PREA Facility Audit Report: Final

Name of Facility: Fahrman Center
Facility Type: Community Confinement
Date Interim Report Submitted: NA
Date Final Report Submitted: 12/10/2024

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: Diana Magaard	**Date of Signature:** 12/10/2024

AUDITOR INFORMATION	
Auditor name:	Magaard, Diana
Email:	181pm@pm.me
Start Date of On-Site Audit:	10/03/2024
End Date of On-Site Audit:	10/04/2024

FACILITY INFORMATION	
Facility name:	Fahrman Center
Facility physical address:	3136 Craig Road, Eau Claire, Wisconsin - 54701
Facility mailing address:	3136 CRAIG ROAD, EAU CLAIRE,

Primary Contact

Name:	Sonja Roper
Email Address:	sonja.roper@lsswis.org
Telephone Number:	715-797-5429

Facility Director	
Name:	Laurie Lessard
Email Address:	laurie.lessard@lsswis.org
Telephone Number:	715-456-5735

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

Facility Characteristics	
Designed facility capacity:	42
Current population of facility:	37
Average daily population for the past 12 months:	34
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both womens/girls and mens/boys
Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex"	

and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-69
Facility security levels/resident custody levels:	None, community corrections
Number of staff currently employed at the facility who may have contact with residents:	23
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

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

Agency-Wide PREA Coordinator Information

Name:	Laurie Lessard	**Email Address:**	laurie.lessard@lsswis.org

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
2	• 115.231 - Employee training • 115.241 - Screening for risk of victimization and abusiveness
Number of standards met:	
39	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-10-03
2. End date of the onsite portion of the audit:	2024-10-04

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	ATTIC Correctional Services Inc. Family Support Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	42
15. Average daily population for the past 12 months:	34
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	
18. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	26
19. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

25. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	None to report.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	14
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	None to report.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☐ Housing assignment ☐ Gender ☒ Other ☐ None
If "Other," describe:	I interviewed all the residents who were available during the two on-site days. Some residents were off grounds for appointments and other required programming needs.

36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The selection was from all units, floors and portions of the facility and I the auditors chose from those who were in programming and not in programming. The auditor managed the selection of the list, not the facility.
37. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No
38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers. The auditor had unfettered access, the facility and staff were professional and accommodating to all the auditing needs.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
40. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

40. 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.
40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Discussion with PREA Compliance Manager, staff and a check of records, review of the PAQ and on-site review.
41. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
41. 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.
41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Discussion with PREA Compliance Manager, staff and a check of records, review of the PAQ and on-site review.

42. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
42. 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.
42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Discussion with PREA Compliance Manager, staff and a check of records, review of the PAQ and on-site review.
43. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
43. 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.
43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Discussion with PREA Compliance Manager, staff and a check of records, review of the PAQ and on-site review.

44. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
45. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
45. 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.
45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Discussion with PREA Compliance Manager, staff and a check of records, review of the PAQ and on-site review.
46. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
46. 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.

46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Discussion with PREA Compliance Manager, staff and a check of records, review of the PAQ and on-site review.
47. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
47. 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.
47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Discussion with PREA Compliance Manager, staff and a check of records, review of the PAQ and on-site review.
48. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
48. 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.

48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Discussion with PREA Compliance Manager, staff and a check of records, review of the PAQ and on-site review.
49. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
49. 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.
49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Discussion with PREA Compliance Manager, staff and a check of records, review of the PAQ and on-site review.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	There were no barriers.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	6

52. 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
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	○ Yes ◉ No
53. 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
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers.

Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	8
56. Were you able to interview the Agency Head?	(●) Yes ( ) No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
58. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
59. 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)

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

	☐ Other
61. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
62. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
63. Provide any additional comments regarding selecting or interviewing specialized staff.	There were no barriers. I was unable to reach the contractors.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
67. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
68. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The auditor encouraged the facility to increase additional signage with regards to the zero-tolerance policy and access for residents to have hotline numbers, addresses, phone numbers and referral information for all the outside resources including but not limited to third party reporting, advocacy and outside emotional support, rape crisis, mental health support. Ensuring there are multiple ways of reporting options posted throughout the facility in multiple areas, so the residents have the ability to see them at their leisure and not have to walk up to the staff desk or to a bulletin board to look at them. Also having printed materials besides the handbook would be beneficial for the residents, something like a brochure or a one-page document and having this accessible in multiple locations would also be advantageous.

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.

70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
71. 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.

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	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.

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
78. Explain why you were unable to review any sexual abuse investigation files:	There were no investigations.

79. 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	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
81. 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)
82. 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	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
84. 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)

85. 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	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
86. Explain why you were unable to review any sexual harassment investigation files:	No investigations.
87. 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	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. 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)

90. 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	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

Non-certified Support Staff

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

AUDITING ARRANGEMENTS AND COMPENSATION

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

Standards
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 auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Fahrman Center Org. Chart Information Obtained from Interviews Observations During Site Review PREA Compliance Manager Agency Head/Director PREA Coordinator

	a. The Lutheran Social Services of Wisconsin and Upper Michigan Inc. [LSS] maintains a zero-tolerance policy in regard to sexual harassment or abuse of residents, as well as sexual misconduct by staff or other residents. Sexual harassment/abuse/ misconduct are all unacceptable behaviors at this facility, by staff or residents. Staff will all adhere to LSS policies governing this behavior and will be alert to any situations of harassment or abuse between residents. The intent of this policy is to ensure that: Staff and residents are informed that this policy implements the agency's zero tolerance of sexually abusive behavior, and sexual harassment as defined in this policy. Standard procedures are in place to detect and prevent sexually abusive behavior and sexual harassment at all LSS ARJ programs. Victims of sexually abusive behavior and sexual harassment receive timely and effective responses to their physical, psychological, and security needs. Allegations of sexually abusive behavior and sexual harassment receive timely intervention upon report; and The perpetrators of sexually abusive behavior and sexual harassment will be disciplined and, when appropriate, prosecuted in accordance with Federal Law. The PREA Coordinator ensures policy guidelines are addressed to facilities within each region. Given the sensitivity required when defining and reporting cases as substantiated, experienced management personnel is preferred. The LSS ARJ Agency Head/Director serves as the PREA Coordinator. The Program Manager at each location must ensure that all aspects of the policy and procedures are implemented and function as the PREA compliance manager, who also retains overall responsibility for the programs under their oversight. The LSS vision statement identified on the agency's website states they are committed to the growth of others as they are united by the shared belief in the worth of every individual. LSS builds programs unique as to the people they serve they strive to empower individuals' families and communities to find healing through courage and a path to sharing in their God-given gifts with the world.

	The auditor was provided an illustration outline of the facility. The auditor walked the entire campus and was able to spend time observing the comings and goings throughout the day and into the evening hours. The auditor was also provided with a list of staff and residents which was used for the selection of interviews. The residents who were interviewed indicated to the auditor they knew of the agency's zero tolerance policy and how to report abuse in multiple ways. The staff who were interviewed were aware of the zero-tolerance policy, the first responder duties, how to identify signs of sexual abuse and the duty to report. b. The agency PREA Coordinator is the Agency Head/Director of all adult residential sites and has been in the position for several years. The position of the PREA Coordinator is included in the agency's organizational structure at the level below the vice president of adult residential long-term care. The auditor was provided with the agency's organizational chart the vice president reports to the COO and the COO reports to the CEO of LSS [Lutheran Social Services]. Based on an interview with the PREA Coordinator, she explained she has enough time to manage her responsibilities and provide coverage. Based on a review of the documentation and staff interviews the facility is in compliance with this standard.

115.212	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility does not contract with other entities for the confinement of residents. The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Information Obtained from Interviews Observations During Site Review PREA Compliance Manager

	Agency Head/Director Based on a review of the documentation and staff interviews the facility is in compliance with this standard.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: Fahrman Center Staffing Plan 2024 PREA Policy LSSARJ 2024 Policy and Procedures Annual Staffing Pattern Review Fahrman Center FC Staffing Pattern Licenses DHS 83 Schedule Staff Agency Head/Directory Information Obtained from Interviews Observations During Site Review PREA Compliance Manager Agency Head/Director a. The auditor reviewed responses from the pre-audit questionnaire, review documentation of the staffing plan and discussions with the PREA Coordinator and

	PREA Compliance manager. The facility is not under any findings of inadequacy from any federal judicial or internal oversight bodies. The Fahrman Center, a program of Lutheran Social Services of Wisconsin and Upper Michigan, Inc., is licensed under DHS 83, DHS 75.11 and DHS 75.14 to provide Substance Use Disorder Treatment services in Community Based Residential setting. The Fahrman Center Program has two primary house supervisors and trained staff on duty who are in charge of overall program services. The program is staffed 24 hours per day, 7 days a week with awake staff. The Fahrman Center is a 42-bed facility for adult men and women in need of Medical Monitored Treatment and Transitional Residential Treatment. The facility provides separate housing units for males and females with alarmed doors separating the units. Client groups served are individuals with substance use disorders and/or those individuals with criminogenic/correctional needs. The modalities utilizes in all services, both group and individual sessions, are cognitive-behavior therapy and motivational interviewing. Services are gender specific, and trauma informed. Entry criteria includes: Adult-18 and older. Ambulatory and capable of basic self-care (DHS83 Class A Licensed Facility), able to evacuate facility without assistance in under 2 minutes Willingness to follow program rules and staff directives In need of substance abuse/addiction recovery services and/or services to address criminogenic risks, needs, and responsivity factors Non-violent and presenting no danger to self, other residents or CBRF community Medically stable, entering facility with clothing and necessary medications Free from communicable disease screen/PPD prior to or within 72 hours of entry into program The facility runs on a split shift depending on staff availability and staff shortages. Treatment staff work 7:30 to 4:00 PM, early staff have a shift 5:30 AM to 1:30 PM. overnight staff work 10:00 PM till 6:00 AM and afternoon staff work 3:00 PM to 10:00 PM and weekend shifts vary 10:00 AM to 10:00 PM and 10:00 PM to 10:00 AM. Depending on staff duties there are a few other flexible shifts.

