second assessment ARC will consider information based on the resident’s adjustment and behavior in the program, information provided in additional assessments and in case management and treatment sessions. ARC will document the screenings in a PREA screening that is not part of the resident’s

	treatment file. The policy also states that residents will not be disciplined for refusing to provide information for the screening. I reviewed the risk-screening instrument that ARC uses. The agency uses the PREA Screening Tool which was amended during a previous audit to comply with the standards. All of the criteria from the standards are included on the screening form. During the on-site visit, I interviewed all 5 of the current residents. All 5 said they were screened at intake. Three of the 5 residents were in the program over 30 days. Those 3 residents said they received a second screening within 30 days. I also reviewed completed risk screens for all 5 residents. All 5 residents had the initial screening completed within 72 hours. In addition, all 3 of the residents in the program over 30 days received a second screening within 30 days. I also reviewed files for 20 discharged residents to determine whether risk screening followed the standards. The review of discharged files was for the past 15 months. All of these discharged cases were screened according to the standards. Overall, I reviewed risk screens for 25 residents admitted in about the past 15 months.
--	---

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The ARC Residential Staff Policy and Procedure addresses the use of risk screening. "ARC shall use relevant information regarding a resident's programming and room assignments. ARC will make individualized determinations about how to ensure the safety of each resident. ARC will work with DOC and FBOP regarding placement of transgender or intersex residents in ARC facilities. A transgender or intersex residents own views will respect to his or her own safety will be given serious consideration. All residents shower separately from other residents. ARC will not place LGBTI residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility unit, or wing established in connection with a consent decree, or legal judgment for the purpose of protecting such residents."

	During the on-site visit, I interviewed the Substance Abuse Counselor and the Program Manager regarding screening at MIP. According to the Substance Abuse Counselor, those residents identified at-risk are staffed with the Program Manager. Room placement and roommates are considered if there are risk issues. They may place an at-risk resident close to the office. They would separate someone is at risk from someone who at risk to abuse others.
--	---

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The "PREA Information for ARC Dayton Residents" addresses multiple ways that residents may report sexual abuse or sexual harassment. "A resident may report an incident or suspicion of sexual abuse or sexual harassment, retaliation for reporting such incidents, or staff neglect or violation of responsibilities that may have contributed to such incidents by: ❖ Making a written or oral report to any staff member- a report may be anonymous or from a third party." ❖ Contacting the ARC PREA Coordinator (name and phone number included). ❖ Contacting The Rape Crisis Center (phone number) ❖ Contacting PREA Coordinator at ATTIC Correctional Services (outside agency). ❖ Contacting the Department of Corrections ARC recently entered a MOU with ATTIC Correctional Services as a way for residents to report sexual abuse or sexual harassment to an entity or office that is not part of the agency, and the agency is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials. They would allow the resident to remain anonymous if they requested it. ARC has a reciprocal agreement ATTIC to accept reports from each agency. I confirmed this arrangement with ATTIC. The Staff Policy also addresses various reporting options for residents. It also states that if staff received verbal reports, in writing, anonymously, or from third parties, they shall document the report and report the incident. In interviews with 14 staff, all were aware of the various reporting options for residents, including methods for residents and staff to privately report. The Staff Policy states, "Staff may report sexual abuse to the Program

	Manager, or if the Program Manager is involved, to the Director of Community Justice Programs”. During the on-site visit, I interviewed all 5 residents. All residents were aware of multiple reporting methods as described in PREA Information for ARC Dayton Residents. The ARC website contains information about resident reporting including third party reporting. Based upon my review of the Staff Policy and The PREA Information for ARC Dayton Residents, along with interviews with 11 staff, 8 residents and ATTIC Correctional Services, I conclude that the agency complies with all
--	--

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	According to the PREA Coordinator, ARC MIP does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. Information in the Staff Policy and Resident Information states that there is not an administrative procedure for reporting sexual abuse. sexual abuse.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Resident Information and Staff Policy include information about support services. The Resident Information states that residents will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It states that residents may contact the Rape Crisis Center, with the address and telephone number listed. It states that residents may choose whether to have staff participate in the phone call or to make the call confidentially. The Staff Policy also states that ARC will provide residents access to and contact information for outside victim support advocates for emotional support related to sexual abuse. The Staff Policy and Resident Information address confidentiality, the extent to which communications will be monitored, and issues regarding mandatory reporting as described in 115.253 (b).

