PREA Facility Audit Report: Final

Name of Facility: A.R.C. Dayton
Facility Type: Community Confinement
Date Interim Report Submitted: NA
Date Final Report Submitted: 09/11/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Cynthia Radtke	**Date of Signature:** 09/11/2026

AUDITOR INFORMATION	
Auditor name:	Radtke, Cynthia
Email:	cindy.radtke@preaauditwi.com
Start Date of On-Site Audit:	06/04/2026
End Date of On-Site Audit:	06/05/2026

FACILITY INFORMATION	
Facility name:	A.R.C. Dayton
Facility physical address:	2009 East Dayton Street, Madison, Wisconsin - 53704
Facility mailing address:	

Primary Contact

Name:	Jan Battle
Email Address:	jbattle@arccommserv.com
Telephone Number:	6082417616

Facility Director	
Name:	Jan Battle
Email Address:	jbattle@arccommserv.com
Telephone Number:	082417616

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

Facility Characteristics	
Designed facility capacity:	13
Current population of facility:	8
Average daily population for the past 12 months:	8
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Women/girls
Age range of population:	18+
Facility security levels/resident custody levels:	voluntary
Number of staff currently employed at the	9

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

AGENCY INFORMATION	
Name of agency:	Adult Rehabilitation Center (ARC) Community Services, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	2001 West Beltline Highway, Suite 102, Madison, Wisconsin - 53713
Mailing Address:	
Telephone number:	6082782300

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

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-06-04
2. End date of the onsite portion of the audit:	2026-06-05

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	13
15. Average daily population for the past 12 months:	8
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	○ Yes ○ No ◉ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	8
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	7
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	7
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☐ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility has one housing unit. Randomly selected residents were chosen from different rooms and housing areas, with consideration given to characteristics such as age, race, ethnicity, and length of stay.

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

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility reported that a disabled and limited English proficient resident population are not currently housed at this facility. To corroborate this information, the auditor reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/ classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.
48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported that a cognitive or functional disability resident population are not currently housed at this facility. To corroborate this information, the auditor reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported that a Blind or low vision resident population are not currently housed at this facility. To corroborate this information, the auditor reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility reported that a Deaf or hard-of-hearing resident population are not currently housed at this facility. To corroborate this information, the auditor reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported that a Limited English Proficient resident population are not currently housed at this facility. To corroborate this information, the auditor reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported that a lesbian, gay, or bisexual resident population are not currently housed at this facility. To corroborate this information, the auditor reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.

53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility reported that a transgender or intersex resident population are not currently housed at this facility. To corroborate this information, the auditor reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported that there were no residents who reported sexual abuse currently housed at this facility. To corroborate this information, the auditor reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported that there were no residents who disclosed prior sexual victimization currently housed at this facility. To corroborate this information, the auditor reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.

56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility reported that residents who are or were ever placed in segregated housing/ isolation for risk of sexual victimization are not currently housed at this facility. To corroborate this information, the auditor reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/ classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	1

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	○ Yes ◉ No
a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☑ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☑ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.

Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	4
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	( ) Yes ( ) No (●) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	◉ Yes ○ No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	◉ Yes ○ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	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.

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0

a. Explain why you were unable to review any sexual abuse investigation files:	The facility reported no allegations of sexual abuse during the audit review period that resulted in a criminal or administrative sexual abuse investigation. As a result, there were no sexual abuse investigation files available for auditor review.
86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0

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

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

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

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff PREA Policy and Procedure c. ARC PREA Handout for Residents 2. Interviews a. PREA Coordinator 3. Site Review Findings (By Provision).

	115.211 (a). ARC Dayton indicated in its Pre-Audit Questionnaire that the agency maintains a written policy mandating zero tolerance toward sexual abuse and sexual harassment. The ARC Residential Staff PREA Policy and Procedure states: “ARC Community Services, Inc. has zero tolerance for any form of sexual abuse and sexual harassment. All residents are encouraged to report suspected sexual abuse or sexual harassment. All staff are required to report suspected sexual abuse or sexual harassment.” The policy outlines the agency’s approach to preventing, detecting, and responding to such conduct, including educating staff and clients about the prohibition and methods for reporting; creating a safe environment and building rapport so clients feel safe reporting; staff holding frequent individual sessions with each client; maintaining a continual staff presence throughout the facility; reporting allegations to local law enforcement unless the conduct is not potentially criminal; and offering referral to support services to any victim. The policy also includes the PREA definitions of sexual abuse, sexual harassment, and voyeurism, and provides that residents and employees have a right to be free from retaliation for reporting. Upon arrival, residents receive the PREA Information for ARC Dayton Residents handout, which describes the agency’s zero-tolerance policy and residents’ rights. During the site review, postings were visible throughout the facility, and intake orientation materials were confirmed to include clear instructions on reporting. Staff interviews affirmed understanding of the policy and described the process for responding to allegations. 115.211 (b). ARC Dayton indicated that an upper-level, agency-wide PREA Coordinator has been designated with sufficient time and authority to develop, implement, and oversee PREA compliance. The agency has designated the Chief Executive Officer, as the PREA Coordinator. During interviews, the PREA Coordinator described dedicated time allocation for PREA oversight, including policy development, data collection, training coordination, and monitoring. The facility indicated that the CEO has designated an upper-level, agency-wide PREA Coordinator. The ARC Residential Staff Policy and Procedure provides: “The Director of Community Justice Programs (now Chief Operating Officer) is the PREA coordinator for ARC Community Services Inc.” During interviews, the PREA Coordinator described oversight duties including policy development, training coordination, data collection, and monitoring of PREA compliance. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.212	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance:

	1. Documents a. ARC Dayton PAQ Responses 2. Interviews a. PREA Coordinator Findings (By Provision). 115.212 (a). ARC Dayton indicated in its PAQ that it is solely responsible for the confinement and supervision of its residents and has not entered into a contract or contract renewal for the purpose of housing residents in another facility. During the interview with the PREA Coordinator, it was confirmed that ARC Dayton is solely responsible for confinement and supervision of residents at Dayton and has not entered any contracts or contract renewals since August 20, 2012, for the purpose of housing residents elsewhere. 115.212 (b). Because the agency does not contract with other entities for the confinement of residents, the requirement to include PREA monitoring provisions in such contracts does not apply. The PREA Coordinator confirmed during the interview that there are no arrangements requiring monitoring of contractor compliance with PREA standards. A final analysis of the evidence indicates these provisions are not applicable.

115.213	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. Staffing Plan 2. Interviews a. PREA Coordinator b. Program Manager 3. Site Review Findings (By Provision).