	During the site review the auditor reviewed the facility in its entirety, bedrooms, basement, upstairs, main floor, group room, dining, kitchen, outside recreation, smoking area, yard, office area, group area, bathroom, showers, laundry, clinical offices, and the garage. All areas were inspected and noted that they were covered by an adequate camera video surveillance system as allowed by the governing licensing and had staff present including supervisory staff throughout the facility. b. There was no deviations from the staffing plan. Through interviews with the PREA compliance manager and coordinator they discussed how staff provide coverage to ensure there are no deviations, yet should there be a deviation, it would be documented in a report. The policies and the contractual agreements with the Lutheran Social Services of Wisconsin and Upper Michigan Inc. require the facility to review the staffing plans on an annual basis. The program manager and supervisors are available, on site and review the staffing patterns with other administrators on a weekly basis. c. The policy states each year the facility will hold a meeting to assess, determine and document whether adjustments are needed to the staffing pattern. The facility did not have an official staffing plan but was relying on a staffing “Pattern Review” and ongoing staff meetings where the staff needs were discussed. The most recent Staffing Pattern Review was conducted on August 16, 2024, and stated a budget presentation was made and included names of individuals, with no other details of the meeting and yet it didn’t cover any of the provisions in the standard. There was no mention of the staffing plan. The facility was encouraged in order to avoid a lengthy ongoing corrective action to create a standardized Staffing Plan in accordance with the PREA Standards guideline. Resources from The Moss Group Inc, and the PREA Resource Center were provided with additional handouts from various webinars and trainings on how and why there is a need to have an annual, signed and reviewed staffing plan with administration. This auditor received and has reviewed the newly submitted staffing plan which meets the standards. Through review of documentation policies and interviews the auditor has determined the facility is in compliance with this standard.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Information Obtained from Interviews Observations During Site Review PREA Compliance Manager Agency Head/Director a. The facility is governed by a license and statute which establishes staff members shall not conduct cross-gender strip searches or cross-gender visual body cavity searches. The facility also does not conduct any pat down searches of either male or female residents under any circumstance. It has authority to pat-search the Bureau of Prisons [BOP] residents, yet it does not. The policy States: The staff of the Fahrman Center do not conduct pat-down searches, although this is allowed for residents who are under the supervision of the Federal Bureau of Prisons. The staff will never conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening). FBOP personnel has trained staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, all of whom are fully clothed, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Should a pat-down search ever be initiated, it would only be for the purpose of searching for contraband. A pat-down search would never be initiated on a cross-gender individual for the purposes of determining anatomical gender. At the time of referral, we receive information from the referral source that identifies the anatomical/birth sex/gender for each individual. At the time of admission, we ask each resident what their preferred gender or gender identity is to determine if this is a cross-gender person. Staff of the opposite gender, or any other cross-gender staff, may view breasts, buttocks, or genitalia only in an exigent circumstance, or when incidental to security

	checks of these designated areas of the facility. Staff are not required to make announcements when responding to temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or order of a facility, or when incidental to routine bed checks, to include circumstances such as responding to alarms, or detecting behavior which would constitute a prohibited act. According to policy all residents are expected to be appropriately clothed in all common areas of the program. All residents can expect to have privacy while toileting, showering, and changing clothes. There may be an assigned roommate (same gender) present while changing, but staff of the opposite gender will never view a resident while toileting, showering, or changing. If a resident is not comfortable changing their clothes in the presence of a same gendered roommate, they may utilize the bathroom for absolute privacy while changing clothes. Residents Are expected to only shower, perform bodily functions, and change clothing in designated areas (e.g. bathrooms or bedrooms). During the site review the auditor observed areas used to shower, toilet and change and all areas allowed for privacy from opposite gender staff. During the camera review of the facility the auditor was able to see there was privacy afforded. During interviews with the residents, they confirmed being afforded privacy while showering, changing clothing performing bodily functions and they stated they hear opposite gender staff making regular announcements. The Fahrman Center reported no cross-gender strip or visual body cavity searches during the reporting period. b. The Fahrman Center reported no cross-gender pat down searches of female residents during the reporting period. The auditor verified through record check and interviews with the PREA compliance manager and residents there had not been any during the audit period. c. Staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches. During interviews with staff, they acknowledged they announce their presence before entering a housing area. During the site review this auditor heard various staff making announcements and during interviews with residents they indicated employees of the opposite gender were announcing their presence upon entering a

	opposite gender housing area on a regular basis. d. Policy states residents shall be afforded the opportunity 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 room checks. These announcements are described in policy and were observed by the auditor during the site review. The policy clearly states residents are notified of the presence of opposite-gender staff members in several ways such as Residents are advised of the requirement to remain clothed, in the presence of cross-gender staff generally, during the Intake Process and the Admission and Orientation Process. The following notice is posted on bulletin boards in the resident lounge areas: “NOTICE TO RESIDENTS: Male and female staff routinely work and visit resident housing areas.” When a staff member enters the housing area of cross-gender residents, staff will announce their presence in the unit upon entry of that unit. Staff will state, “Female/Male on the unit.” The auditor completed a site review of the entire facility and observed areas where residents may be in a state of undress, such as shower, using the toilet, and changing their clothes. The auditor found no areas that allowed for opposite gender viewing beyond viewing incidental to room checks. All areas provided sufficient privacy to mitigate opposite gender viewing. No cameras were present in these areas. e. The facility is governed by a license and statute which establishes staff members shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. This auditor, through interviews with the PREA coordinator, PREA compliance manager, and through records checks verified no searches were conducted during the audit period. The auditor verified there were no instances of exigent circumstances during the audit. f. The facility is governed by a license and statute which establishes staff members shall not conduct any pat searches, so no training has been provided. This auditor, through interviews with the PREA coordinator, PREA compliance manager, and

	residents verified no pat searches were conducted during the audit period. Through review of documentation, policies, site review and interviews the auditor has determined the facility is in compliance with this standard.

115.216	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Reporting Resident PREA Handbook Program Statement Fahrman 2023 Fahrman Referrals and Intake CBRFF License FCCC Floor Plans 1529 E certification February 20th of 2024 FC Prescreen Eligibility List Admission Language Line Residents Observations During Site Review Staff PREA Coordinator PREA Compliance Manager

	a.b. The facility indicated through the pre-audit questionnaire responses and through interviews with the PREA compliance manager, the agency has established procedures to prescreen candidates prior to admission the facility is unable to meet the needs of individuals with disabilities in this setting. The facility program managers and the PREA coordinator thoroughly explained and discussed the selection process with the auditor. This auditor reviewed several screening files to ensure there were no individuals in the facility who met the criteria of standard 216 and the provisions within. The community-based residential facilities (CBRFs) are places where five or more unrelated people live together in a community setting. Services offered include room and board, supervision, and support services. The Fahrman Center has a non-expiring license number 1529, the services provided are CSUS transitional residential treatment service, 75.53, also a CSUS Medically monitored residential treatment service, 75.54. The facility traditionally does not accept somebody who cannot speak English as the ability to communicate in English is required as part of the admission criteria. The policy states under “115.216 NA.” Additionally, the policy also states on page 13, “we do not accept residents who are limited English proficient, deaf, visually impaired or who have physical disabilities.” b. A contract with the language line services is available is in place and used for translation of any language. At the time of the on-site visit there was no identified residents as limited English proficient, and this was sustained during interviews with the residents. During interviews with the residents there was one resident who was bilingual and said he did not read English “very well.” This was discussed with the program manager, and they immediately printed the audit notice, handbook and all the PREA resources for them in their preferred language while I was present at the site review. The auditor later verified there was communication with their case manager to ensure their treatment planning incorporated clear communication with respect to their preferred language and addressed any language barriers. Individuals interviewed who were English proficient whom stated they did not need translation services. There were no other evidence of individuals with disabilities, or language barriers identified through interviews or disabilities/barriers identified during the audit site review or record reviews. c. An interview with two investigators confirmed that should there be a need for an interpreter during an investigation one would be provided and available during the investigation and accommodation would be provided. According to the

	investigators, during the interviews with the auditor during the audit period, there was no need for a resident interpreter. From information provided on the pre-audit questionnaire in the past 12 months there have been no instances where residents were used for this purpose. The specialized staff interviewed knew the agency prohibits using residents for this purpose. Through review of documentation, site review and interviews the auditor have determined the facility is in compliance with the standard.

115.217	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Staff Phone Numbers Staff Schedule Indicating On-Call Person Weekends to Show On- Call Various Staff Employment Records Human Capital Background Check Policy Information Obtained from Interviews Observations During Site Review Human Capitol PREA Coordinator PREA Compliance Manager a. b. f. The completed pre-audit questionnaire indicated policy prohibits hiring any applicants and or contractor who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility or other facility or have been convicted of

	engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or have been civilly or administratively adjudicated to have engaged in the activity described above, shall not be hired or promoted. The auditor reviewed 18 employee files which contained signed PREA questionnaire and background checks. The Human Capitol Manager maintains all employee human resource files in a secure file in their office. To safeguard clients from sexual misconduct and abuse, the following hiring and promotion policy is in place at these facilities: LSS ARJ programs prohibit the hiring or promotion of anyone who has contact with residents, and will not enlist the services of any contractor who may have contact with residents, who Has engaged in sexual abuse or sexual harassment in a correctional facility Has been convicted, engaging, or attempting to engage in sexual activity in the community Has been civilly or administratively adjudicated to have engaged in the activity described in (a) (2) of 115.217 The agency shall ask all applicants and employees who may have contact with residents directly about previous misconduct described in (a) of this standard in written applications or interviews for hiring or promotions and in any written self-evaluation conducted as part of reviews of current employees. The agency will consider any incidents of sexual harassment in hiring or promotions, or to enlist the services of a contractor who may have contact with residents. Per general LSS policy, background checks are conducted before enlisting the services of contractors who may have contact with residents. The only contractors with client contact utilized by LSS ARJ programs are the Medical Agency Head/ Directors at Affinity, Aspen Center, Cephas, and Fahrman Center. The material omissions of information pertaining to any form of sexual misconduct or the provision of materially false information at LSS ARJ programs is grounds for termination. LSS ARJ programs with PREA requirements will include in all interviews for prospective employment or promotion the following question: Have you ever been investigated for or convicted of any type of sexual misconduct, sexual abuse or sexual harassment? LSS ARJ programs will provide information on substantiated allegations of sexual abuse or harassment involving a former employee upon receiving a request from a

	facility employer with whom the employee has applied for work. c. d. e. According to policy and interview with the human capitol manager, the Fahrman Center indicated the facility has completed all background checks on new hires during this audit. The agency conducts criminal background record checks on all new staff and contractors and a review of files during the site review validated this information. The auditor reviewed contractor/volunteer files which contained signed PREA questionnaire and thorough background checks. The Lutheran Social Services of Wisconsin and Upper Michigan Inc. has a Self-Declaration of Sexual Abuse Attestation form for all staff which is used for employees, contractors and is implemented for transfers, promotions, and new hires. This form clearly indicates questions regarding engaging in sexual abuse, any convictions any civil or administrative adjudications any substantiated allegations made against them. The facility indicated any contracts for services at the time of the pre-audit questionnaire are thoroughly checked and stated all contractors received background checks prior to enlistment of services. The facility indicated there were no volunteers who were currently providing services at the facility. A discussion with the PREA compliance manager revealed the training expectations and details of when documentation is obtained and completed and was verified through additional discussion with the PREA compliance manager and the human capitol manager. Through review of documentation, site review and interviews the auditor have determined the facility is in compliance with this standard.