	ARC provided a letter from Rape Crisis Treatment Center, which states that the Center provides emotional services to their ARC residents related to sexual abuse. The Center provides ARC residents with confidential support service free of charge. It will 24-hour confidential crisis line, advocacy response to hospitals, and law enforcement interviews and court accompaniment, and individual and group therapy. On November 18, 2022, I contacted the Rape Crisis Center. Dana Pellebon, the Co-Executive Director, who confirmed that their agency provides the services described above. Based upon my review of the Resident Information, Staff Policy, and contact with the Rape Crisis Center, I conclude that the agency complies with all aspects of the standard.
--	---

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The Staff Policy states that residents may report sexual abuse, sexual harassment, retaliation, or staff neglect or violation of responsibilities that may have contributed to such incidents from a third party. The Resident Information also states that residents may make a report through a third party. Both documents state that ARC will accept third (party) reports of sexual abuse at all residential facilities and at the administrative office. I reviewed the agency's website to verify that it includes information on third party reports of abuse. Based upon my review of the Staff Policy, Resident Information, and the agency's website, I conclude that the agency complies with all aspects of the standard.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The Residential Staff Policy and Procedure states, "ARC staff are required to report suspected sexual abuse or sexual harassment." It later states ARC staff will immediately report to the Program

	Manager any knowledge, suspicion or information regarding an incident of sexual abuse, sexual harassment, retaliation for reporting sexual abuse or sexual harassment or staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, regardless of whether it occurred an ARC facility, a correctional facility, or another community corrections facility.” The policy states that the Program Manager will report all allegations to the facility’s designated investigators. During the on-site visit, I interviewed 14 staff. All staff stated that they are required to report all incidents or suspected incidents of abuse or harassment. All staff said that they would be able to privately report any information to the Program Manager or Robin Ryan, COO/PREA Coordinator if the Program Manager was not available. ARC MIP does not have medical or mental health staff that work in the facility, but the Staff Policy states that any ARC staff member who provides medical or mental health services is required to report as provided in the above paragraph, and, at the initiation of medical or mental health services with a resident, must inform the resident of the duty to report and the limitations of confidentiality. It also states if state law governing mandatory reporting of child abuse or state law governing mandatory reporting of elder abuse or at risk adult abuse applies to an allegation of sexual abuse, staff shall report as mandated. The agency requires all staff to sign a confidentiality agreement that complies with 115.261 (b). ARC MIP does not accept residents under the age of 18, so (d) is not applicable. The Resident Information states, “All staff are required to report sexual abuse or sexual harassment.” The Resident Information also addresses mandatory reporting requirements for staff. Based upon my review of the Staff Policy, Resident Information, and interviews with 14 staff members, I conclude that the agency complies with all aspects of the standard.
--	--

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Residential Staff Policy and Procedure states, “If ARC staff learn that a resident is subject to a substantial risk

	of imminent sexual abuse, the Program Manager will take immediate action to protect the resident.” The agency reports that there have been no such incidents in the past 12 months. During the on-site visit, I interviewed 14 staff. All staff stated that if a resident were at imminent risk, they would immediately take steps to protect the potential victim by separating the victim and abuser and call either the Program Manager or police, depending on the circumstances. Based upon my review of the Staff Policy, the Pre-audit Questionnaire, and interviews with 14 staff members, I conclude that the agency complies with all aspects of the standard.
--	--