	115.213 (a). ARC Dayton indicated in its PAQ that it maintains a documented staffing plan providing adequate staffing to protect residents against sexual abuse. The ARC Residential Staff PREA Policy and Procedure states: “ARC residential facilities shall have at least one employee present at the facility at all times. The employee shall walk through the facility at least once an hour to monitor the activities of people present in the facility.” During interviews with the PREA Coordinator and the Program Manager, it was confirmed the staffing plan is reviewed annually. The PREA Coordinator described how the staffing plan is evaluated in collaboration with facility leadership and adjustments are considered in response to operational needs. The PREA Coordinator noted there is always a minimum of one staff member in the facility 24 hours a day. 115.213 (b). During the pre-onsite portion of the audit, the facility indicated there are no deviations from the staffing plan. When asked how an uncovered shift would be handled, the Program Manager indicated that on-call staff would be contacted and that, consistent with policy, a staff member working alone who cannot sufficiently monitor the facility will contact on-call staff to request additional coverage. The auditor reviewed the Annual Staffing Plan Review, which documented consideration of all required elements. The facility reported an average daily population of 8 residents during the audit period. 115.213 (c). ARC Dayton indicated that the staffing plan is assessed at least annually for needed adjustments. During interviews, the PREA Coordinator confirmed that this year’s assessment was completed. The auditor reviewed the annual staffing plan, which noted no adjustments were necessary. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.215	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff PREA Policy and Procedure 2. Interviews a. PREA Coordinator b. Random Staff

	c. Random Residents 3. Site Review Findings (By Provision). 115.215 (a). ARC Dayton indicated in its PAQ that it does not conduct cross-gender strip searches or cross-gender visual body cavity searches of residents. The ARC Residential Staff PREA Policy and Procedure states: “ARC does not permit employee to conduct cross-gender pat searches, strip searches, or visual body cavity searches of residents.” During interviews, all staff confirmed they do not conduct cross-gender strip or visual body cavity searches, and residents confirmed that such searches are not performed. The facility reported no such searches in the preceding 12 months, and no logs were available to review because no occurrences took place. 115.215 (b). The facility reported in the PAQ, and staff and resident interviews confirmed, that in the past 12 months no cross-gender pat-down searches of female residents occurred. 115.215 (c). As indicated in (a) and (b), there have been no cross-gender strip, visual body cavity, or pat-down searches of female residents during the audit period. No logs were produced for review because no events occurred. 115.215 (d). The ARC Residential Staff PREA Policy and Procedure provides that ARC does not permit opposite-gender staff to view a resident while showering, performing bodily functions, or changing clothing, except where incidental to a routine room check, and requires opposite-gender staff to announce their presence when entering such areas. During the site review, the auditor observed sight-lines consistent with resident privacy, and staff confirmed the announcement practice. 115.215 (e-f). The auditor is not required to audit these provisions. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.216	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses

	b. ARC Residential Staff PREA Policy and Procedure 2. Interviews a. PREA Coordinator b. Random Staff 3. Site Review Findings (By Provision). 115.216 (a). ARC Dayton indicated in its PAQ that it takes appropriate steps to ensure residents with disabilities have an equal opportunity to participate in and benefit from PREA-related efforts. The ARC Residential Staff PREA Policy and Procedure provides that ARC shall ensure effective communication with all residents and that, "if a resident has limited reading ability, due to either intellectual abilities or vision impairment, a staff member will read the agency's resident handout on PREA to the resident and answer any resident requests for clarification." During interviews, the PREA Coordinator and staff confirmed that reasonable accommodations are provided when needed. 115.216 (b). ARC Dayton indicated that it takes reasonable steps to ensure meaningful access for residents who are limited English proficient. The policy provides that ARC will arrange a language interpreter; the Program Manager first requests one through the referring correctional agency and, if not provided, contacts a professional interpreter service. Staff interviews confirmed knowledge that they should use the interpreter services if interpreter resources are needed. 115.216 (c). The policy provides that ARC will not rely on a resident to interpret or read material for another resident except where a delay in obtaining a non-resident interpreter or reader would compromise the resident's safety, first-responder duties, or a PREA investigation. The facility reported no instances in the prior 12 months in which resident interpreters or readers were used for PREA-related communication. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.217	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses

b. ARC Administrative PREA Policy and Procedure

c. Background check documentation

d. Personnel files for recently hired or promoted staff

2. Interviews

a. Agency Head

b. Staff who conduct background checks

3. Site Review

Findings (By Provision).

115.217 (a). ARC Dayton indicated in its PAQ that the agency prohibits hiring, promoting, or contracting with anyone who may have contact with residents who has engaged in sexual abuse, been convicted of or attempted sexual activity facilitated by force or coercion or with a victim unable to consent, or been civilly or administratively adjudicated to have engaged in such activity. The ARC Administrative PREA Policy and Procedure states: “ARC will not hire or promote any person who may have contact with residents, or contract with any person who may have contact with residents, if any of the following apply: 1) The person has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile, facility or other institution 2) The person 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. 3) The person has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (2).”

115.217 (b). ARC Dayton indicated that material omissions or materially false information during the hiring process are grounds for termination, and that the agency considers any incidents of sexual harassment in hiring, promotion, and contracting decisions. The Human Resources representative confirmed adherence to this policy and that it is incorporated into screening decisions.

115.217 (c). Before hiring any new employee or contracting with any person who may have contact with residents, the agency performs a criminal background records check and makes best efforts to contact all prior institutional employers for information on substantiated sexual abuse allegations or any resignation during a pending investigation. Review of randomly selected personnel files confirmed that both criminal background checks and prior-employer reference checks were completed and documented. The staff member responsible for background checks demonstrated knowledge of these procedures during the interview.