115.218	**Upgrades to facilities and technology**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Memo Security Information Obtained from Interviews

	Observations During Site Review Agency Head/Director PREA Compliance Manager Observations During Site Review a. The facility/agency has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA Audit. Policy clearly states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect the residents from sexual abuse. According to information provided in the pre-audit questionnaire and interviews with the Agency Head/Director there were no expansions or modifications to the existing facility, and the facility has not acquired any new facilities. b. The facility has not acquired or updated any additional video monitoring or electronic surveillance system and technology. The policy states that when installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. During the interview with the PREA compliance manager and the agency head/director both verified they are not planning any update to their video monitoring system or electronic surveillance system at any time in the near future.

115.221	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance:

	PREA Policy LSSARJ 2024 Policy and Procedures Auditor Memo Observations During Site Visit Information Obtained from Interviews Investigators PREA Compliance Manager a. The auditor has confirmed through interviews with the PREA compliance manager and investigators, and document review, a policy is in place affirming responsibility of the Fahrman Center and the local law enforcement who are responsible for criminal investigations. According to the pre-audit questionnaire, LSS is responsible for conducting administrative investigations of sexual abuse at the Fahrman Center. The Eau Claire Police Department conducts criminal investigation. The policy describes steps for staff to take in order to preserve all critical evidence. The agency also follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. LSS provided training on preserving evidence to staff using the Relias LSS PowerPoint training which was provided to the auditor and access was also provided online. The policy commonly aligns with the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.” The auditor interviewed random staff who expressed understanding of the agency's policy for obtaining physical evidence and the sexual abuse policy. The supervisors understood the requirement and policy for local law enforcement to conduct the investigation and to engage the sexual abuse response team and transport for a SANE exam when advised to the local medical center, and all staff had a good understanding of first responder duties. Because the local law enforcement is considered an outside law enforcement entity, the facility and agency are found to exceed the provisions of this standard through

	evidence of close collaboration with the outside entity, providing their investigative protocol policies, and staff' training information. The facility indicated on the PAQ there was no SAFE/SANE examinations conducted within the audit period. b. Based on review of the local law enforcement the city of Eau Claire, Wisconsin, is a local Police Department which is committed to providing excellent service to the city of Eau Claire in pursuit of the highest quality of life for their citizens. According to their website their mission is to enhance the quality of life in Eau Claire by partnering with the community to solve problems, reduce crime and disorder, safeguard individual rights and improve public safety. Since 2006 the department has embraced a proactive problem-oriented policing philosophy which has proved valuable in meeting the department’s mission. The department consists of the following personnel: 105 sworn law enforcement officers, 3 full time community service officers, 15 administrative employees, 25 communications center employees, 13 temporary part time employees, 6 non-sworn volunteers and 1 response coordinator. The phone number is 715-839-4975. The Eau Claire Police Department is responsible for investigating criminal allegations of sexual abuse, the investigating agency follows the requirements of paragraphs (a) through (e) of this section. The Fahrman Center does not house youthful offenders, which was verified through interviews and the site review there were no youth housed at the Fahrman Center during the review period. c. d. e. Policy establishes that the facility Agency Head/Director or designee will ensure victims of sexual assault are promptly transferred by Emergency Medical Services or Fahrman Center personnel as is medically appropriate to a community health care facility for treatment and gathering of evidence at no charge to the resident. The facility does not conduct FMEs but will transfer the resident to a local community emergency room for services. The facility does not have the ability to conduct forensic medical exams. According to the pre-audit questionnaire in the last audit, no forensic exam was conducted. According to the public website Family Support Center empowers all individuals and

	communities to live free from sexual assault through education prevention and intervention and provides advocacy services for the facility. The facility has not had any investigations into allegations by an outside state entity or by the Department of Justice for sexual assault. The auditor reviewed the coordinated response plan and during the pre-on-site audit phase the auditor also spoke with staff from the Family Support Center and verified their relationship with the Fahrman Center. Their role is to provide emotional support, crisis intervention services, information, and referrals. Family Support Center is available 24 hours and stated they have an ongoing relationship with Fahrman Center staff. All services are free and confidential. They also have an email and an online form that residents can contact services 24 hours a day. f. g. The facility relies on local law enforcement for all sexual abuse investigations. The Eau Claire Police Department has a specialized Sexual Assault Crimes Section and Crime Scenes Unit to gather evidence from crime scenes and follows a uniform evidence protocol. Eau Clair Wisconsin community's local Mayo Clinic Health System is available to conduct forensic exams for victims of sexual assault. Mayo Clinic is less than 3 miles from the Fahrman Center. I confirmed Mayo Clinic has Sexual Assault Nurse Examiners available. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance which meets this standard.

115.222	**Policies to ensure referrals of allegations for investigations**

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.22

The auditor reviewed and interviewed the following to determine compliance:

PREA Policy LSSARJ 2024 Policy and Procedures

Information Obtained from Interviews

Observations During Site Review

Agency Head/Director

Investigators

a.

The LSS policy outlines the process for investigating and documenting incidents of sexual abuse the facility agency head/director is responsible for ensuring an administrative and or criminal investigation are completed for all investigations of sexual abuse and sexual harassment. The facility is responsible for conducting administrative investigations on all allegations of sexual harassment. The local law enforcement are responsible for conducting criminal investigations of allegations of sexual abuse.

According to information reported on the pre-audit questionnaire, in the past 12 months there were no allegations of sexual abuse or sexual harassment reported; therefore, none were referred for criminal investigation. In an interview with the PREA compliance manager and the agency head, both indicated any criminal investigations are conducted through the local police and are referred immediately upon notification. They described the workflow of the investigation, the database, the after-action process, and the retention of the investigation.

If an allegation of sexual abuse or sexual harassment appears to be criminal, the facility agency head/director or the manager will immediately report the allegation to the local police and all referrals are documented. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is not published on their website but it is made available through other means. In interviews with the facility trained investigators, they knew to refer any allegations that appear to be criminal to the local police for investigation and how to document allegations. The auditor verified this information through interviews with the investigators, and document review while on site.

c.

The facility ensures that all allegations of sexual abuse and sexual harassment are investigated per policy. If the allegation is criminal, the facility is required to call the local police to conduct the investigation. An administrative investigation will be completed once the local police has completed their investigation so that the criminal investigation is not jeopardized.

Lutheran Social Services of Wisconsin and Upper Michigan Inc. policy governs the conduct of administrative investigations within the agency. On page 12, the policy states the facility will ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All reported incidents will be referred to law enforcement, and all reported incidents will be investigated. This includes incidents that just happened, as well as incidents that happened months or years ago. We may work with the WI Department of Corrections or the Federal Bureau of Prisons, depending on supervision status. Specially trained individuals will be assigned to investigate promptly, thoroughly, and objectively, and gather and preserve direct and circumstantial evidence.

The policy is available for all residents on the bulletin board and upon request. The policy states allegations of sexual abuse and sexual harassment are to be referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potential criminal behavior. All such referrals will be documented. The policy also states all allegations of criminal conduct including criminal sexual penetration of a resident by a staff member must be reported to the appropriate law enforcement authorities by the facility.

d. e.

The auditor is not required to audit these provisions.

Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance which exceeds this standard.

115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures LSS ARJ residential PREA training 2023 Meeting minutes 9/24/24, 9/19/23, 8/13/23, 11/25/24 PREA Course Completion Hisory Fahrman Center Annual PREA Procedure Staff Signature Validation 2024 Observations During Site Visit Auditor Memo Staff PREA Compliance Manager a. The policy outlines zero-tolerance regarding all forms of sexual abuse, sexual misconduct, and sexual harassment. The affirmation of the zero-tolerance policy is also contained in the training. The agency trains all employees who may have contact with incarcerated individuals on the agency's zero-tolerance policy for sexual abuse and sexual harassment. Additionally, employees are trained in how to fulfill their responsibilities, prevention, detection, reporting, and response policies and procedures, and the right of individuals to be free from sexual abuse and sexual harassment, and retaliation. The agency requires PREA training for all staff every year during in-service training, which is beyond the requirement of this standard. PREA standards are also often discussed during weekly briefings and ad-hoc training is provided on a random yet regular basis and were mentioned during several staff interviews while onsite. The auditor reviewed employee records, and all had signed forms acknowledging their understanding of the training. Interviews with randomly selected staff confirmed their knowledge of the topics covered in the agency's PREA training. An interview with the facility PREA compliance manager who is responsible for ensuring the training is completed, [they do not have a dedicated training staff] verified the material presented at hire, transfer, annually and at monthly/weekly staff meetings.

	The auditor was provided a copy of the PowerPoint for the PREA training and the zero-tolerance policy. b. The PREA training contains sections regarding the dynamics of both male and female offenders. It does not contain a separate portion on juvenile dynamics as they never have juvenile residents in their facility per their license requirements. An interview with the facility PREA compliance manager confirmed all staff are trained on both male and female gender-specific information regardless of the gender of the facility to which they are assigned. An interview with the PREA compliance manager verified all staff, if they transfer from a female facility they receive a facility-specific orientation which includes a gender specific refresher for the Fahrman Center which houses both male and female residents. The auditor review documentation of employee signatures or electronic verification validating comprehension of the training for staff. The auditor reviewed training records for staff selected from the lists provided and verification of their training was conducted. c. The facility provides PREA in-service on an annual basis and covers the zero-tolerance policy every year, which is beyond the standard expectations. d. The facility requires all staff who have completed training to sign an acknowledgement form. This was discussed with the facility training agency head/ director during the onsite visit interview and was also validated during the documentation review. The facility utilizes an electronic signature which is validated. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with which exceeds this standard.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures PREA Course Completion Hisory Fahrman Center Annual PREA Procedure Staff Signature Validation 2024 Annual PREA Employee Questionnaire Information Obtained from Interviews Staff PREA Compliance Manager Observations During Site Visit a. b. c. Policy clearly establishes that prior to contact with any resident, any employee, or contractor will have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection and response policies and procedures. The auditor reviewed the training PowerPoint which is the same for all staff and found the PREA standards and the facilities zero tolerance is covered and includes the policy, their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Additionally, they are required to read and sign an acknowledgment of their understanding of the policy and the training received. The facility reports no individuals are approved for admittance to the facility who qualify as volunteers and two contractors have completed the required training. Individual records and subsequent interviews confirmed that the contractors and had been trained on their responsibilities under the agency's policies and procedures, had been notified of the agency's zero-tolerance policies regarding sexual abuse and sexual harassment, and trained on how to report these incidents. This was discussed extensively with the facility PREA coordinator and the PREA compliance manager during interviews.

	Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with this standard.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Resident handbook updated February 16, 2024 Translate Notification Number One Translated Notification #2 Fahrman handbook Translated PDF PREA posting Memo E-mail PREA Poster Acknowledgement of PREA Notice Examples Residents Intake Staff Observations During Site Visit Information Obtained from Interviews Agency Head/Director

	PREA Compliance Manager a. The facility indicated in response to the pre-audit questionnaire that residents receive information at the time of intake regarding the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment. In the past 12 months, 100% of newly admitted residents were given this information at intake. The Fahrman Center reported 179 residents were admitted during the past 12 months who were given this information at intake. Policy states the Fahrman Center provides information to residents regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the specific agency policies and procedures for responding to such incidents. The policy also states the facility must also ensure key information is continuously and readily available or visible to residents through the resident handbooks, the policy and bulletin boards with information posted. Within the first few hours of their arrival, new intakes are told about the zero-tolerance for sexual abuse and sexual harassment. During the onsite audit phase, the auditor reviewed the intake process with the intake staff as there was not a scheduled intake during the site review. The facility provides a handbook at intake and a refresher at the screening and the follow up screening for the residents which explains their rights and has definitions and resources outlined. While conducting the site review this auditor noticed there was no posters throughout the building and minimal information about the zero-tolerance and reporting mechanisms. It was suggested by this auditor to include posters as part of education and communication about the zero-tolerance policy, proper options for reporting and multiple resources available to residents. This auditor provided examples and templates to the compliance manager and facility program manager which were quickly implemented and posted throughout the facility and communicated both to residents and staff. Interviews with the intake staff confirmed that incoming new arrivals are typically processed within a few hours but always within 24 hours of arrival. The facility reported the number of residents admitted during the past 12 months who were given this information at intake is 179. The auditor reviewed (18) files of residents who arrived within the prior 12 months and found signed documentation that all received information about the zero-tolerance and how to make a report at intake within 24 hours. These records and interviews with the residents and the intake staff affirm they meet with incoming

	residents within the first 24 hours to review the PREA information and to provide them with zero-tolerance materials. b. The facility indicated in the response to the pre-audit questionnaire in the past 12 months 100% of residents received comprehensive education on the rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on the agency policies and procedures for responding to incidents within 30 days. The policy establishes that facility staff must provide information to residents about sexual abuse, sexual harassment and sexual assault including prevention/ intervention; rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such; self-protection; how to report; zero-tolerance; reporting sexual abuse/assault; and counseling. The facility reported that 179 individuals were admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake. The residents interviewed indicated they were aware of the PREA [rules] and who the PREA staff was [compliance manager] at the facility. The auditor randomly selected resident records to review for evidence of education acknowledgment while onsite. The Fahrman Center uses the screening tool as an acknowledgment form and has the resident electronically sign stating the handbook and the policy were reviewed, and the PREA information was discussed thoroughly to them. They were encouraged to incorporate a separate signature form for intake and education which would be separate from the screening form. Some of the file reviews contained evidence that the residents received the information while other files were lacking signature forms. The facility compliance manager and pre coordinator stated sometimes the signature pad does not always work consistently and therefore some of the files were missing the documentation. During the file review the remaining documentation for intake and education all had the resident handbook, PREA information/training and other intake materials clearly identified and were dated the same date of the resident’s respective admission.

	c. All residents receive PREA education within the first week of arrival. The policy states the prior notice is given to residents addresses the agency zero- tolerance policy, how to report incidents, the right to be free of abuse on the retaliation, and the agencies response to reports of abuse or harassment. The information is read to residents and extra effort is given to residents who have limited reading levels. The resident handbook contains identical PREA information. The facility does not accept residents who are limited English proficient, deaf, visually impaired or who have physical disabilities. Additionally, each resident housing area has a bulletin board with PREA information posted which is readily accessible to all residents residing at the facility. PREA information includes various ways residents may report abuse, phone numbers and addresses for residents to report and victim support services. d. The facility indicated all residents received PREA education within the first week of arrival and this was verified through document review of resident files. The policy includes direction for staff to assist individuals as needed in understanding orientation and PREA materials. The agency prepares a resident handbook and the new PREA poster for residents. The auditor observed the handbook on bulletin board and wall of housing unit. during the site review. Most residents at the facility were proficient in English. The one resident who was not, was presented materials in his spoken and read language. The interviews with staff and residents, as well as document reviews and observations during the site visit did not contradict the facility's claim that they do not primarily house these targeted individuals. The auditor reviewed the resident handbook, which contains pertinent information regarding the individual's rights to be free from sexual abuse and how and to whom to make a report. During the site visit, the auditor observed a lack of posters in the facility, and this was addressed while on site and rectified immediately. The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through the posting of the policy, handbooks, or other written formats. Interviews with random residents confirmed the PREA information is available to them in limited areas. While discussing posters and what information could be made available, some residents indicated having posters, especially in discreet areas such as bathrooms, group rooms, outside recreation areas where they have easier access would be helpful. Some residents said they did not have their handbook any longer and others indicated they wouldn’t want to stand at the bulletin board to look up information as it is in front of the entire household.

	e. The auditor reviewed documentation of residents' participation in PREA education sessions and through document review observed verification of resident signatures that corresponded with their intake dates. Fahrman Center ensures pertinent information about the agencies PREA policy are available and visible through the handbook, and the new posters, and posted throughout the facility in multiple formats for residents to observe and have individuals copies of materials. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with this standard.

115.234	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: Observations During Site Visit Information Obtained from Interviews PREA Compliance Manager Investigators Investigator Certificates a. The facility acknowledged all investigators are trained with specialized PREA training on the pre audit questionnaire and provided certificates for all investigators. The policy outlines the training requirements. The auditor reviewed the training curriculum which has components regarding policy, sexual safety, interviewing, trauma, and report writing.

	The investigators were interviewed during the onsite portion of the audits and indicated they primarily complete administrative PREA investigations. They each indicated they had initial in person training and ongoing regular refresher training regarding administrative investigations. The investigators remembered topics regarding interview techniques, evidence collection, documentation, what to do if there is an urgent need, understanding advocacy and providing trauma informed care, understanding special needs groups and LGBTQTI survivors. Policy ensures Investigative staff must take the training class for their respective specialized areas concerning PREA. There are six agency investigators at Fahrman Center who have completed the Specialized Investigation Training. The facility provided training records for the designated facility investigators (6) indicating they have all completed the required training. The auditor is familiar with the NIC and has frequently taken and reviewed the curriculum for the training and found that the training has met the standard. b. The Fahrman facility utilizes the National Institute of Corrections, [NIC's] Prison Rape Elimination Act Investigating Sexual Abuse in a Confinement Setting Course. This specialized training curriculum includes the proper use of Miranda and Garrity, Weingarten, 5th Amendment rights, the crime scene, examinations, first responder responsibilities and what it takes to prosecute. The class also goes into detail regarding effective interviews, understanding the difference between an interview and an interrogation, understanding the preponderance of evidence and articulating and defining findings for the investigation. c. The auditor reviewed the training records of investigative staff and certificates showing completion of specialized training for each of the Fahrman Center investigators. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance which meets this standard.

115.235	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Information Obtained from Interviews Observations During Site Review PREA Compliance Manager a. c. d. According to policy, the Fahrman Center does not employ any medical or mental health staff, this was verified through checking staff rosters and speaking with the human capital staff and PREA Compliance manager. b. The Fahrman Center does not have a medical unit and therefore does not conduct forensic medical examinations. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with this standard.

115.241	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	he auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures LSS Sexual Vulnerability Predation Risk Assessment Tool SRSV Assessment Training 30-day Review Examples

	Information Obtained from Interviews Observations During Site Review PREA Compliance Manager PREA Coordinator Staff Responsible for Screening Random selected residents a. b. Policy mandates that all residents must be screened with the standard objective screening tool within 72 hours of arrival at the facility and reassess within 30 days after arrival, for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Based on staff interviews and the review of resident files it was determined by this auditor the initial screening process is completed within the 72-hour standard requirement and the 48-hour policy requirement. A mock intake and screening process was observed during the onsite review by the auditor. Staff reported residents are interviewed quickly upon intake and arrival, typically within two hours. Staff also reported any identified risk would be reported up the chain of command and would be immediately followed upon. Residents also reported being seen immediately upon intake and having the screening tool read to them sometimes through a translator if necessary and in a secluded area. c. d. e. The auditor’s review of the PREA Risk Assessment tool found it to be objective and consistent with best practices observed within other correctional systems. Each of the first nine considerations delineated in provision (d) is included as part of the risk screening form. LSS does not detain individuals solely for civil immigration purposes; therefore, the tenth element is not included. The instrument provides consideration of known prior acts of sexual abuse, known prior convictions for violent offenses, and known history of prior facility violence or sexual abuse to assess an individual's risk of being sexually abusive. Assessments are evaluated through direct conversation with the individual and a review of the individual's prior criminal history and facility record. Interviews were conducted with the PREA Coordinator, PREA compliance manager, the staff responsible for screening, intake

	staff and medical staff. Staff indicated they had confidential medical information on a need-to-know basis. The forms were complete, details matched intake dates and forms often had comments by the screeners regarding pertinent details needing follow up. f. g.i. Policy states that residents must also be reassessed 25 days after their arrival. Residents are also reassessed thereafter due to a referral, request, incident of sexual abuse or sexual harassment, or receipt of additional information of a resident’s risk of sexual victimization or abusiveness. The facility provided an SNRS report indicating residents received their follow-up screening within 30-days of intake. The auditor's review of files determined that reassessments are completed within 25 days. The auditor interviewed classification staff and confirmed that they are notified through CMIS when a reassessment is due. This alerts them to complete the reassessment within 25 days according to policy. The PCM explained that after a PREA incident, they conduct a reassessment on both the victim and perpetrator, where indicated. The auditor reviewed selected resident files and found all within compliance. h. Policy establishes residents shall not be disciplined for refusing to participate in the screening process. None of the residents interviewed by the auditor reported being disciplined for refusing to participate in the screening process. The auditor clearly heard during the site review of intake the explanation by staff to the residents of confidentiality and the residents right to refuse to answer without fear of discipline. Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard. The Fahrman Center conducts the initial risk screening within 48 hours of arrival, which exceeds the requirement for this standard.