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The Residential Staff Policy and Procedure for Compliance with PREA states that if ARC staff receive an allegation that a resident was sexually abused while confined in prison, jail, or another community corrections facility, the ARC Director of Community Justice Programs will notify the head of the facility within 72 hours of receiving the allegation and will document the notification. According to the Pre-audit Questionnaire, there have been no reports in the past 12 months of abuse that occurred in other facilities. Based upon my review of the Residential Staff Policy and Procedure and Pre-audit Questionnaire, the agency complies with the standard.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The Residential Staff Policy and Procedure addresses first responder duties. It states “Upon learning of an allegation that a resident was sexually abused, the ARC staff member who responds to the report will separate the alleged victim and abuser, and, under the guidance of police to whom the allegation is reported, preserve and

	protect any crime scene and physical evidence, for example by requesting the victim not wash, brush teeth, change clothes, go to the bathroom, smoke, drink, or eat as appropriate, until police have an opportunity to gather physical evidence.” All staff at ARC are considered first responders. The Resident Information includes specific language from the standard that addresses preserving evidence and includes instructions for the victim to follow in order to preserve evidence. During interviews with 14 staff at ARC Dayton, all were familiar with the agency policy for preserving evidence. All staff said the first step they would take is to protect the victim. All staff were able to describe steps to take following an assault: protect the victim, separate victim and perpetrator, contact supervisors and police. Based upon my review of the Resident Information, Residential Staff Policy and Procedure, interviews with 14 staff, and training documentation, I conclude that the agency complies with all aspects of the standards.
--	---

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The ARC Residential Staff Policy and Procedure describes the role of first responders, the Program Manager, PREA Coordinator, investigators, and police. The procedures include notification of police and agency management, preserving and collecting evidence, assisting the victim by offering a forensic medical exam, conducting an administrative investigation and determining appropriate support services for the victim. Based upon my review of the Residential Staff Policy and Procedure, I conclude that the agency complies with all aspects of the standards.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	According to the PREA Coordinator, the agency does not have any collective bargaining agreements.
--	---

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The ARC Residential Staff Policy and Procedure states that the Program Manager and Director of Community Justice Programs (PREA Coordinator) will monitor all residents and staff involved in the incident or involved in the reporting or investigation of the incident to ensure that residents and staff are not subject to retaliation. The policy describes monitoring steps that include checking in with the resident or staff, reviewing consequences imposed on a resident and reviewing any grievance or complaint regarding a staff member. "ARC will take all necessary steps to prevent or end retaliation, such as discharging a resident who is retaliating, removing a staff member who is retaliating, or assisting a resident who is a victim of retaliation to transfer to another ARC residential program. ARC will continue monitoring for at least 90 days after the incident was reported and will extend the monitoring period if the initial monitoring period indicate a continuing need." The Resident Information states, "Residents have a right to be free from retaliation for reporting alleged sexual abuse or harassment." It states that residents may report retaliation through a number of options, including written or oral, anonymous and third party. The PREA Coordinator and the Program Manager at ARC MIP are designated to monitor retaliation. The Program Manager would take the primary responsibility for monitoring retaliation since she is in the facility daily. During the on-site visit, I interviewed the Program Manager regarding retaliation. She said that she would be the primary staff member to monitor both residents and staff for possible retaliation. She would observe behaviors daily and would meet often with the residents or staff involved. The Program Manager described several ways she would monitor retaliation. The agency policy states that they would monitor retaliation for at least 90 days, however the Program Manager said they would likely monitor for the entire time the resident was in the facility. The

	agency reports there have been no reports of retaliation in the past 12 months. Based upon my review of the Staff Policy and Resident Information, along with the interview with the Program Manager, I conclude that the agency complies with the standard.
--	---