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

	115.217 (e). The ARC Administrative PREA Policy and Procedure provides that ARC conducts criminal background checks on employees who may have contact with residents at least every four years, as required by Wisconsin law (PREA requires at least every five years). 115.217 (f)-(g). The policy requires ARC to ask all applicants and employees about previous misconduct in writing or interview; imposes a continuing duty on employees to disclose; and provides that failure to make required disclosures is grounds for termination. The HR representative confirmed this expectation is provided to all staff. 115.217 (h). The policy provides that if a former ARC employee applies elsewhere and the prospective correctional employer requests information regarding sexual abuse or sexual harassment allegations involving that employee, ARC will provide the information. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.218	**Upgrades to facilities and technology**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses 2. Interviews a. Agency Head b. Program Manager 3. Site Review Findings (By Provision). 115.218 (a-b). ARC Dayton indicated in its PAQ that it has not acquired a new facility or made a substantial expansion or modification to existing facilities since the applicable date. The ARC Administrative PREA Policy and Procedure provides that, when designing or acquiring a new facility or planning a substantial expansion, and when installing or updating monitoring technology, ARC will consider the effect on its ability to protect residents from sexual abuse. During interviews, the Agency Head and Program Manager confirmed that no new facility, substantial expansion, or new video or electronic monitoring technology has been added since the

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

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff PREA Policy and Procedure 2. Interviews a. PREA Coordinator b. Random Staff 3. Site Review Findings (By Provision). 115.221 (a). ARC Dayton indicated in its PAQ that the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. The ARC Residential Staff PREA Policy and Procedure establishes a Uniform Evidence Collection Protocol: securing the area until law enforcement arrives, and, where waiting may jeopardize preservation, collecting potential evidence using gloves and sealed, labeled bags and documenting all items and actions in an incident report. The PREA Coordinator described the process for coordinating evidence collection and ensuring staff are trained to preserve evidence pending the arrival of law enforcement. The agency/facility is responsible for conducting administrative sexual abuse investigations. 115.221 (b). ARC Dayton indicated in its PAQ that it does not accept residents under the age of 18; therefore this provision is not applicable. 115.221 (c). The policy provides that victims are offered access to a forensic medical examination, without cost, performed by a SAFE or SANE where possible. 115.221 (d). At the victim’s request, a victim advocate (or qualified staff member) will accompany and support the victim through the forensic medical examination and investigatory interviews and provide emotional support, crisis intervention,

	information, and referrals. ARC offers to connect the victim with a victim advocate from a rape crisis center, specifically Dane County Rape Crisis Center. During interviews, the PREA Coordinator confirmed this process. 115.221 (e)-(f). The PREA Coordinator confirmed that a victim advocate or qualified staff member is made available as requested and that the agency documents its efforts to secure rape crisis center services. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.222	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff PREA Policy and Procedure 2. Interviews a. PREA Coordinator b. Investigative Staff 3. Site Review Findings (By Provision). 115.222 (a). ARC Dayton indicated in its PAQ that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Interviews with the PREA Coordinator and Investigative Staff confirmed that it is standard practice for any allegation to be referred for investigation. 115.222 (b)-(c). The ARC Residential Staff PREA Policy and Procedure provides that ARC reports allegations of sexual abuse to the appropriate local law enforcement agency for criminal investigation, unless the allegation does not involve potentially criminal behavior, and that ARC conducts an administrative investigation. For ARC Dayton, the responsible law enforcement agency is the Madison Police Department. The facility reported 0 (zero) allegations of sexual abuse or sexual harassment during the prior 12-month period. Interviews demonstrated a consistent understanding of the obligation to report and cooperate with investigations.

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

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Administrative PREA Policy and Procedure c. PREA Training Curriculum d. PREA Training Certificates and Rosters 2. Interviews a. PREA Coordinator b. Random Staff 3. Site Review Findings (By Provision). 115.231 (a-c). ARC Dayton indicated in its PAQ that all employees who may have contact with residents receive PREA training. The ARC Administrative PREA Policy and Procedure provides that ARC will train all staff, interns, and volunteers who have contact with residents on: the zero-tolerance policy; their responsibilities under agency prevention, detection, reporting, and response policies; residents' right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting; the dynamics of sexual abuse and sexual harassment in confinement; common reactions of victims; how to detect and respond to signs of threatened and actual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including LGBTI or gender-nonconforming residents; and how to comply with mandatory-reporting laws. The policy provides that ARC will provide refresher training every two years. The auditor reviewed the training curriculum, certificates, and rosters, confirming staff with resident contact completed the required training, and staff interviews confirmed receipt and understanding. 115.231 (d). Records confirmed that all training is documented through signed certificates or electronic verification following successful completion. Staff

	interviews affirmed that employees are required to acknowledge understanding of the content. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Administrative PREA Policy and Procedure c. PREA Training Acknowledgement Forms and Rosters 2. Interviews a. Program Manager Findings (By Provision). 115.232 (a-c). ARC Dayton indicated in its PAQ that contractors and volunteers who have contact with residents receive PREA training appropriate to their role. The ARC Administrative PREA Policy and Procedure provides that ARC will train any contractors who have contact with residents on items (1) through (4) of the employee-training topics (the zero-tolerance policy; their responsibilities; residents' right to be free from abuse and harassment; and the right to be free from retaliation), and that interns and volunteers receive training on the full set of employee-training topics. At the time of the interim report, the auditor had not been provided documentation confirming that volunteers who have contact with residents received training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures, nor documentation confirming that these individuals understood the training received. The standard was found not met, and the facility entered a corrective action period on this standard. During the corrective action period, the agency trained its volunteers who have contact with residents and submitted the documentation to the auditor. The auditor reviewed the volunteer training materials, which cover the agency's zero-tolerance policy, the prohibition against sexual abuse and sexual harassment, how and to

	whom to report an incident, third-party reporting, and referral to support services. The auditor also reviewed the completed Volunteer PREA Training and Acknowledgment forms, which document the date each volunteer was trained and include the staff trainer's initials and the volunteer's initials acknowledging that the volunteer received and understood the training. The corrective action has been completed and verified. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.233	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff PREA Policy and Procedure c. ARC PREA Handout for Residents d. Resident Case Files 2. Interviews a. Intake Staff b. Random Residents 3. Site Review Findings (By Provision). 115.233 (a). ARC Dayton indicated in its PAQ that, during the intake process, residents receive information about the agency’s zero-tolerance policy and how to report sexual abuse or sexual harassment. The ARC Administrative PREA Policy and Procedure provides that ARC will provide each resident, during intake, information regarding: the zero-tolerance policy; how to report incidents or suspicions of sexual abuse or sexual harassment; the resident’s rights to be free from sexual abuse, sexual harassment, and retaliation; and ARC’s policies for responding to sexual abuse and sexual harassment. The ARC PREA Handout for Residents conveys this information in plain language. Residents confirmed during interviews that they received and understood the information at intake.