115.242	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance:

	PREA Policy LSSARJ 2024 Policy and Procedures SVPR Assessment Tool Selected Screening Examples Information Obtained from Interviews Observations During Site Review PREA Compliance Manager Staff Responsible for Screening Selected Residents a.b. Policy establishes that housing and program assignments will be made using information obtained during the risk screening. The policy states, room assignments and general program participation will be predicated on the findings of the assessment. The room assignments are decided by the clinical staff and LGBTQI residents will never be assigned to a room based solely on their identification as LGBTQI. Additionally, information from the risk screening tool will be included in room assignment decisions for all residents. All assessments will be re-conducted. case manager and the counselor will note the 30-day mark on the assessment itself and will schedule on their Outlook calendar to rescreen at that time. A reassessment will be conducted when warranted due to a referral, request, incident of sexual abuse or additional information is received that bears on the resident’s risk of sexual victimization. All completed assessments will be retained in the program supervisor’s office in a locked cabinet. Assessments with a medium or high score will be reviewed each week with the clinical team during clinical supervision meetings, at which time appropriate recommendations will be determined.

	Interviews confirmed that there is open communication among the staff, who talk regularly to discuss current issues. The facility uses the database to identify residents who scored high on their screening instrument which automatically creates a "risk" flag that will be reviewed by necessary staff when deciding, work, and programming assignments. c. g. The auditor interviewed the compliance manager who described their transgender individual procedures and how it is implemented. They explained the facility considers individuals on a case-by-case basis and whether a placement would ensure the resident’s health and safety, and whether the placement would present management or security problems. The LSS statewide policy prohibits the placement of lesbian, gay, bisexual, transgender, gender non-conforming, or intersex individuals in dedicated facilities, units, or wings solely based on such identification or status. Through site observation and discussion with the PREA compliance manager this auditor was able to confirm Fahrman Center does not place lesbian, gay, bisexual, transgender, gender non-conforming, or intersex individuals in separate units, or wings solely based on such identification or status. There was no list of residents who identified as LGBQTI to compare to a housing list to view for pattern consistency indicate whether this is occurring or not. Additionally, there were no residents in this targeted area to interview. d.e, Policy insures programming and individual placement for transgender residents must be screened every six months. Additionally, a transgender or intersex resident’s own view with respect to their own safety shall be given consideration. Policy also states any transgender residents who wish to shower separately in facilities with dorm style showers must request to do so in writing to the Agency Head/Director. The Agency Head/Director will designate, by memo, two shower times where the individual making the request can shower privately during count time. There is a direct line of sight into the bathroom/shower shared area for staff to observe as residents come and go into the area. During interviews on site, staff confirmed there were no residents who had made a request to shower in a separate area. Interviews with residents, supervisors, staff, and the PREA compliance manager confirmed transgender residents are allowed to shower separately from other individuals upon request. Through review of documentation, site review and interviews the auditor have

	determined the facility has demonstrated compliance with this standard.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures PREA Posting Memo PREA Poster 115.251 Memo Resident PREA Handbook Examples Resident files Information Obtained from Interviews PREA Compliance Manager Staff Random selected residents Observations During Site Review a. The Fahrman Center provides several methods to report sexual abuse and sexual harassment. Reports can be made anonymously. Options include calling the Rape Crisis Center from any resident phone. Writing directly to the PREA Compliance Manager or Agency Head; reporting to any staff, contractor, reporting to the PREA Coordinator; by having a family member or friend report it to the facility or email to the third-party reporting. Residents are also informed they may make a report on behalf of someone else. The auditor confirmed during interviews with the residents

	they knew there were many options to report something should the need arise. Those interviewed could explain multiple ways of reporting sexual abuse or sexual harassment. They also understood the PREA compliance manager would meet with them if they asked, and several residents stated they knew they could reach out to her if they needed anything. Most of the individuals stated that they would feel comfortable reporting directly to a staff member. The auditor placed an external test email from a fake account and a test call to these lines from the land line on the housing unit successfully. The PREA resources were also accessed by one of the residents who volunteered to complete test calls to the local resources and was successful in reaching a live person at each site while I was able to listen and validate. b. Policy establishes that residents may also report an allegation of sexual abuse or harassment to Attic Correctional Services Incorporated. Attic Correctional Services incorporated will receive and immediately forward reports of sexual abuse, sexual harassment, and unauthorized relationships to the Agency PREA Coordinator for review and investigation. A resident may request that Attic Correctional Services Incorporated allow them to remain anonymous, and they will not include their name in the report. Outside and anonymous reports can also be made to Travis Schueler, 203 W. Sunny Lane Road, Janesville WI 53546, who manages a third-party reporting service and was verified by the auditor. c. Policy requires staff to accept reports of sexual abuse, sexual harassment, and unauthorized relationships made verbally, in writing, electronically, anonymously, and from third parties. Any verbal reports are to be promptly documented and forwarded for investigation. d. The policy instructs employees to report misconduct to a higher authority if their direct supervisor may be involved or if the report has not been given appropriate attention at the reported level. Multiple channels will be made available for reporting including, but not limited to, other authorities such as the LSS PREA Coordinator, probation or parole agent, the third-party contract coordinator, LSS COO or CEO, and local law enforcement. Staff interviews confirmed that they are aware they may go outside of their chain of command and report misconduct

	privately through this method. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance which meets this standard.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures PREA Posting Memo PREA Poster 115.251 Memo Resident PREA Handbook Examples Resident files Information Obtained from Interviews PREA Compliance Manager Staff Random selected residents Observations During Site Review

	a. b. According to policy, the Fahrman Center does not have an administrative procedure to address resident grievances regarding sexual abuse therefore this standard was not audited. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with this standard.

115.253	**Resident access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Family Support Center Contact PREA Poster Resident Handbook Public Website PDF 2024 MOU ATTIC Correctional Services Information Obtained from Interviews PREA Compliance Manager PREA Coordinator Observations During Site Review a. b. c.

	The policy states residents will receive a list of outside support services related to sexual abuse which includes telephone numbers and mailing addresses, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. LSS will not monitor these communications, unless the resident requests that we do so, and would be done in the fashion the resident requests, i.e.: direct observation (in person), via telephone, or electronically via email. Sexual abuse advocacy services are available or made available to victims of sexual abuse through local resources. If requested by the victim, the investigator or shift supervisor will call a victim advocate. The PREA poster contains advocate information along with the handbook. The facility also displays contact information on bulletin boards throughout the common areas and in the living units throughout the facility. The Fahrman Center has a relationship with the Family Support Center which provides free and confidential services for individuals affected by domestic and intimate partner violence sexual list site assault human trafficking and other forms of interpersonal violence. They offer advocate advocacy-based counseling, information and referrals, medical and legal advocacy and accompany me event and community education and outrage and a 24/7 hotline. They provide regular on-site outreach and training to the residents at the Fahrman Center. They have e-mail, a regular phone number and an 1-800 number and an address on the bulletin board and on pamphlets and brochures for the residents' easy accessibility. The residents have their own ability to make a free local call from the landline and many residents also have their own personal cell phone which is unrestricted unless they are in treatment or group. This call is free and unrecorded unmonitored to the entire resident population. This phone number leads to the local rape crisis center. Postings of this phone number are in all housing areas and general areas where residents have access to phones. They also provide outside victim advocates and community support services who are available both while residing in the center and also upon release. Lutheran Social Services of Wisconsin and Upper Michigan Inc. has entered into a memo of understanding with ATTIC Correctional Services whose mission states they will make involvement a thorough response to any allegation of sexual abuse a priority because they also have a Zero- tolerance policy and implement a standard response to a report of sexual assault and or a request for help from an incarcerated victim of sexual assault. They will provide residents with the mailing address and telephone numbers, including toll free hotlines were available of the local and victim advocacy and rape crisis organizations. The facility will enable reasonable communication between residents and these organizations and agencies with confidentiality to the greatest extent possible. Hotline calls will not be made as collect calls. They will respond to the facility for advocacy meetings and respect the nature of privileged communication between a rape crisis advocate a client and maintain confidentiality in accordance with policy. Based on the auditor's interview with the agencies designated advocate services they would respond within 24 hours

	to assess the needs of the victim. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with this standard.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: Public website PDF PREA Poster Handbook Information Obtained from Interviews PREA Compliance Manager Third Party Contact Observations During Site Review PREA Policy LSSARJ 2024 Policy and Procedures a. The agency has established a method to receive third-party reports of sexual abuse and sexual harassment by providing a toll-free PREA Hotline at 505-266-7711, and callers may remain anonymous. Additionally, third parties can email Third Party reports may be made to any of the persons identified under Resident Reporting, (115.251) or by contacting the Lutheran Social Services main office in West Allis. Phone: 414-281-4400 Information pertaining to PREA, including third party reporting, is located on the LSS website (www.lsswis.org), in the Corrections/Restorative Justice section. The resident handbook and the PREA poster also explain to the resident population

	all reporting options. A variety of signage was displayed throughout the facility in living units, education, programming, counselor offices, staff areas, and intake, which was observed during the site-review by the auditor. Posters were created and are posted throughout the facility in areas where individuals and visitors have access. Information on third party reporting is made public on the department website. Interviews with residents confirmed they are aware they can have a relative or friend make a report of abuse, sexual harassment on their behalf, and anonymously through third-party reporting. This auditor conducted a test of the third-party reporting e-mail from a private anonymous e-mail and within three hours received a response saying the test was valid and they had not had any incidents during this reporting period. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with which meets this standard.