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The ARC PREA Policies state that any ARC staff member who conducts administrative investigations will receive training in conducting such investigations per 115.234. The ARC Director of Community Justice Programs/PREA Coordinator Robin Ryan is one of 2 ARC staff designated to conduct administrative investigations at its facilities. Ryan and the other staff member completed National Institute of Corrections training, "PREA: Investigating Sexual Abuse in a Confinement Setting. The agency provided verification that training was completed. Criminal investigations are conducted by the Madison Police Department. The ARC PREA Policies describes the steps that the agency will follow during an administrative investigation. The language in the policy addresses all the standards in (a) through (f) and (1) and (2). During the on-site visit, I interviewed Robin Ryan, Chief Operating Officer and the PREA Coordinator. I have interviewed Ryan several times regarding investigations during previous audits of ARC facilities. Ryan has conducted several administrative investigations in the past 6 years at ARC facilities and has a thorough knowledge of the standards as they relate to investigations. The facility did not receive any allegations of sexual abuse or harassment in the past 12 months. Based upon my review of the ARC PREA Policies, training documentation and interviews with the PREA Coordinator/Investigator, I conclude that the agency complies with all aspects of the standard.

115.272	Evidentiary standard for administrative investigations
----------------	---

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	According to the PREA Coordinator and agency policy, the agency uses a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The ARC Residential Staff Policy and Procedure for PREA addresses reporting to residents. The policies state that ARC will inform the resident whether the allegation is substantiated, unsubstantiated, or unfounded. If a staff member is alleged to have committed sexual abuse, and the allegation is not determined to be unfounded, ARC will inform the resident if the staff person is no longer employed at the facility and if the agency learns the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. If a resident alleges another resident committed sexual abuse against the resident, ARC will inform the resident if the alleged abuser is indicted or convicted. ARC will document all notifications and attempted notification under this section. The policy also states that notification obligations end when the resident is discharged from the facility. In the past 12 months, ARC MIP has not had any reports of sexual abuse or sexual harassment. Based upon my review of the ARC Residential Staff Policy and Procedure for PREA and interviews with the Program Manager and PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The ARC PREA Policies state that any ARC staff member who conducts administrative investigations will receive

	training in conducting such investigations per 115.234. The ARC Director of Community Justice Programs/PREA Coordinator Robin Ryan is one of 2 ARC staff designated to conduct administrative investigations at its facilities. Ryan and the other staff completed National Institute of Corrections training, "PREA: Investigating Sexual Abuse in a Confinement Setting. The agency provided verification that training was completed. Criminal investigations are conducted by the Madison Police Department. The ARC PREA Policies describes the steps that the agency will follow during an administrative hearing. The language in the policy addresses all the standards in (a) through (f) and (1) and (2). During the on-site visit, I interviewed Robin Ryan, Chief Operating Officer and the PREA Coordinator. I have interviewed Ryan several times regarding investigations during previous audits of ARC facilities. Ryan has conducted several administrative investigations in the past 6 years at ARC facilities and has a thorough knowledge of the standards as they relate to investigations. The facility did not receive any allegations of sexual abuse or harassment in the past 12 months. Based upon my review of the ARC PREA Policies, training documentation and interviews with the PREA Coordinator/Investigator, I conclude that the agency complies with all aspects of the standard.
--	--

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion According to the Questionnaire, ARC Dayton does not currently have contractors, volunteers or interns. The Residential Staff Policy and Procedure states, "If a contractor or volunteer engages in sexual abuse, ARC will prohibit the contractor or volunteer from having contact with residents, and report the contractor to the police, unless the activity was clearly not criminal. ARC will also report the contractor or volunteer to relevant licensing or certification agencies. If the contractor or volunteer commits a violation of this policy other than sexual abuse, ARC will take remedial measures, such as education, or a work plan, and will consider whether to prohibit further contact with residents or exclude the contractor or volunteers.