	115.233 (b). The facility noted in the PAQ that while they have not had any transfers to ARC Dayton, if they did, the resident would receive comprehensive education. Interviews with intake staff confirmed this. No residents interviewed noted they were transferred from another community confinement facility. 115.233 (c). Resident education is provided in formats accessible to all residents, including those with limited reading skills or who are limited English proficient; where a resident has limited reading ability, the handout is read to the resident. While the facility has not received a resident who need another form of resident education, intake staff confirmed this practice. 115.233 (d). The facility indicated in the PAQ that the agency maintains documentation of resident participation in PREA education sessions. Review of resident case files confirmed documentation of resident participation. 115.233 (e). The facility ensures that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. During the site review, PREA posters were visible throughout the site. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.234	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Administrative PREA Policy and Procedure c. PREA Investigations Training Certificate(s) 2. Interviews a. Investigative Staff Findings (By Provision). 115.234 (a)-(c). ARC Dayton indicated in its PAQ that the agency is responsible for administrative investigations of sexual abuse allegations and that its investigators receive specialized training. The ARC Administrative PREA Policy and Procedure provides that any ARC staff member who conducts administrative investigations of

	sexual abuse will receive training in conducting such investigations in confinement settings, including 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. The facility has 4 (four) staff designated and trained to conduct PREA investigations. The investigator confirmed during the interview that designated investigators completed specialized training covering these topics, and a review of the training certificate(s) validated completion. 115.234 (d). The auditor is not required to audit this provision. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.235	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Administrative PREA Policy and Procedure 2. Interviews a. Program Manager Findings (By Provision). 115.235 (a–d). While the facility noted in the PAQ they do not employ medical and mental health care practitioners who work regularly at this facility, the ARC Administrative PREA Policy and Procedure does include specialized training requirements for medical and mental health staff including "(1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (3) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. While onsite, the auditor was able to confirm the facility does not have practitioners employed at the facility. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff PREA Policy and Procedure c. PREA Screening Tool d. Completed PREA Screening documents 2. Interviews a. PREA Coordinator b. Staff responsible for risk screening c. Random Residents 3. Site Review Findings (By Provision). 115.241 (a). The facility indicated in its response to the Pre-Audit Questionnaire that all residents are assessed during intake for their risk of being sexually abused by other residents or sexually abusive toward other residents. ARC Residential Staff PREA Policy and Procedure establishes that "ARC will screen residents for risk of sexual victimization or abusiveness using information provided by the referring agency, resident information provided in an interview, and ARC’s screening tool. ARC will conduct the first screening within 72 hours after the resident arrives at the facility. ARC will conduct a second screening no later than 30 days after the resident arrives." During the onsite portion of the audit, screenings were reviewed, and all screenings were complete and conducted within the required timeframe. 115.241 (b). The facility reported that all residents are screened upon transfer to the facility. Staff interviews confirmed that new screenings are completed within 72 hours of transfer to the facility. Review of documentation for transferred residents corroborated this practice. 115.241 (c). Staff responsible for screenings described the screening tool, which incorporates standardized questions and a scoring system. Review of the Risk Screening Tools confirmed they include measurable criteria to determine risk classifications. 115.241 (d). The screening instrument considers the following criteria to assess

	residents for risk of sexual victimization: If the resident has a mental, physical or developmental disability The age of the resident The physical build of the resident If the resident has previously been incarcerated If the resident's criminal history is exclusively non-violent If the resident has prior convictions for sex offenses If the resident is or is perceived to be LGBTQI If the resident has previously experienced sexual victimization The resident's perception of vulnerability Staff interviews affirmed that all sections of the form are completed during intake. 115.241 (e). Review of completed screening documents confirmed that staff consider prior acts of sexual abuse, prior convictions for violent offenses, and any history of prior institutional violence or sexual abuse when assessing a resident's risk of being sexually abusive. 115.241 (f). ARC PREA Policy and Procedures require that the facility reassess each resident's risk of victimization or abusiveness within 30 days of intake and upon receipt of additional relevant information. Staff interviews confirmed that reassessments are tracked and completed as required. Random samples of reassessments were reviewed and all residents were reassessed within the required timeframe. 115.241 (g). ARC Residential Staff PREA Policy and Procedure states: "ARC will rescreen a resident's risk for sexual victimization or abusiveness whenever ARC staff receive information relevant to the resident's risk for sexual victimization or abusiveness." During the onsite portion of the audit, staff responsible for conducting screenings indicated that they would conduct a reassessment in the event there was a new report or incident of sexual abuse, information unknown at the time of intake. 115.241 (h). ARC Residential Staff PREA Policy and Procedure prohibits disciplining residents for refusing to answer or for not disclosing complete information in response to screening questions stating "ARC will not discipline a resident for refusing to provide information in connection with any screening for sexual victimization or abusiveness." The PREA Coordinator and staff confirmed awareness of this policy. Residents interviewed stated they have not been disciplined for refusing to answer or for not disclosing complete information. No evidence was found that residents were disciplined for declining to answer. 115.241 (i). Both the PREA Coordinator and the Program Manager noted appropriate controls on the dissemination of screening responses to ensure that sensitive

	information is not exploited to the Resident's detriment confirming that screening records are only viewed by authorized personnel. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

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

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff PREA Policy and Procedure c. PREA Information for Residents 2. Interviews a. PREA Coordinator b. Random Staff c. Random Residents 3. Site Review a. Posted Information Findings (By Provision). 115.251 (a). The facility indicated in its response to the PAQ that the agency provides multiple internal ways for residents to privately report sexual abuse, sexual harassment, retaliation by other residents or staff, and staff neglect or violations of responsibilities that may have contributed to such incidents. ARC Residential Staff PREA Policy and Procedure establishes residents may report sexual abuse, sexual harassment, retaliation, or staff neglect or violation of responsibilities that may have contributed to such incidents by any of the following methods: 1. Making a written or oral report to any staff member a report may be anonymous or from a third party 2. Contacting the ARC PREA Coordinator 3. Contacting a rape crisis center 4. Contacting the Department of Corrections Program and Policy analyst for the DOC Community Corrections region. During intake, residents receive the PREA Information for Residents handout, which describes these options. During interviews, all staff indicated residents can verbally report to any staff member, submit written reports, or report through a third party. Residents consistently identified at least two methods for reporting concerns and noted the facility provides information for all ways to report an incident. 115.251 (b). The facility indicated in its PAQ response that it provides at least one way for residents to report abuse or harassment to a public or private entity that is not part of the agency. The ARC Residential Staff Policy and Procedure for Compliance with PREA establishes that residents may report by “Contacting the