115.261	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Information Obtained from Interviews PREA Coordinator PREA Compliance Manager Observations During Site Review a. Policy states the facility requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is part of the agency. Further, the agency requires all staff to report immediately any incidents of retaliation against residents or staff who reported an incident. All staff are to report immediately any staff neglect or violation of responsibilities that may have

	contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in the agency policy, to make treatment, investigation, and other security and management decisions. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to the first paragraph of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The auditor's interviews with staff confirmed a clear knowledge of their duty to immediately report such incidents and the ability to report to multiple staff, either their supervisor or above. b. e. Policy includes the requirement for staff to maintain all confidentiality information related to reports of sexual abuse and requires apart from reporting to designated supervisors or officials, staff shall not reveal 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. interviews with random staff confirmed knowledge of confidentiality and that release of this information outside of official need is a violation of agency policy. All allegations including third party and anonymous reports are reported to the investigator. The auditor was able to review the areas where all confidential files were securely maintained while on the site review. During the interviews with staff, they articulated the seriousness of the importance of always maintaining confidentiality in all aspects of services. Through interviews with randomly selected staff, they were able to identify who the investigators at the facility were and how to report multiple methods such as anonymously or through a third party and/or through the chain of command. c. The Fahrman Center does not employ any medical or mental health staff. d. The Fahrman Center does not accept anyone under the age of 18. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with this standard.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Agency Head/Director PREA Coordinator Information Obtained from Interviews PREA Compliance Manager Observations During Site Visit a. The policy states staff will take steps to ensure the safety of any client believed to be in imminent danger of sexual assault. Should staff become aware of the potential of an imminent sexual assault on a client or observe a sexual assault taking place within the facility, the following steps will be taken immediately: Staff will call 911 and make an immediate report and will call the Supervisor. Staff will assure that the victim or intended victim is provided with safety until the perpetrator or individual suspected of planning a sexual assault is removed. This may mean bringing the victim or intended victim to the locked staff office until the danger has been addressed. This policy is applicable and requires all staff, and contractors, and is thoroughly trained upon initial hire and during the onboarding process.

	Fahrman Center did not have any instance in which it learned that a resident was subject to a substantial risk of imminent sexual abuse, therefore there was no documentation. During the interview with the PREA compliance manager understood the standard and discussed should it arise how it would be handled during an investigation. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with this standard.

115.263	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Observations During Site Review Information Obtained from Interviews Agency Head PREA Coordinator PREA Compliance Manager a.b.c. The policy states if a resident reports any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in another facility, that the program supervisor of the facility that received the information just immediately no later than 72 hours, report it to the program supervisor or administrator of the facility where it is alleged to have occurred. If the incident is alleged to have occurred at an agency other than the LSS, that report should be forwarded to the agency PREA coordinator, who will immediately notify the outside agency no later than 72 hours. The facility must maintain documentation of all notifications to other facilities. The PREA coordinator will maintain all documentation of external notifications. There was no allegations where a resident was sexually abused while confined in another facility and there was no administrator-to-administrator notifications made, the auditor verified this through interviews with the Agency Head, PREA Coordinator and the document review.

	d. There was no report from outside agencies made to Fahrman Center during this audit period. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with which meets this standard.

115.264	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Information Obtained from Interviews Staff PREA Compliance Manager Observations During Site Review a. Policy clearly identify a step-by-step process for first responder protocols which support the standard response for an incident of sexual abuse. These steps include: Staff will call 911 and make an immediate report and will call the Supervisor. Staff will assure that the victim or intended victim is provided with safety until the perpetrator or individual suspected of planning a sexual assault is removed. This may mean bringing the victim or intended victim to the locked staff office until the danger has been addressed. Provide emotional support to the client first, as well as privacy and no interruptions.

	If you are working alone, contact the supervisor immediately. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and abuser 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 alleged perpetrator is a staff member, contact law enforcement: Call 911. Let the client know that you are making a report. Depending on the emotional state of the client, you may choose to wait until another staff person is on premises (if you are working alone). Remember that the client's confidentiality within the facility is to be safeguarded. You are not to ask another client to assist with providing emotional support, provide any information about the reported assault to any unauthorized individual. If the reported sexual assault occurred recently (generally with the past 72 hours), help the resident with preservation of any potential evidence: Forensic evidence collection is best done within 72 hours of the assault and best collected immediately following an assault. Technological advancements are making it more likely to collect evidence even after 72 hours; however, it is important to remember that the more time passes between the sexual assault and reporting it to the police, the less likely it will be to collect physical evidence that may be very important to the prosecution of a criminal case. To preserve evidence in the case of sexual assault, it is recommended that the client not shower or bathe, wash hands, use the toilet, douche, eat, drink, smoke, brush teeth, change clothing, or wash clothing or bedding before a medical exam. Even if the client has already taken any of these actions, he/she is still encouraged to have prompt medical care. Assist the client with gathering all clothing and bedding that may be used for evidence and place them into a clean paper bag or clean sheet. Items should be stored at room temperature that will not damage evidence. The DOC Liaison Agent, Policy and Procedure Analyst, and the Agent of Record are to be notified of an alleged PREA event. These calls should be made as soon as possible by or under the direction of the Program Supervisor or the assigned Counselor/Case Manager If the alleged assault occurred at another correctional facility or institution, the Program Supervisor will notify that institution within 72 hours. Law enforcement is responsible for criminal investigation of alleged assault; the Program is responsible for administrative investigation. The LSS PREA Coordinator will be contacted as soon as possible and any statements made will be forwarded to

	the coordinator. Client will be provided with the phone number for local victim services agency. Clients will also be provided with transportation to the above-named agency if requested and will be accompanied by staff to medical services. The staff interviewed explained the steps would be taken to explain to the victim the importance of ensuring the victim would not take actions that might destroy evidence prior to notifying the local law enforcement and the investigator. Staff were able to articulate step by step responses needed to be taken as a first responder Such as not showering not brushing their teeth, not changing clothes. The facility reported there were no allegations that a resident was sexually abused in the last 12 months. The policy on Sexual Abuse Prevention and Response training is mandatory for all staff and includes specific training in first responder duties. The auditor conducted interviews with random security and non-staff and found them all to be knowledgeable about their first responder duties. Training records confirmed that staff received this training during their initial and annual in-service. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with this standard.

115.265	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Gender neutral power and control in equity wheels Updated Policy Pages 19 and 20 Information Obtained from Interviews PREA Compliance Manager

	Agency Head/Director Observations During Site Review a. The Fahrman Center Coordinated Response plan is incorporated into the policy and is placed in the office along with all the emergency plans for the facility. Staff are expected to know where the policies and emergency manuals are and are made aware of the manual and know the emergency plans are placed there. Training for first responders is conducted during orientation and annual in-service training by the program supervisors and during orientation classes and onboarding. Policy reinforces the importance of first responder duties along with the coordinated response plan which is a comprehensive guide. The coordinated response plan provides the Fahrman staff a clear, outline and attainable method of guidance to follow when there is an allegation of sexual abuse/sexual harassment. Staff shall not reveal any information related to the incident other than on a need-to-know basis. It is the victim’s right to disclose or not disclose information. The guide includes individual directions for each responder on sexual abuse allegation responses for first responders, counseling staff, program staff, shift custody supervisors, compliance managers, and support staff. It includes appropriate responses for shift supervisors and also resources for business and non-business hours. As the residential facility does not have many staff on duty at any given time the potential for all staff to be a first responder is highly likely therefore all staff are trained as a first responder and the coordinated response plan is reviewed with them as part of their onboarding. The plan also includes resources, contact information for the local hospital, victim advocacy, and also a listing of important numbers. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with which meets this standard.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Information Obtained from Interviews Agency Head/Director PREA Compliance Manager Observations During Site Visit a. Based on the interviews with Human Capitol, the Agency Head/Director, PREA Compliance Manager the auditor determined the agency does not have collective bargaining agreements at any of its facilities b. The auditor is not required to audit this provision.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures PREA Compliance Manager Investigator

	Person Responsible for Monitoring Observations During Site Review Information Obtained from Interviews a. The policy states retaliation is intimidation to prevent a resident (or staff person) from filing a complaint or participating in an investigation. LSS prohibits anyone from interfering with an investigation, including intimidation or retaliation against witnesses. Retaliation can include staff on staff, staff on resident, resident on resident, and resident on staff. Residents and staff are instructed to report immediately to the Program Supervisor or Investigator if they believe they are being unfairly transferred or punished in some way because they filed a complaint or assisted in the investigation of a complaint. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility will take appropriate measures to protect that individual against retaliation. Emotional support services will be made available outside of the facility for residents or staff who fear retaliation. The services may be provided to staff through the Employee Assistance Program, and for residents through a referral to a community provider. The Program Supervisor and Program Manager monitor staff and residents who have reported sexual abuse allegations to protect them from retaliation for 90 days. This includes daily review of staff logs, daily check-in with various staff, on-going check-in with the reporting resident. However, if the initial monitoring indicates a continuing need, periodic status checks occur and are documented. Protection measures may be taken if a report of retaliation is found. These protective measures for residents could include: A change in bedroom assignment in the facility A change in placement to another facility for the resident experiencing retaliation, upon that resident’s request and if possible Change in placement of resident(s) retaliating against the reporting resident Staff will accept reports of retaliation from residents and staff. Retaliation can be reported in one of the following ways: Verbally In writing