	According to the Pre-audit Questionnaire, there have been no reports of sexual abuse or harassment involving contractors or volunteers in the past 12 months. Based upon my review of the Staff Policy the Pre-audit Questionnaire, I conclude that the agency complies with all aspects of the standard
--	--

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion According to the agency, the decision to sanction a resident would be made mutually between ARC and the DOC. According to the Staff Policy, if a resident is found to have sexually abused another resident, DOC will likely remove the resident and discharge the resident from facility. If DOC initiates revocation, they will provide the offender with a due process hearing. The hearing would consider the nature and circumstances of the abuse committed and other factors described in the standard. According to the ARC Staff Policy, if DOC and ARC determine that a resident may remain in the program, ARC could impose the appropriate consequence for violation of ARC rules and would consider the nature and circumstances of the abuse, the resident's disciplinary history and sanctions imposed for comparable offenses by other residents. ARC would consider the resident's mental disability or mental illness in determining a consequence. Given the fact, that both the ARC policy and DOC process address the criteria in the standard, I conclude that the agency complies with the standard. The ARC Staff Policy also states that ARC will not impose consequence on a resident for having sexual contact with a staff member unless the staff member did not consent to the sexual contact. For purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegations. It also states that ARC will attempt to have a mental health evaluation conducted on a resident who sexually abuses another within 60 days and will offer treatment deemed appropriate by mental health practitioners.

	ARC rules prohibit any sexual activity between residents and ARC may impose consequences for violating that rule. However, ARC does not deem sexual activity between residents to be sexual abuse if the activity is not coerced. The PREA Information for ARC MIP Residents also addresses sanction for residents and states that if a resident sexually abuses another resident, they will likely be removed from the program and discharged. It also states that ARC will attempt to have a mental health evaluation conducted on a resident who sexually abuses another within 60 days and will offer treatment deemed appropriate by mental health practitioners. Since the facility does not have a program that offers sexual abuse therapy or counseling, (d) does not apply. Based upon my review of the ARC Staff Policy and Resident Information, I conclude that the agency complies with all aspects of the standards.
--	---

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The PREA Residential Staff Policy and Procedure and PREA Information for Residents state that resident victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Both documents state that it will offer timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care. These documents state the victim will be offered a pregnancy test. The victim will also receive timely and comprehensive information about and timely access to pregnancy related medical services. Both documents state that the victim will be provided treatment services without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Staff Policy states victims will be offered support services to any victim of sexual assault or harassment. The Rape Crisis Center provides 24-hour telephone helpline offering confidential crisis counseling, referral, and information, and accompaniment to medical exams, law enforcement interviews, and legal proceedings. On

	November 18, 2022, I contacted the Rape Crisis Center. Dana Pellebon, the Co-Executive Director, confirmed that their agency provides support services to victims who need emergency medical or mental health services. Based upon my review of the PREA Residential Staff Policy and Procedure and PREA Information for Residents, and the Rape Crisis Center, I conclude that the agency complies with all aspects of the standard
--	--

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Residential Staff Policy and Procedure states that victims will be provided emotional support, crisis intervention, information, and referrals. The agency will offer medical and mental health evaluation and treatment to residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Services will be consistent with the community level of care. Victims who are discharged from the ARC program will be offered services for victims. The Staff Policy states that victims will be offered pregnancy tests. If a resident is at risk of becoming pregnant a result of sexual abuse, ARC will refer the resident to comprehensive information regarding pregnancy-related services, as well as for pregnancy-related medical services. The Staff Policy also states victims of sexual abuse, ARC will arrange for tests for sexually transmitted infections, as medically appropriate. The Staff Policy states that ARC will attempt to have a mental health evaluation conducted on a resident who sexually assaults another resident within 60 days of learning of such abuse and will offer treatment deemed appropriate by mental health practitioners. PREA Information for Residents states that victims will be offered the above ongoing medical and mental health services, including emergency contraception and sexually transmitted disease prophylaxis, pregnancy testing and access to pregnancy related medical services. The Resident Information states that services will be offered to residents who have been victimized by sexual