	Department of Corrections Program and Policy analyst for the DOC Community Corrections region." The PREA Information for Residents handout lists, under its reporting section, the Department of Corrections, Program and Policy Analyst and also lists Dane County Rape Crisis Center. 115.251 (c). The ARC Residential Staff Policy and Procedure establishes that residents can report in writing, orally, anonymously, and through third parties, providing that reports may be made by "Making a written or oral report to any staff member a report may be anonymous or from a third party"; that "If a resident makes a report concerning a sexual assault or sexual abuse orally to a staff person, the staff person will document the report on the date the report is made"; and that "ARC will accept third party [sic] reports of sexual abuse at all residential facilities and at the administrative office." During interviews, all staff confirmed they would accept reports in any form (verbal, written, anonymous, or third party) and immediately document verbal reports. Residents consistently reported that staff are responsive to reports and take them seriously. 115.251 (d). During interviews, the PREA Coordinator explained that staff may privately report concerns to a Program Manager or the PREA Coordinator. The ARC Residential Staff Policy and Procedure provides: "Staff may report sexual abuse or sexual harassment of a resident to the Program Manager or, if the Program Manager is involved, to the ARC PREA Coordinator." Staff training materials include instructions on confidential reporting procedures. All staff interviewed were aware of the option to report privately and described methods for doing so. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.252	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff Policy and Procedure Findings (By Provision). 115.252 (a-g). The facility indicated in its PAQ response whether it maintains an administrative procedure for resident grievances regarding sexual abuse. The ARC Residential Staff Policy and Procedure states: "The ARC grievance procedure is not an appropriate way of reporting an allegation of sexual abuse or harassment under

	PREA.” The agency is exempt from this standard. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff Policy and Procedure c. ARC PREA Handout for Residents 2. Interviews a. Random Residents 3. Site Review Findings (By Provision). 115.253 (a). The facility indicated in its response to the Pre-Audit Questionnaire that it provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The ARC Residential Staff Policy and Procedure states: “ARC will provide residents access to and contact information for outside victim advocates for emotional support related to sexual abuse. A resident may choose whether to have staff participate in any phone call or other communication with an outside support provider. ARC will not monitor a resident’s communications with an outside support service provider unless the resident chooses to have staff participate in the communication.” The ARC PREA Handout for Residents identifies the outside support service as Dane County Rape Crisis Center. During interviews, residents reported that they received written information about outside services during intake and understood how communication could be made; residents who were not familiar with the services knew where to find the information if needed. 115.253 (b). The facility indicated in its response to the PAQ that it informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded in accordance with mandatory reporting laws. The ARC Residential Staff Policy and Procedure provides: “ARC will inform residents that 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.” During interviews, residents confirmed they were informed of these monitoring and reporting practices as part of their PREA education at intake. 115.253 (c). The agency reported in its PAQ whether it maintains, or is working to enter into, a memorandum of understanding (MOU) or agreement with a community support provider. Documentation reviewed confirmed the agency is actively working to formalize a memorandum of understanding with a community support provider. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.254	**Third party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Daytonc PAQ Responses b. ARC Residential Staff Policy and Procedure c. ARC PREA Handout for Residents Findings (By Provision). 115.254 (a). The facility indicated in its response to the Pre-Audit Questionnaire that it has established methods to receive third-party reports of sexual abuse and sexual harassment. The ARC Residential Staff Policy and Procedure states: “ARC will accept third reports of sexual abuse at all residential facilities and at the administrative office.” The reporting methods available to residents under 115.251 also provide that a report “may be anonymous or from a third party.” The ARC PREA Handout for Residents informs residents that ARC accepts third-party reports of sexual abuse or sexual harassment at all residential facilities and at the administrative office. The information is also listed on the agency’s website. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.261	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff Policy and Procedure 2. Interviews a. PREA Coordinator b. Program Manager c. Random Staff Findings (By Provision). 115.261 (a-b). The facility indicated in its PAQ that it requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, whether or not it occurred at a facility that is part of the agency. The ARC Residential Staff Policy and Procedure states: “ARC staff will immediately report to the Program Manager any knowledge, suspicion or information regarding an incident of sexual abuse or 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 in an ARC facility, a correctional facility, or another community corrections facility.” The ARC Residential Staff Policy and Procedure further provides that, apart from reporting to designated supervisors or officials, staff shall not reveal information related to a sexual abuse report except to the extent necessary to make treatment, investigation, and security and management decisions. During interviews, staff consistently reported that they are trained to notify the Program Manager without delay and to complete the required documentation. 115.261 (c). The facility indicated that it requires medical and mental health practitioners to report sexual abuse and to inform residents of the duty to report and the limitations of confidentiality. The ARC Residential Staff Policy and Procedure provides: “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.” 115.261 (d). The ARC Residential Staff Policy and Procedure provides: “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.” During the onsite audit, the Program Manager and PREA Coordinator confirmed that while the facility does not house youth, the policy requires mandatory reporting to the appropriate state or local

	agency if this ever occurs. A review of the resident list confirmed that no residents under age 18 were in custody during the audit period. 115.261 (e). The ARC Residential Staff Policy and Procedure provides: “The Program Manager will report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility’s designated investigators (including the PREA Coordinator).” The facility had zero (0) allegations during the past 12 months. While the facility has not had any allegations, interviews with the PREA Coordinator and Program Manager noted the facility would immediately forward any allegation, including third-party and anonymous reports, to the designated investigators. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.262	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff Policy and Procedure 2. Interviews a. Agency Head b. Program Manager c. Random Staff Findings (By Provision). 115.262 (a). The facility indicated in its PAQ response that it takes immediate action to protect residents determined to be subject to a substantial risk of imminent sexual abuse. The ARC Residential Staff Policy and Procedure provides: “If ARC staff learn that a resident is subject to a substantial risk of imminent sexual abuse, the Program Manger will take immediate action to protect the resident.” During interviews, the CEO and Program Manager described directing staff to separate any potential victim and perpetrator, relocate the resident to a safe area, and notify a supervisor without delay. The facility reported whether any resident was determined to be at substantial risk of imminent sexual abuse during the audit period. A final analysis of the evidence indicates the facility is in substantial compliance

	with this provision.

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff Policy and Procedure 2. Interviews a. Agency Head b. Program Manager Findings (By Provision). 115.263 (a-c). The facility indicated in its response to the PAQ that, upon receiving an allegation that a resident was sexually abused while confined at another facility, it notifies the head of the facility or appropriate office where the alleged abuse occurred, within 72 hours, and documents the notification. The ARC Residential Staff Policy and Procedure states: “If ARC staff receive an allegation that a resident was sexually abused while confined in prison, jail, or another community corrections facility, the ARC PREA Coordinator will notify the head of the facility within 72 hours of ARC receiving the allegation. The ARC PREA Coordinator will document the notification.” During interviews, the CEO and Program Manager confirmed the ARC PREA Coordinator is responsible for this notification. The facility reported no such allegations were received during the audit period. 115.263 (d). The facility indicated that the facility head receiving such notification from another entity is responsible for ensuring the allegation is investigated in accordance with PREA standards. During interviews, the Program Supervisor reported that, if the agency received notification from another facility, the allegation would be immediately assigned for investigation and documented in accordance with policy. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.264	Staff first responder duties