	Anonymously By a Third Party During the retaliation monitoring, if the resident has transferred to another facility, outreach to the facility [jail] where the resident was moved is contacted for continued retaliation monitoring. All points of monitoring are entered into the client's electronic record system. Continued communication among the facilities and agent of authority [if one] and within the LSS organization is the ongoing responsibility of the PREA compliance managers. b. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with which meets this standard.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Memo Correction PREA Investigation Checklist PREA Coordinator PREA Compliance Manager Investigators Observations During Site Review Information Obtained from Interviews

	a. f. g. All reports of sexual harassment or assault by residents will be investigated by a trained team and according to relevant PREA standards. Reports of sexual abuse or harassment, in any form, are to be reported immediately to the program supervisor. The program supervisor will forward the report to relevant entities: PREA coordinator, manager, state department of corrections, Federal Bureau of Prisons. The investigation team will immediately begin collecting documents, including the initial report. Staff will be reminded of all relevant policies and procedures. The investigation team will consist of at least 2 of the 5 trained investigators, with PREA Coordinator involved either as an active investigator or the recipient of all reports. LSS will conduct an administrative investigation only; at any time should the report indicate that a criminal investigation is required, the relevant police or sheriff's department will be contacted by the Program Supervisor, under the direction of the Investigative Team, and a report will be filed. Per the Sexual Abuse/Misconduct policy, agency counseling and administrative staff will assure coordination of services for a victim with both internal and external partners. If the allegation involves a staff member having engaged in sexual harassment or abuse, the staff member will be immediately placed on administrative leave. The departure of the alleged abuser or victim from the facility shall not provide a basis for terminating an investigation. The investigative team will begin conducting relevant interviews within 3- 5 business days. Decisions made about whether to refer for criminal investigation, whether to move forward with disciplinary action up to or including termination from involved staff, etc. will be made by according to the preponderance of evidence to substantiate the report. Also considered in terms of staff will be disciplinary action up to or including termination if it is discovered that whether or not there is a PREA actionable offense, the employee has violated other LSS policies. Decisions will be made with the involvement of the PREA Coordinator. Any law enforcement entity to which the case is forwarded for potential criminal investigation will be updated as the administrative investigation proceeds. The supervisor or manager will remain in contact with the law enforcement entity in order to remain abreast of any criminal investigation. The reporting resident will be informed as to outcome of administrative and/or criminal investigation, whether the case was found to be substantiated, unsubstantiated, or unfounded, as well as updates on any involved staff member in terms of placed on leave and/or no longer

	an LSS employee and updates on disposition of any involved resident in terms of indictments or convictions as result of the report. The outcome of any criminal investigation or indictment/conviction of involved staff as a result of the report. All resident notifications will be documented in the client chart. LSS ARJ programs have no ability to discipline a correctional client for sexual assault/harassment. However, the relevant correctional entity will be immediately contacted should a report be made about a client and removal requested at least during the investigation. The DOC or the FBOP would then make determinations in terms of holding or placing the accused client in a correctional facility. LSS ARJ programs have no ability to discipline a correctional client for making a false report. The relevant correctional entity would be contacted if the report is found to be false and although a recommendation would be made by the LSS program, any discipline would be up to the correctional entity. Any staff person found to have engaged in sexual harassment or abuse will be terminated from employment. As licensed facilities, LSS ARJ programs will complete and forward all license-required forms and notifications under the Caregiver Misconduct requirements should an investigation indicate wrong-doing on the part of our staff. Within 30 days after a PREA case has been closed, investigative team and program leadership will meet to review and discuss any strategies or changes to operations or policies that may prevent future situations. b. LSS policy and training for investigators cover practices for prompt, thorough and objective investigation for all reports. c. The policy states all usable evidence is available to use during the investigation to hold the perpetrator accountable. The investigators are able to utilize the information provided in the investigation to determine whether it be criminal or strictly administrative to proceed with their findings. The investigators interviewed

	described gathering evidence including records, physical evidence electronic evidence, reports video and any other item that would help to provide material documentation for their investigative reports. The review of the investigative files showed clear documentation of exhibits and interviews, which included a systematic approach which followed the training template that was also provided as a foundation and baseline for the standard. d. h. The policy states if probable cause exists the director shall conduct a review to determine the admissibility of any compelled statements. The facility indicated there were no allegations of sexual misconduct which occurred and needed to be referred. e. The policy clearly states the credibility of an alleged victim, suspect or witness will be assessed on an individual basis and will never be determined by the person's status as a resident or staff. The policy does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition of proceeding with the investigation. There were no investigations during the reporting period for review. Interviews with the investigators and the PREA compliance manager affirmed they have never used a polygraph exam. i. The auditor observed the storage areas of investigative files and PREA related documentation which is collected and maintained by the facility. These are secured and have limited access and are stored in a locked file cabinet within a locked office. All computer systems and electronic databases are secured on encrypted password protected systems which have passwords that are on a regular scheduled extremely sensitive continually changing password protected device. The policy states all written reports pertaining to any investigation of sexual abuse or sexual harassment are to be retained for as long as the abuser is incarcerated or employed by the agency, plus five years at a minimum. The policy includes that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Interviews with the PREA coordinator and the PREA compliance manager confirmed the retention schedule and storage systems for all records in compliance with the

	standards. j. Policy states the employee conduct involving allegations of sexual misconduct, sexual assault or any other alleged violations of the criminal law shall be referred to local law enforcement for consideration for prosecution. These referrals must be made even if the employee resigns or retires during or prior to the department's investigation. All investigations will be reviewed by the director, who is the PREA Coordinator regarding any allegation that may be construed as a potential criminal investigation. k. The auditor is not required to audit this provision. l. During the investigation, all referrals to the local police are documented in the investigation. During this auditor's interview with the Agency Head/Director and with the PREA compliance manager they both described maintaining they would maintain contact with local law enforcement [local police] if and when the need would arise. The facility has had very few incidents since it opened. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with this standard.

115.272	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures PREA Compliance Manager

	Investigators Observations During Site Review Information Obtained from Interviews a. The policy establishes there is no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated. The facility indicated compliance with these provisions and provided the policy and training materials which are exact in wording to the standard. In discussion with the investigators and the PREA compliance manager they are well versed in understanding the true meaning of what preponderance of evidence means and we are able to give examples of how it applies in an investigative conclusion process. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with this standard.

115.273	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Selected Investigation example

	Observations During Site Review Information Obtained from Interviews PREA Compliance Manager Investigators a.c.d.e. The agency policy clearly requires the resident to notify the resident of the outcome of all investigations, both criminal and administrative both regarding allegations against other residents and allegations against staff. Policy States an investigation shall be conducted and documented whenever a sexual assault or threat is reported at the conclusion of an investigation into an resident's allegations against a staff member, the resident will be informed in writing regarding the following: Substantiated allegation – the allegation was investigated and determined that there was sufficient evidence to make a final determination that the event did occur. Results of the investigation will be forwarded for prosecution, i.e. District Attorney's Office, who will determine if charges will be filed. Unsubstantiated allegation – the allegation was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred. Unfounded allegation – the allegation was investigated and determined not to have occurred. There is insufficient evidence to conclude the allegation is true. The facility will also consider if the investigation proves the resident made a false allegation, she/he could receive a conduct violation while incarcerated or, if under supervision, the court or the Probation and Parole Board may be notified. Although there was not enough evidence to prove that the allegation is true, there may be evidence to prove that another law, policy or rule was violated. Staff interviewed reported that the residents were always notified in writing and the practice was to give the written notice in person and documented in the investigative findings database. There were no investigations during this reporting period therefore there was no ability to review documentation. This auditor did review one investigation from the previous year which had only one documentation. An error [typo] was found on that documentation which was clarified, edited and resubmitted. This auditor reviewed all the investigations and there was clear documentation indicating the victims had been notified in a timely fashion. b. Policy mandates all investigations of criminal conduct must be reported to

	appropriate law enforcement authorities by the investigator. The investigator serves as the primary liaison between Lutheran Social Services of Wisconsin and Upper Michigan Inc. and the appropriate law enforcement agency during the course of any continuing investigation. The investigator is responsible for obtaining relevant information from the investigative agency, [the local police], in order to inform the resident. There were no allegations forwarded during this audit period. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with this standard.

115.276	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Observations During Site Review Information Obtained from Interviews PREA Compliance Manager Investigators a.b.c.d. The policy states sexual conduct between staff and residents, contract personnel and residents regardless of consensual status is prohibited and subject to administrative discipline up to and including termination and criminal sanctions and referred to local law enforcement authorities for possible criminal prosecution. Termination is the presumptive disciplinary sanction for any staff who engage in sexual abuse, and staff engaging in sexual conduct with residents will be reported to any relevant licensing body. All disciplinary sanctions for violations of any agency policy relating to sexual abuse or harassment shall be commensurate with the nature and circumstances of the act committed, the staff members disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. The agency indicated there were no related cases and therefore no

	disciplinary actions taken. Discussion with the Agency Head/Director and the PREA compliance manager confirm there had been no investigations which occurred resulting in staff disciplinary sanctions. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with this standard.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Observations During Site Review Information Obtained from Interviews PREA Compliance Manager a.b.c.d. LSS policy states sexual conduct between staff and residents, contract personnel and residents, regardless of consensual status, is prohibited and subject to administrative discipline, up to and including termination, and criminal sanctions and referred to local law enforcement authorities for possible criminal prosecution. Licensed professionals engaging in sexual conduct with residents will be reported to any relevant licensing body. Policy also states if during an administrative or criminal investigation, the human capitol Authority, COO or CEO or Agency Head/Director determines it is in the best

	interests of the agency that the employee be removed from his or her assigned position, the employee may be either temporarily placed on paid administrative leave subject to the procedures set forth in policy; or temporarily reassigned to a position where he or she may function without threat to personal safety, the safety of others, or the orderly operations of the agency. The Fahrman Center had no cases of a contractor or a visitor engaging in sexual abuse or sexual harassment within the audit period. This was verified during the interviews with the agency head/director and the PREA compliance manager. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with this standard.

115.278	**Disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Observations During Site Review Information Obtained from Interviews PREA Compliance Manager Selected Resident Files a.b.c.d.e. Policy sets forth the Fahrman Center does not have any authority and therefore does not implement any disciplinary sanctions for residents. The agency policy states if any sexual abuse is identified the residents would be removed from the program immediately. In the past 12 months the facility had no administrative findings of resident-on-resident sexual abuse that occurred in the facility. In the past 12 months the facility had no criminal findings of guilt for resident-on-resident sexual abuse. The facility

	prohibits consensual sexual contact between any residents. According to the prior compliance manager the agency does not consider consensual sexual behavior to be sexual abuse. The zero-tolerance of sexual behavior is also outlined in the resident handbook. The resident handbook, orientation training and policy clearly outlines any sexual activity between residents is prohibited. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with this standard.

115.282	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Memo PREA Compliance Manager Staff Observations During Site Review a.b. c. d. Policy clearly states offender protection against abuse and sexual misconduct has established procedures ensuring all victims receive necessary immediate and ongoing medical mental health and support services. The policy, on page 16, also states the agency head/director or designee will ensure that victims of sexual assault are promptly transferred under appropriate security provisions by EMS or emergency medical services, or state personnel as is medically appropriate for community healthcare facility for treatment and for gathering of evidence. This will be at no charge to the resident. The information is also available

	to residents in the PREA policy. Interviews with the PREA compliance manager and PREA Coordinator affirm they are notified and directly involved in all sexual abuse allegations and provide the necessary services dependent upon the needs of the individuals. In the situation where the program needs to contact the hospital, the prior investigator or the prea coordinator whoever is available, will be the one to make contact with the hospital. This will be documented in the Priya investigation report immediately following the contact. The PREA compliance manager stated she has a relationship with community services, advocacy and local mental health providers to provide the counseling and advocacy services. This auditor affirmed this relationship during the communication with the local resources. Staff interviewed expressed their understanding of the medical care provided is equal to or exceeding the community standards of care. The policy clearly states there is no charge to the residents. The staff who were interviewed by the auditor reported an understanding of the policy and explained the necessary steps to take for an alleged victim and how to make a proper referral. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with this standard.

115.283	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Auditor Memo Selected Resident Files Observations During Site Review Information Obtained from Interviews PREA Compliance Manager Medical and Behavior Health Staff

a.b.c.

The ongoing medical and mental health care for sexual abuse victims and abusers is embedded in the policy on page 27 and it states the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Evaluation and treatment for such victims shall 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. The facility shall provide such victims with medical and mental health care services consistent with the community level of care. The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Medical staff at the local hospital are responsible for examination, documentation, and treatment of victim injuries arising from sexually abusive behaviors, including testing when appropriate for pregnancy and sexually transmitted infections, including HIV. These services will be provided at no cost to the victim.

The forensic exam is performed by qualified sexual assault examiners (Sexual Assault Nurse Examiner). The victim is examined at a local hospital equipped to conduct such examinations. The forensic exam will occur as soon as possible, but within 72 hours of staff becoming aware that a resident reported involvement in a sexually abusive assault. A resident’s refusal of a forensic examination is documented in the resident record.

The facility will arrange follow-up care, including screening for infectious disease (HIV, viral hepatitis, or other sexually transmitted infections), pregnancy testing for female victims, and administration of prophylactic medication if these services were not already rendered. The services will be of no cost to the victim. If pregnancy results from the conduct, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The facility will also coordinate any referrals to mental health providers in the community for follow-up care to an incident. Follow-up services may also be offered and provided to staff at no cost.

The facility reported there were no allegations of resident sexual abuse requiring

	medical treatment, follow-up services or referrals for continued care. At the time of the audit there were no residents who reported sexual abuse at the facility, therefore no residents were interviewed specific to this provision. The staff interviewed reported all referrals and follow-up services would be provided with prompt intervention and documentation to meet the needs of each individual. Both the PREA compliance manager and staff described how ongoing support services would be provided to residents at the facility should the need arise, and counselors would be available to provide treatment to residents. d.e. Fahrman Center policy ensures resident victims of sexual abusive vaginal penetration would be offered pregnancy tests and comprehensive information about pregnancy related medical services free of charge. f. The policy addresses the offering of testing for sexually transmitted diseases. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance with this standard.

115.286	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Observations During Site Review Information Obtained from Interviews PREA Compliance Manager Agency Head/Director

	a.b.c.d.e. Policy reporting procedures on page 25, states executive staff review will the incident to assess the facility's response to the allegations. Executive staff includes the ARJ Agency Head/Director, one or more ARJ Managers, and may include the ARJ Vice President and the LSS Risk Management Agency Head/Director. All factors noted within PREA Standard 115.286(d) are considered. The PREA compliance manager at the location from where the report was filed documents the review in a report, including recommendations for improvements, if any. If the unsubstantiated allegation involved a staff member, the report under this section must not include the staff member's personally identifiable information. The report is submitted to appropriate LSS staff, typically the HC specialist and the program supervisor, who ensures implementation of the recommendations or documents the reason for not following them. In cases of substantiated sexual abuse, executive staff review the incident to assess the facility's response. All factors noted with PREA Standard 115.286 (d) are considered. The PREA compliance manager documents the review in a report, including recommendations for improvements, if any. The report is submitted to the appropriate LSS staff, typically the HC specialist, program supervisor and manager, who ensures implementation of the recommendations or documents the reason for not following them. A copy of this report is forwarded to the regional Agency Head/ Director through the PREA coordinator. The PREA Policy addresses sexual abuse incident reviews. The policy includes a review of unsubstantiated and substantiated allegations by the executive staff in order to assess the facility's response to the allegations. The policy identifies the members of the review team. All factors in 115.286 (d) are considered in the agency review all allegations. The policy states that the team shall review whether allegations were motivated by race, ethnicity, gender identity; lesbian gay, bisexual, transgender, or intersex identification, status, or gang affiliation; or was motivated by other dynamics at the facility. The review team shall examine the area of the facility where the incident occurred to assess if physical barriers in the area enable abuse. The team reviews staffing levels and monitoring technology. The team prepares a report of its findings and makes recommendations for improvement to the facility head the PREA compliance manager. The standard states that the area of the facility where the incident occurred be examined and whether monitoring technology should be augmented. The incident review also requires a report of its findings to include recommendations and implement the recommendation or document its reasons for not doing so. The

	facility shall implement the recommendations, or it shall document reasons for not doing so. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. Consideration of staff affected by the incident is necessary. Efforts to mitigate potential stress associated with these events is offered via a referral to the LSS Employee Assistance Program. The Review Team Shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, or gang affiliation, or was motivated or otherwise caused by other group dynamics of the facility. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Assess the adequacy of staffing levels in that area during different shifts. Assess whether monitoring or technology should be deployed or augmented to supplement supervision by staff; and Prepare a report on its findings, including but not necessarily limited to determinations made pursuant to paragraphs 1-5 of this section, and any recommendations for improvement and submit such a report to the facility head and PREA Compliance Manager. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so. The Fahrman Center did not have any investigations which met those criteria during this period. Through interview with the agency head/director and the PREA compliance manager the completed review would be conducted on a as needed basis and if any changes or immediate implementation of a procedure needs to be modified it would be done quickly and as an administrative and team decision. All improvements and

	recommendations would be documented clearly on the forms and signed by the team members. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance which meets this standard.

115.287	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: 2022 PREA Annual Report 2023 PREA Annual Report Auditor Memo The 2022 Survey of Sexual Victimization; Lutheran Social Services of Wisconsin and Upper Michigan Inc. Public website PDF PREA Policy LSSARJ 2024 Policy and Procedures PREA Coordinator PREA Compliance Manager Observations During Site Review Information Obtained from Interviews a.b.c.d.e.f. Policy clearly states the agency must publish all aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts on its public website. The annual assessments for the year beginning in 2019 are available on the attached website document. The assessments do not contain any personal identifiers. The 2022 and 2023 annual assessments are attached to illustrate that all

	personal identifiers are removed. A thorough review by this auditor of both the 2022 and the 2023 annual reports clearly demonstrate provisions a.b.c.d.e.f. are all being met thoroughly, objectively, and regularly through the public website and this report system. The facility securely collects data in a database which access to the database is strictly limited to those with a legitimate need to know and access to this data and all the PREA information contained within must be authorized through the PREA Coordinator. Call PREA incidents are documented on a Significant Events Reporting Form [SERF] by the supervisor or manager within 24 hours of the incident. A standardized method of information is collected via this reporting form through the electronic database in order to make the annual report of incidents and is managed by the PREA coordinator. The reporting mechanism and investigation EVOLV system was made available to the auditor to review while on site. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance which meets this standard.

115.288	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: 2022 PREA Annual Report 2023 PREA Annual Report Auditor Memo Public website PDF PREA Policy LSSARJ 2024 Policy and Procedures Observations During Site Review Information Obtained from Interviews PREA Coordinator Agency Head/Director PREA Compliance Manager

	a.b.c.d. The agency securely manages the data through the PREA Coordinator who collects data. The access is limited to those with a legitimate need to know and access and all the information contained and must be authorized through the PREA coordinator. The information contained within the system is managed by the agency's retention schedule. Lutheran Social Services of Wisconsin and Upper Michigan Inc. publishes all aggregated sexual abuse data, under their direct control on its public website. The annual assessment beginning year 2019 through 2023 are available on the website. During the interview with the agency head/director they review and approve the annual reports written as per the standard. They stated they along with the PREA compliance managers review this material on a monthly, quarterly, and as needed basis as investigations, trends and needs arise. Currently, the annual PREA reports are available on the website. During the review, the annual reports were examined by the auditor and found to comply with all aspects of the standards. There was minimal corrective action noted. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance which meets this standard.

115.289	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: PREA Policy LSSARJ 2024 Policy and Procedures Title 1 chapter 21 Part 2 General Government Administration Functional Records Retention and Schedule. Auditor Memo PREA Coordinator Agency Head/Director PREA Compliance Manager

	Observations During Site Review Information Obtained from Interviews a.b.c.d. The agency securely preserves its data on the Lutheran Social Services of Wisconsin and Upper Michigan Inc. website including agency data from multiple calendar years including through 2023. Interviews with the PREA coordinator and the agency had confirmed access to any data is restricted for operational use and is highly confidential and monitored. The data posted on the public website has all personal identifiers redacted and was verified by this auditor. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance which meets this standard.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: Lutheran Social Services of Wisconsin and Upper Michigan Inc. has ensured that each three-year period since August 2019, all facilities have been on a rotating schedule to be audited. These audits are on the public website as final reports. The auditor was provided unfettered access to all areas of the facility during all shifts. The auditor was provided with copies of requested documentation and information during all phases of the audit in a prompt and professional manner, this included copies of information stored electronically or in written format. The auditor was provided with a private setting to conduct all interviews with residents and staff. The auditor weas allowed to choose all individuals who were interviewed without any influence from the facility staff or agency. The auditor observed during the site review notice posted throughout the facility. This auditor requested additional postings as the postings were limited and the residents could benefit from additional postings on all floors and more areas. The auditor requested the posting remain up through the completion of the audit and an additional six weeks afterward. Random interviews conducted with residents

	affirmed the postings had been posted for several weeks. None of the residents who were interviewed were able to describe the notice of the audit and stated they understood they could write a letter to the auditor in a confidential manner both before the audit and after the in-person site review. An interview conducted with the staff affirmed their knowledge of any correspondence to the auditor being considered legal mail and would not be opened by any staff as no mail is opened by staff. Through review of documentation, site review and interviews the auditor have determined the facility has demonstrated compliance which meets this standard.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed and interviewed the following to determine compliance: All documentation is on the public website Observations During Site Visit Lutheran Social Services of Wisconsin and Upper Michigan Inc. has ensured that each final audit reports for prior audits completed preceding this audit are on the public website. Since opening and since August 2019, all facilities have been on a rotating schedule to be audited. These audits are on the public website as final reports. Through review of documentation, site review and interviews the auditor has determined the facility has demonstrated 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.)	yes
115.213 (c)	**Supervision and monitoring**	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

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

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

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

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

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

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

	agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	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.)	na
115.221 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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