	abuse in any prison, jail, lockup, or juvenile facility and following their transfer, to other facilities or release. The Rape Crisis Center provides 24-hour telephone helpline offering confidential crisis counseling, referral, and information, and accompaniment to medical exams, law enforcement interviews, and legal proceedings. On November 18, 2022, I contacted the Rape Crisis Center. Dana Pellebon, the Co-Executive Director, confirmed that their agency provides support services to victims who need confidential crisis counseling, referral, and information; counseling for sexual assault survivors. Based upon my review of the PREA Residential Staff Policy and Procedure and PREA Information for Residents, I conclude that the agency complies with all aspects of the standard.
--	--

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The ARC PREA Policies states that conclusion of an investigation of an allegation of sexual abuse, other than an allegation that is determined to be unfounded; ARC will conduct an incident review. The policy states that the ARC Director of Community Justice Programs (PREA Coordinator) will assemble a review team, which will include the Director of Community Justice Programs, Director of Program Development and Evaluation, the Program Manager, and any additional investigator. According to the policy, the review team considers the factors identified in (d) (1) through (6) and (e). This language complies with the standard. In the past year, the facility has not had any investigations of sexual abuse. However, I previously reviewed incident reviews conducted at other ARC facilities. Based upon my review of the ARC PREA policies, I conclude that the agency complies with all aspects of the standards.

115.287	Data collection
	Auditor Overall Determination: Meets Standard

	Auditor Discussion According to the ARC PREA Policy, Program Managers will report all sexual abuse or sexual harassment allegations to the ARC Director of Community Justice Programs. The Director will maintain list of allegations and investigation outcome and provide information about allegations to the DOC upon request. The Director will annually review the data on investigation. The Director maintains paper copies of data for 10 years. The agency uses the "Survey of Sexual Victimization" incident form and summary form, and states that it will aggregate the incident-based sexual abuse data at least annually and that it will use the data from the forms. It states that ARC will provide such data from the previous calendar year to the Department of Justice, if requested, no later than June 30. Based upon my review of the ARC PREA Policy, I conclude that the agency complies with all aspects of the standards.
--	---

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard Auditor Discussion According to the questionnaire and the PREA Coordinator, the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. The ARC PREA Policies state that it will annually review data on allegations and investigation findings to access agency effectiveness. The policy states, "The Directors will take corrective action as needed. The Directors will prepare an annual report on agency findings from prior years, in order to access agency progress." The Director of Community Justice Programs approves the report. ARC published an annual PREA report for 2021 on January 25, 2022. The report also compares data from 2015-2020. The report from all 5 ARC facilities said that they were 1 substantiated allegations of sexual abuse and 2 cases of substantiated sexual harassment in 2021. I reviewed the annual report on the agency website. Based upon the interview with the PREA Coordinator, review of ARC PREA Policies,

	and the agency website, I conclude that the agency complies with all aspects of the standard
--	---

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The ARC PREA Policies states that the Director of Community Justice Programs will maintain data collected for at least 10 years. The data collected will be securely retained in password protected computer files and store paper copies in a locked location. It states that before making the data publicly available, it shall remove all personal identifiers. The agency policy states it will post the annual report on the agency website, if possible. I reviewed the 2021 annual report for all its facilities on the website. The annual report is posted and complies with the standard. Based upon the interview with the PREA Coordinator, review of ARC PREA Policies, and the agency website, I conclude that the agency complies with all aspects of the standard

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	ARC has 5 facilities in Wisconsin. This is the first year of the 3-year cycle. According to the PREA Coordinator, in 2023, ARC plans to have audits conducted at ARC Patterson and ARC Fond du lac.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	I reviewed the ARC website, and it contains prior audits completed over the past 3 years.

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

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

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

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

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

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

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

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

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

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

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

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	no
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

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

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

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

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

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	na

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

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

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

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

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

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

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

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

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

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

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

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

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

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

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

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

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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

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