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff Policy and Procedure 2. Interviews a. Random Staff Findings (By Provision). 115.264 (a). The facility indicated in its response to the PAQ that it has a first-responder protocol for allegations of sexual abuse. The ARC Residential Staff Policy and Procedure provides: “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 that the victim and abuser 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.” During interviews, staff described separating the alleged victim and abuser, securing the area, requesting that the parties not take actions that could destroy evidence, and notifying a supervisor without delay. 115.264 (b). As a community confinement facility, ARC does not employ security staff; under the ARC Residential Staff Policy and Procedure, any ARC staff member who responds is the first responder and is directed to request that the alleged victim not take actions that could destroy physical evidence and to notify a supervisor immediately. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.265	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents

	a. ARC Dayton PAQ Responses b. ARC Residential Staff Policy and Procedure 2. Interviews a. Program Manager Findings (By Provision). 115.265 (a). The facility indicated in its PAQ responses that it has an established written plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The ARC Residential Staff Policy and Procedure sets out a Coordinated Response providing that staff perform first-responder duties and contact the police; notify the Program Manager, who notifies the ARC PREA Coordinator; give police the opportunity to preserve and collect evidence and conduct interviews; assist the victim, if appropriate, in obtaining a forensic medical examination; have an ARC investigator begin an administrative investigation after police have had the opportunity to collect evidence; notify the Department of Corrections or Bureau of Prisons as appropriate; and determine with the victim what support services are helpful. During the Program Manager's interview, they described the coordinated response plan, the expectations of staff, and the importance of preserving evidence. A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.266	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff Policy and Procedure Findings (By Provision). 115.266 (a). 115.266 (a). The facility indicated in its response to the PAQ that it does not have collective bargaining agreements in place. 115.266 (b). This provision does not require auditing.

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

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff Policy and Procedure 2. Interviews a. Agency Head b. Program Manager c. Staff member designated to monitor retaliation Findings (By Provision). 115.267 (a-f). The facility indicated in its response to the PAQ that it has established policies to protect residents and staff who report sexual abuse or sexual harassment, or who cooperate with related investigations, from retaliation. The ARC Residential Staff Policy and Procedure states: “After a resident or staff reports sexual abuse or sexual harassment the Program Manager and ARC PREA Coordinator will monitor all residents and staff involved in the incident, or involved in the reporting or investigation of the incident to assure that residents and staff are not subject to retaliation… 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 retaliation for at least 90 days after the incident was reported, and will extend the monitoring period if the initial monitoring indicate a continuing need.” During interviews, the CEO and Program Manager confirmed that retaliation monitoring is initiated immediately upon a report or identification of a person who cooperated in an investigation, and that monitoring includes periodic status checks. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Administrative PREA Policy 2. Interviews a. PREA Coordinator b. Program Manager c. Investigative Staff Findings (By Provision). 115.271 (a-c). The ARC Administrative PREA Policy provides that ARC will conduct administrative investigations and that “Such investigations shall be prompt, thorough, and objective for all allegations, including third-party and anonymous reports.” It further provides: “ARC administrative investigations of sexual abuse shall be conducted by a person who is trained pursuant to 28 CFR 115.234. The ARC investigator will gather and preserve any physical evidence that is not collected by law enforcement, and shall interview alleged victims, suspected perpetrators, and witnesses. The investigator will review any prior complaints and reports of sexual abuse involving the suspected perpetrator.” During interviews, the Program Manager and Investigator affirmed the facility would investigate each allegation promptly, thoroughly, and objectively, using investigators trained pursuant to 115.234. 115.271 (d). The ARC Administrative PREA Policy provides: “If the investigation appears to support criminal prosecution, ARC will not conduct any compelled interview unless ARC first consults with the relevant prosecutor and the prosecutor provides that a compelled interview will not be an obstacle for subsequent criminal prosecution.” 115.271 (e). The ARC Administrative PREA Policy provides: “ARC investigators will assess credibility of the alleged victim, suspect or witness on the basis of the individual and not the person’s status as resident or staff. ARC will not use polygraph or other truth-telling device.” During interviews, the investigator stated the credibility of an alleged victim, suspect, or witness would be assessed on an individual basis and would not be determined by the person's status as resident or staff. The agency would not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for

	proceeding with the investigation of such an allegation. 115.271 (f). The ARC Administrative PREA Policy provides: “The ARC investigator will make an effort to determine whether staff actions or failures to act contributed to abuse.” Interviews confirmed the investigator examines staff conduct as part of every administrative review. 115.271 (g-i). The ARC Administrative PREA Policy provides that the ARC investigator will write a report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigation facts and findings, and that “ARC will retain the report for as long as the alleged abuser is a resident of an ARC facility or is employed by ARC, plus five years.” It further provides: “ARC will refer to law enforcement any substantiated allegation of conduct that appears to be criminal.” Criminal investigations are conducted by local law enforcement, and the investigator confirmed all reports are documented and retained. 115.271 (j). The ARC Administrative PREA Policy provides: “The discharge of the alleged abuser or victim from status as an ARC resident or ARC employee will not provide a basis for termination of an investigation.” The investigator confirmed that investigations continue in such circumstances, with efforts documented and reports completed. 115.271 (k). The auditor is not required to audit this provision. 115.271 (l). The ARC Administrative PREA Policy provides: “If an outside agencies investigates sexual abuse, ARC will cooperate with the outside investigator and endeavor to remain informed about the progress of the investigation.” During interviews, the Program Manager and PREA Coordinator confirmed their process for staying apprised of an investigation. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.272	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Administrative PREA Policy

	2. Interviews a. Investigative Staff Findings (By Provision). 115.272 (a). The facility reported in its PAQ that it does not impose any standard of proof higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. The ARC Administrative PREA Policy provides: “For any administrative investigation ARC conducts, ARC will use preponderance of the evidence as the standard for determining whether allegations are substantiated.” (The same standard is stated in the ARC Residential Staff Policy and Procedure.) During interviews, the Investigator confirmed that preponderance of the evidence is the standard applied in all investigations. A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.273	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff Policy and Procedure 2. Interviews a. PREA Coordinator b. Program Manager c. Investigative Staff Findings (By Provision). 115.273 (a-b). The facility indicated in its PAQ that residents are informed of the outcome of investigations into allegations of sexual abuse. The ARC Residential Staff Policy and Procedure provides: “Following an investigation into a resident’s allegation of sexual abuse that occurred in an ARC facility, ARC will inform the resident whether the allegation is substantiated, unsubstantiated, or unfounded.” During interviews, the Investigator and PREA Coordinator confirmed that notifications are provided.

	115.273 (c-d). The ARC Residential Staff Policy and Procedure provides: “If a resident alleges that an ARC staff member committed sexual abuse against the resident, and the allegation is not determined to be unfounded, ARC will inform the resident if the staff person is no longer employed at the ARC facility, and if the agency learns the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.” For resident-on-resident allegations, the policy provides that ARC “will inform the resident if the alleged abuser is indicted or convicted on a charge related to sexual abuse within the facility.” 115.273 (e). The ARC Residential Staff Policy and Procedure provides: “ARC will document all notifications or attempted notifications under this section,” and that the notification obligations end when the resident is discharged from the ARC facility. 115.273 (f). The auditor is not required to audit this provision. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.276	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff Policy and Procedure 2. Interviews a. PREA Coordinator Findings (By Provision). 115.276 (a-b). The facility reported in its PAQ that staff are subject to disciplinary sanctions, up to and including termination, for violating agency policies regarding sexual abuse and sexual harassment. The ARC Residential Staff Policy and Procedure provides: “Staff will be subject to disciplinary sanctions, up to and including termination, for violating ARC sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who engage in sexual abuse.” 115.276 (c). The ARC Residential Staff Policy and Procedure provides: “For violations of this policy other than sexual abuse, the sanction will be commensurate with the

	nature and circumstances of the violation, the staff member's disciplinary history and sanctions imposed for comparable violations by other staff members with similar histories." 115.276 (d). The ARC Residential Staff Policy and Procedure provides: "ARC will report terminations for sexual abuse or sexual harassment, or resignations by staff who would have been terminated if not for their resignation, to relevant licensing or certification agencies, and, unless the activity was clearly not criminal, to law enforcement." A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.277	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff Policy and Procedure 2. Interviews a. Program Manager Findings (By Provision). 115.277 (a). The facility reported in its PAQ that contractors or volunteers who engage in sexual abuse are prohibited from contact with residents. The ARC Residential Staff Policy and Procedure provides: "If an intern, volunteer, or contractor engages in sexual abuse, ARC will prohibit the intern, volunteer, or contractor from having contact with residents, and report the intern, volunteer, or contractor to law enforcement, unless the activity was clearly not criminal. ARC will also report the intern, volunteer, or contractor to relevant licensing or certification agencies." 115.277 (b). The ARC Residential Staff Policy and Procedure provides that for any violation other than sexual abuse by an intern, volunteer, or contractor, "ARC will take remedial measures… and will consider whether to prohibit further contact with residents or exclude the intern or volunteer…" from ARC programs. The Program Manager confirmed all violations are reviewed to determine whether termination of access is warranted.

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

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff Policy and Procedure 2. Interviews a. Agency Head b. Program Manager Findings (By Provision). 115.278 (a-g). The ARC Residential Staff Policy and Procedure provides that residents are subject to disciplinary consequences for resident-on-resident sexual abuse, in coordination with the supervising correctional agency: “If a resident is found to have sexually abused another resident, the supervising correctional agency will likely remove the resident who committed the sexual abuse from the ARC facility and ARC will discharge the resident from the ARC program. If the correctional agency and ARC determine that the resident who committed sexual assault may remain in the program, ARC will impose the appropriate consequence for violation of ARC rules.” The policy provides that consequences are “commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history and sanctions imposed for comparable offenses by other residents with similar histories,” and that the process “allows consideration of whether a resident’s mental disability or mental illness contributed to her behavior.” The policy further provides 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,” and that a good-faith report “does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegations.” During interviews, the Agency Head and Program Manager described the coordination with the supervising correctional agency regarding removal and discipline. They also affirmed a disciplinary process would consider whether a resident's mental disabilities or mental illness contributed to his or her behavior. A final analysis of the evidence indicates the facility is in substantial compliance

	with these provisions.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff Policy and Procedure 2. Interviews a. Staff first responders Findings (By Provision). 115.282 (a-d). The facility reported in its PAQ that resident victims of sexual abuse are provided timely, unimpeded access to emergency medical treatment and crisis intervention services, at no cost and regardless of whether the victim names an abuser or cooperates with an investigation. The ARC Residential Staff Policy and Procedure provides: “If a resident is sexually abused, she will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. If medically appropriate, a resident who is a victim of sexual abuse will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care.” The policy further provides: “Treatment will be provided to a victim without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” During interviews, staff first responders confirmed familiarity with these responsibilities and that services would be offered and documented. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

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

	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Residential Staff Policy and Procedure 2. Interviews a. PREA Coordinator Findings (By Provision). 115.283 (a-g). The facility reported in its PAQ that it offers medical and mental health evaluation and, as appropriate, treatment to residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The ARC Residential Staff Policy and Procedure provides: “ARC will offer medical and mental health evaluation, and, as appropriate, treatment, to residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility, including, as appropriate follow-up services, treatment plans, and referrals for continuing care upon discharge from the ARC program.” The policy also provides for a pregnancy test and timely access to pregnancy-related medical services where a sexual abuse could result in pregnancy; tests for sexually transmitted infections as medically appropriate; services consistent with the community level of care; treatment at no cost regardless of whether the victim names the abuser or cooperates; and that “ARC will attempt to have a mental health evaluation conducted on a resident who sexually abuses another resident, within 60 day of learning of such abuse history, and will offer treatment deemed appropriate by mental health practitioners.” During interviews, the PREA Coordinator confirmed that victimized residents would be offered community-based medical and mental health evaluation and treatment. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.286	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Administrative PREA Policy

	2. Interviews a. Program Manager b. PREA Coordinator Findings (By Provision). 115.286 (a-e). The facility indicated in the PAQ that it conducts an incident review following allegations of sexual abuse. The ARC Administrative PREA Policy provides: “At the 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 provides that a review team, including the Director of Community Justice Programs, the Director of Program Development and Evaluation, the relevant Program Manager, and any additional investigator will consider whether the allegation indicates a need to change policy or practice; whether the incident was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex status, gang affiliation, or other group dynamics; examine the area where the incident occurred for physical barriers that may enable abuse; assess the adequacy of staffing levels during different shifts; and assess whether monitoring technology should be deployed or augmented. The team will “prepare a report of its findings and any recommendations for improvement,” and ARC “will implement the report recommendations for improvement, or document the reasons for not doing so.” The facility did not have any reports that could be reviewed. During interviews, the Program Manager and PREA Coordinator described the review process and confirmed reviews would occur following the conclusion of an investigation. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.287	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Administrative PREA Policy c. PREA Annual Report 2. Interviews a. PREA Coordinator

	Findings (By Provision). 115.287 (a-d). The ARC Administrative PREA Policy provides: “ARC Program Mangers will report all sexual abuse or sexual harassment allegations to the ARC Director of Community Justice Programs. The Director will collect and maintain data necessary to complete US Department of Justice Survey of Sexual Victimization incident forms. The Director will also annually complete a summary Survey of sexual Victimization and, if requested, provide the summary data to the US Department of Justice no later than June 30 of the following year.” During interviews, the PREA Coordinator confirmed that these records are reviewed annually to generate the annual report. 115.287 (e-f). During the audit, the PREA Coordinator confirmed the agency does not contract with another entity for the confinement of its residents, so the contracting-data provision is not applicable, and that the U.S. Department of Justice has not requested agency data. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.288	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC DaytonPAQ Responses b. ARC Administrative PREA Policy c. PREA Annual Reports d. Agency website 2. Interviews a. Agency Head b. PREA Coordinator Findings (By Provision). 115.288 (a-d). The agency indicated in the PAQ that it collects and aggregates data. The ARC Administrative PREA Policy provides: “The ARC Director of Community Justice Programs and Director of Program Development and Evaluation will annually review the data on allegations and investigation findings to assess agency

	effectiveness with respect to prevention, detection and response policies, practices and training. The Directors will take corrective action as needed. The Directors will prepare an annual report on agency findings and any correction actions, including a comparison of current year findings with findings from prior years, in order to assess agency progress." During interviews, the Agency Head confirmed the agency reviews the data and takes corrective action where trends are identified. It was confirmed the information is readily available to the public through its website. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.289	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. ARC Administrative PREA Policy c. PREA Annual Report d. Agency website 2. Interviews a. PREA Coordinator Findings (By Provision). 115.289 (a-d). The ARC Administrative PREA Policy provides that ARC "will maintain data securely in password protected computer files, and store paper copies… in a locked location," and that "The Director maintains paper copies of data on allegations and investigations for 10 years." The policy further provides that the Director "will post the summary data on the agency website, with any personal identifiers removed." During interviews, the PREA Coordinator confirmed that data is stored securely and that aggregated sexual-abuse data is made available to the public at least annually with personal identifiers removed. The auditor confirmed the agency's website contains a link to the Annual PREA Report and any personal identifiers were removed. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC Dayton PAQ Responses b. Agency website 2. Pre/Onsite/Post-Audit Observations a. General observations during the audit process, including posted Notices of Audit Findings (By Provision). 115.401 (a-b). The ARC Administrative PREA Policy provides that “ARC will have each facility audited by a certified PREA auditor at least once every three years.” During the applicable three-year audit cycle, the agency has not ensured that each facility it operates, or that is operated by a private organization on its behalf, is audited at least once, and that at least one-third of each facility type is audited during each one-year period. A "no" response does not impact overall compliance with this standard. 115.401 (h). During the onsite portion of this audit, the auditor had access to, and the ability to observe, all areas of the facility, and facility staff cooperated in providing access to all requested areas. 115.401 (i). Throughout all phases of the audit, the auditor was permitted to request and receive copies of all relevant documents, including facility logs, resident files, personnel files, policy and procedure manuals, postings, and intake and classification documents. 115.401 (m). During the onsite portion of this audit, the auditor was permitted to conduct private interviews with residents and staff in designated locations without video or audio monitoring. 115.401 (n). During the pre-audit phase, residents were permitted to send confidential correspondence to the auditor in the same manner as legal mail. During onsite interviews, residents confirmed awareness of the audit notices posted throughout the facility. A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed to determine compliance: 1. Documents a. ARC public website Findings (By Provision). 115.403 (f). The standard requires the agency to ensure that the PREA final report is published on the agency's website, if it has one, or is otherwise made readily available to the public. The agency's website includes a PREA page, accessible through the Residential Services section, which lists each residential facility with a separate link to that facility's most recent final audit report. The auditor verified that the most recent final audit report for ARC Dayton, dated August 2, 2022, is published on the agency's website and opens and is accessible to the public. A final analysis of the evidence indicates the facility is in substantial compliance with this standard.

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

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

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

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.216 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents	yes

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

	interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	
115.217 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have	yes

	contact with residents?	
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes

	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	**Hiring and promotion decisions**	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	**Upgrades to facilities and technology**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	**Upgrades to facilities and technology**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.221 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for	yes

	administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	
115.221 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these	yes

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

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

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	**Employee training**	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	**Volunteer and contractor training**	

	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	**Resident education**	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	**Resident education**	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233	**Resident education**	

(c)		
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	**Resident education**	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	**Specialized training: Investigations**	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

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

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	**Screening for risk of victimization and abusiveness**	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	**Screening for risk of victimization and abusiveness**	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess residents for risk of sexual victimization: The resident’s own perception of vulnerability?	
115.241 (e)	**Screening for risk of victimization and abusiveness**	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	**Screening for risk of victimization and abusiveness**	
	Within a set time period not more than 30 days from the resident’s arrival at the facility, does the facility reassess the resident’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	**Screening for risk of victimization and abusiveness**	
	Does the facility reassess a resident’s risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness?	yes
115.241 (h)	**Screening for risk of victimization and abusiveness**	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	**Screening for risk of victimization and abusiveness**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents?	yes
115.242 (a)	**Use of screening information**	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242	**Use of screening information**	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.251 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	**Resident reporting**	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from	yes

	third parties?	
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.252 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.252	**Exhaustion of administrative remedies**	

(d)		
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.252 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident’s decision? (N/A if agency is exempt from this standard.)	na
115.252 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is	na

	exempt from this standard.)	
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.252 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.253 (a)	**Resident access to outside confidential support services**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	**Resident access to outside confidential support services**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	**Resident access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	**Third party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	**Staff and agency reporting duties**	

	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	**Staff and agency reporting duties**	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	**Staff and agency reporting duties**	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators?	yes
115.262 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	**Reporting to other confinement facilities**	

	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any	yes

	actions that could destroy physical evidence, and then notify security staff?	
115.265 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	**Preservation of ability to protect residents from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.267 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	**Reporting to residents**	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	**Reporting to residents**	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276	**Disciplinary sanctions for staff**	

(b)		
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	**Disciplinary sanctions for residents**	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	**Disciplinary sanctions for residents**	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	**Disciplinary sanctions for residents**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	**Disciplinary sanctions for residents**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	no
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 about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile	yes

	facility?	
115.283 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	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 information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.283 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology	yes

	should be deployed or augmented to supplement supervision by staff?	
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.287 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.288 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety	yes

	and security of a facility?	
115.289 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	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 same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes