

# PREA Facility Audit Report: Final

**Name of Facility:** Marshall House

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 01/09/2023

**Date Final Report Submitted:** 07/10/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Lawrence Mahoney	<b>Date of Signature:</b> 07/10/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Mahoney, Lawrence
<b>Email:</b>	mahoneylj@live.com
<b>Start Date of On-Site Audit:</b>	12/07/2022
<b>End Date of On-Site Audit:</b>	12/08/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Marshall House
<b>Facility physical address:</b>	2670 University Avenue , Green bay , Wisconsin - 54311
<b>Facility mailing address:</b>	601 Atlas Ave PO Box 7300, Madison, Wisconsin - 53704

Primary Contact	
<b>Name:</b>	Rick Biegel
<b>Email Address:</b>	rbiegel@correctionalservices.org
<b>Telephone Number:</b>	6082230017

Facility Director	
<b>Name:</b>	Emma Levanetz
<b>Email Address:</b>	elevanetz@correctionalservices.org
<b>Telephone Number:</b>	920-366-8563

Facility PREA Compliance Manager	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Facility Characteristics	
<b>Designed facility capacity:</b>	20
<b>Current population of facility:</b>	19
<b>Average daily population for the past 12 months:</b>	20
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18+
<b>Facility security levels/resident custody levels:</b>	Community confinement center
<b>Number of staff currently employed at the</b>	13

<b>facility who may have contact with residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	1
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	ATTIC Correctional Services, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	601 Atlas Ave, Madison, Wisconsin - 53714
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Richard Biegel	<b>Email Address:</b>	rbiegel@correctionalservices.org

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

0

**Number of standards met:**

41

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-12-07
2. End date of the onsite portion of the audit:	2022-12-08

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Sexual Assault Center-Green Bay

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	20
15. Average daily population for the past 12 months:	14
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	14
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>11</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>1</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>11</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input type="checkbox"/> Housing assignment  <input type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Eleven of 15 residents were interviewed.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>



<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Discussions with staff and review of all Risk Screens did not reveal any residents in this category.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Discussions with staff and review of all Risk Screens did not reveal any residents in this category.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Discussions with staff and review of all Risk Screens did not reveal any residents in this category.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Discussions with staff and review of all Risk Screens did not reveal any residents in this category.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Discussions with staff and review of all Risk Screens did not reveal any residents in this category.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Discussions with staff and review of all Risk Screens did not reveal any residents in this category.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Discussions with staff and review of all Risk Screens did not reveal any residents in this category.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Interviews with residents and review of Risk Screens.</p>

<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Facility does not have segregated housing.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>10</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>All 11 current staff interviewed, plus the area supervisor.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>9</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)



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

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

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

## 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.

<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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### Was the site review an active, inquiring process that included the following:

<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>All staff files were reviewed for hiring, training.</p> <p>All current resident files and risk screens were reviewed. Seventeen discharge resident files were reviewed for intake and risk screening. .</p>

# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	1	1	1	1
<b>Staff-on-inmate sexual abuse</b>	2	2	2	2
<b>Total</b>	3	3	3	3

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	1	0	1	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	1	01	1	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	1	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	2	0	0	0	0
<b>Total</b>	3	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	1	1
<b>Staff-on-inmate sexual abuse</b>	0	0	0	1
<b>Total</b>	0	0	1	2

**Sexual Harassment Investigation Outcomes**

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	00

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	1
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	1

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	3
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<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>2</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>



<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

## Non-certified Support Staff

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

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

The audited facility or its parent agency

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

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

Other

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The “PREA Policy and Procedure” was first developed in April 2013 along with the PREA Notice to Halfway House Residents. In response to an audit that I conducted at another ACS facility, the agency amended these documents in 2016. The amended documents mandate a zero tolerance for all forms of sexual abuse and sexual harassment. The agency policy describes its approach to preventing, detecting, and responding to sexual assault and sexual harassment. The policy contains definitions of prohibited behaviors and includes disciplinary sanctions for staff and residents who violate the policy. The documents list various reporting options for staff and residents. The policy describes the agency strategies and responses to reduce, prevent, and investigate sexual abuse and harassment.</p> <p>The agency implemented the amended PREA Policy and Procedure and the Notice to Residents at all ACS halfway houses in 2016.</p> <p>During the on-site visit at Marshall House, I interviewed 12 staff members and 11 residents. All the staff and residents were aware of PREA and the agency’s no-</p>

	<p>tolerance policy.</p> <p>The agency provides each resident with a copy of “PREA Notice to Halfway House Residents” that describes the zero-tolerance standard and explains the agency approach to PREA. The Notice to Residents provides extensive PREA information to residents.</p> <p>Rick Biegel was designated the ACS PREA Coordinator in May 2019. He is also the agency training coordinator. Biegel oversees PREA compliance for 5 halfway houses operated by ACS.</p> <p>Biegel was interviewed, was present for the on-site visit and was involved in the audit process. Biegel states that he has sufficient time to manage his PREA-related duties. He answers directly to the President/CEO and can implement PREA policies and procedures and oversee PREA standard compliance. He is responsible for ensuring all facilities are following standards, coordinating training for all staff, and ensuring residents are educated on PREA.</p> <p>The ACS President/CEO was also present during the on-site visit. She demonstrated a commitment to following the PREA standards in all its facilities and keeping residents safe.</p> <p>Based upon my review of the PREA Policy and Procedure, PREA Notice to Residents, notes from the on-site visit, and interviews staff and residents, the PREA Coordinator, and the President/CEO, I conclude that the agency exceeds the standards.</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	According to the questionnaire and interview with the PREA Coordinator, Marshall House does not contract with any agency to house residents.

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	According to the Pre-audit Questionnaire and staffing pattern documents, Marshall House currently has 12 staff members, including the Area Supervisor who supervises

Marshall House and Addams House in Appleton. In addition to the Area Supervisor, the staff include the Site Supervisor, Behavioral Support Specialists, Behavioral Support Assistants, 2 Case Managers, and 2 AODA Counselors. There is a medical director, but he only reviews files and does not have contact with residents. There are no mental health staff at the facility.

The staffing pattern requires a minimum of one staff per shift. During the week during first shift, there are several staff working. During the evenings, overnight and weekends, Behavioral Support Specialists and Behavioral Support Assistants are working. The facility always has a fulltime staff member on call. The facility is staffed 24 hours/7 days a week. The State of Wisconsin licenses the facility as a Community Based Residential Facility (CBRF) and regulations require 24/7 coverage. The contract with the Department of Corrections also requires 24/7 coverage. ACS management states that the facility has always complied with the staffing pattern.

Marshall staff are required to conduct rounds/bed checks of the facility every hour at night and weekends. Staff are required to use an electronic scanner when conducting rounds, which part of the Secure Management System.

Marshall house has 3 floors with resident rooms on each floor. There are 13 bedrooms in the facility, 6 single rooms and 7 doubles. During the on-site visit, I observed all areas of the facility. There are living areas, TV rooms, a group room, kitchen\dining area, laundry room and locked storage areas. There is 1 staff bathroom and 4 resident bathrooms. Residents can use the bathroom, shower and change clothing in privacy and lock the door when in use. Marshall House rules require residents to dress only in the bathroom.

The facility has 16 closed circuit cameras, 10 interior and 6 exterior. Cameras are monitored 24/7 by staff. Video is recorded using high speed security DVR and stores for a total of 3 months. Cameras are in all common areas of facility, including the laundry room and the exterior.

During the on-site visit, I interviewed 11 residents. All residents said that they have sufficient privacy to change clothes, shower and use the bathroom.

The PREA Policy and Procedure states, "The Program Manager, PREA Coordinator and CEO will review staffing patterns for each halfway house on an annual basis to determine that the staffing pattern is adequate based on the layout of the facility and taking PREA regulations into consideration. The staffing pattern review will be documented and kept on file by the PREA Coordinator for 10 years." The agency provided a copy of the annual staffing review and electronic monitoring review for Marshall House dated November 22, 2022. The PREA Coordinator and the Area Program Supervisor determined that the staffing pattern and other factors described in the standards were sufficient.

Considering the size of the facility and the physical layout of the facility, the staffing pattern and camera system are adequate to monitor and supervise the activities of the residents.

	<p>Based upon my review of the PREA Policy and Procedure and staffing pattern, tour of the facility, and interviews with the PREA Coordinator, 12 staff and 11 residents, I conclude that the agency complies with all aspects of the standards.</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Marshall House does not do body searches or pat downs of residents. The PREA Policy and Procedure states that the facility does not allow body searches or pat downs of any kind. It is a non-secure facility. During interviews with 11 residents, no one reported that they were searched at any time. Staff interviewed said that they do not pat down residents and do not do body searches of residents. The facility has procedures that state that residents can shower, perform bodily functions, and change clothes without viewing by any staff.</p> <p>The policy does not allow a search or physical examination of transgender or intersex residents to determine the resident’s genital status. The facility has a policy that requires residents to change clothing in the locked bathroom attached to their room. Residents are to be fully dressed while in their bedrooms and all common areas. The agency policy states that members of the opposite gender must announce their presence. Residents interviewed said that female staff knock and announce their presence before entering the bedroom. Residents said that female staff do not go in their bathrooms.</p> <p>All the residents interviewed said that they can shower, toilet, and change clothes without being viewed by staff.</p> <p>During the on-site inspection, I observed that the residents were able to lock the doors to the bathroom when in use which allows complete privacy.</p> <p>Based upon review of the PREA Policy and Procedures, interviews with 12 staff and 11 residents, and the on-site inspection, I conclude that the agency complies with the standard.</p>

<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Marshall House would not typically accept residents with serious physical or learning disabilities because of the nature of the program and its licensing requirements. For residents to benefit from the program, the facility would not likely accept resident with limited English proficiency, hard of hearing, or limited reading abilities.

However, the agency has policies to address residents with disabilities.

The Notice to Residents states that residents with limited English proficiency can receive the Notice in Spanish and it can be made available in other languages upon request. The agency PREA Policy and Procedure states, "The case manager will work with the LEP coordinator and EEO Officer to provide reasonable accommodations. The PREA Notice to Halfway Residents is available in Spanish and large print.

Residents with LEP will be provided documents in their primary language. Besides Spanish, versions in other languages can be made available upon request. Deaf residents will receive a written copy of the notice; visually impaired residents will be provided with the notice in large print or be read the notice verbally. Residents with limited reading skills will be read the notice verbally. If a resident needs an alternative reasonable accommodation, the case manager of the facility should be notified.

The agency has a policy, "Serving Clients with Limited English Proficiency", which provides procedures for making residents aware of oral interpreter services, Language Line for telephone calls, and translation of written materials. It states that employees must be trained to follow procedures for accepting incoming calls from LEP persons.

Attached to this policy is another document, "Serving Clients with Disabilities" which states the approach to providing residents with access to all programs or services and describes some of the procedure described in the LEP policy. For example, residents may use the Wisconsin Relay System for incoming calls if needed. Employees are required to assist clients in placing outgoing telephone calls. A resident may also place a call to 711 to facilitate communication between the resident and program staff. Phone numbers for speech-disabled callers, deaf-blind callers, ASCII to voice, Spanish-to-Spanish, and Spanish-to-English numbers are posted and available to residents.

The agency policies prohibit using resident interpreters or resident readers except in limited circumstance described in 115.216 (c).

The PREA Policy and Procedure includes methods by which individuals with disabilities and/or limited English proficiency will obtain PREA information. The PREA Notice to Residents has been translated to Spanish and converted to a large print version. The PREA brochure has been translated to Spanish. The agency also added language to the policy that states staff will read the PREA Notice if they have limited reading skills or visually impaired.



	<p>During the on-site visit, 11 residents were interviewed. One resident said that he had difficulty reading, but that the staff explained the PREA handout so that he understood it. All other residents said they were able to read and comprehend the PREA materials they received at intake.</p> <p>Based upon my review of the PREA Notice to Residents, PREA Policy and Procedure “Serving Clients with Limited English Proficiency”, and “Serving Clients with Disabilities”, and interviews with 11 residents, I conclude that the agency complies with all aspects of the standards.</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Marshall House currently has 12 employees who work with residents. Nine were hired in the past year. The PREA Policy and Procedure states, “It is the policy of ACS to not hire or promote any individual who has a history of sexual abuse or has incidents of sexual harassment.” I interviewed the ACS Human Resources Manager, Bryan Bergman. He confirmed the information in the policy. He reported that the agency conducts criminal background checks prior to hiring all employees. He also reported that the agency conducts criminal background checks on all existing employees every 4 years, which complies with the Wisconsin Caregiver Law and exceeds the PREA standards. He has a spread sheet that helps him follow on the 4-year checks.</p> <p>The agency uses the Wisconsin Department of Justice-Crime Information Bureau (CIB) and Fidelitec to conduct background checks. Fidelitec conducts a national criminal background. Fidelitec is done for all residential staff. They also check Wisconsin Circuit Court Access (CCAP). The agency hired 9 staff within the past 12 months. The agency recently began using Fidelitec for all new hires within the past year. While doing a file review of all current staff, the agency used Fidelitec for background checks on 9 current staff hired within the past 12 months. All staff hired longer than 1 year ago had either CIB and/or Fidelitec checks conducted.</p> <p>Two of the current staff were hired more than 5 years ago. File reviews showed that updated background checks for those 2 staff were done. ACS is required to do updated background checks every 4 years to comply with Wisconsin Caregiver laws. The agency has set up a procedure for assuring all ACS staff who transfer to a halfway house will have a criminal background check before working with residents. The facility does not currently have contract staff.</p> <p>The agency provided me with a copy of their employment application. Applicants and employees seeking promotion must complete the application. The agency’s employment application asks all applicants and employees about previous misconduct described in Standard 115.217 (a) and (b). The application also states,</p>

	<p>“Any material misrepresentation or deliberate omission of fact in my application may result in refusal to employ, or, if employed, termination from employment.” Not all of the applications were completed by applicants, but the HR Director sent me interviews notes for recent hires. All staff hired within the past year were asked about prior abuse.</p> <p>ACS policy requires annually asking current employees whether they have been involved in any sexual abuse or harassment. The agency has the employee sign a PREA acknowledgement form which asks the adjudication questions along with documentation of PREA training. I reviewed all staff files and verified that the 2 staff hired more than 1 year ago were asked about previous misconduct.</p> <p>The PREA Policy and Procedure states that agency shall notify potential institution employers regarding a former agency employee who had substantiated allegations of sexual abuse or harassment.</p> <p>The policy also states that ACS will check references with prior institutions in which the individual has worked to determine if there were incidents of sexual abuse or a history of sexual harassment. This language in the employment application and agency policy complies with the standard. During file reviews, I identified 5 current staff that previously worked in correctional institutions. The agency provided documentation that it contacted the previous correctional employers prior to hire, but in 3 instances, the previous employers, The Wisconsin Department of Corrections and Federal Bureau of Prisons did not respond to the requests.</p> <p>.</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Marshall House had its last PREA audit in 2019. ACS last opened a new facility, Addams House in 2015. They have not made any major expansion to any of its other facilities. According to the PREA Coordinator, the agency recently installed several additional cameras one its other facilities. During agency reviews, it was determined that additional cameras were needed.

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Marshall House follows the ACS PREA Policy and Procedure that describes staff responsibilities following a report of sexual abuse, including collecting and preserving evidence. The agency developed a uniform evidence protocol in 2016.

The agency attached the form used for the protocol to the questionnaire. The protocol includes instructions to ensure the chain of evidence is maintained. The form has a checklist for maintaining the scene, taking photographs or videos, identifies staff involved/witnesses/incident reports. It has instructions and a checklist for collecting clothing, and other physical evidence. It identifies evidence that to be turned over to law enforcement. There is a process for conducting a room search of involved residents. Staff collecting evidence must note time started and completed and initial each task. I reviewed the guidelines issued by the U. S Department of Justice regarding uniform evidence protocol and compared those guidelines to the materials submitted by the agency. Based on that comparison, I conclude that the uniform evidence protocol developed by ACS complies with the standard.

Twelve staff were interviewed during the on-site visit. All staff said they were familiar with the agency procedures for preserving physical evidence.

The City of Green Bay Police Department conducts all criminal investigations.

Based on prior audits, I verified that the Green Bay Police Dept. follows a uniform evidence procedure for all sexual assault complaints.

The PREA Policy and Procedure and Notice to Residents state, "victims of sexual assault will be given timely access to medical treatment." It also states that medical treatment will be at no financial cost to the resident. The agency states that forensic medical exams are performed at St. Vincent's Hospital using Sexual Assault Nurse Examiners (SANE). It states that residents may requests a victim advocate at the forensic medical exam and investigation.

The agency provided a copy of a Memo of Understanding (MOU) between ACS and the Family Services Sexual Assault Center, Green Bay for victim support and emotional support services dated November 2, 2022. On 12-15-22, I contacted Holly Fisher, Director of the Sexual Assault Center. Fisher was not familiar with the MOU from ACS, but that the previous director may have been involved in the MOU. Fisher stated that they would provide support services to anyone who was a victim of sexual abuse at Marshall House. Specifically, the Sexual Assault Center would provide an advocate for victims who have a forensic medical exam, respond to calls from ACS residents on the crisis hotline, provide follow-up services and crisis intervention to victims, and maintain confidentiality.

Marshall House received 4 allegations of sexual abuse in the past 12 months. In reviewing those investigations, it does not appear that the agency attempted to make available to the victim a victim advocate from a rape crisis center in 3 of the investigations (Skenadore, Morris, and Alexander.) In one of the investigations (Johnson), the victim was referred to "crisis". The PREA Coordinator later said that

	<p>victims were referred for services in the Skenadore, Morris, and Alexander, but there was no documentation. In 2 of those investigations, it appears that victims may have been referred for services in 2 investigations, but not immediately after the allegation was reported to Marshall House. As a result, corrective action was necessary.</p> <p>During the corrective action period, Marshall House did not have any investigations of sexual abuse. However, I reviewed an ATTIC investigation that was conducted at Foster Center in March 2023. Foster Center is a similar residential facility to Marshall House. The investigation was conducted by the ATTIC PREA Coordinator. In that investigation, the agency did make available to the victim, a victim advocate from a rape crisis center. The referral was made shortly after they received the allegation. The referral was documented in the report.</p> <p>In addition to reviewing the Foster Center investigation, I discussed with the PREA Coordinator the key elements of conducting investigations that comply with the standards.</p> <p>Based upon my review of the Foster Center investigation along with discussions with the PREA Coordinator, I conclude that the agency has satisfied the corrective action.</p>
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<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>ACS states that their practice is to contact the City of Green Bay Police Department whenever there are allegations of criminal sexual abuse. The Notice to Halfway House Residents has the following statement, “The local police department will be contacted to conduct a criminal investigation, when applicable.” The ACS website has similar language. The PREA Policy and Procedure states, “All reported incidents will be investigated.” According to the policy, staff shall document all referrals of allegations of sexual abuse or harassment. The policy also states, “Specially trained individuals will be assigned to investigate promptly, thoroughly and objectively.”</p> <p>In the past 12 months prior to the on-site visit, there were 4 reports of sexual abuse or sexual harassment. I reviewed all 4 investigations The agency referred allegations to the Green Bay Police Dept. in 2 of the investigations immediately after receiving the allegations. However, in one of the investigations, the agency referred the allegations to the police 10 days (Skenadore). In the Johnson investigation, the victim was asked if he wanted to make a report to the Green Bay police 2 days after the allegation was first reported. The report does not indicate if the agency referred</p>

	<p>the allegation to the police. The agency did not follow its own policy nor the standards. As a result, corrective action was necessary.</p> <p>During the corrective action period, Marshall House did not have any investigations of sexual abuse. However, I reviewed an ATTIC investigation that was conducted at Foster Center in March 2023. Foster Center is a similar residential facility to Marshall House. The investigation was conducted by the ATTIC PREA Coordinator. In that investigation, the agency did refer the allegation to the Madison Police Department. The referral was documented in the report. While the Madison Police declined to fully investigate the matter, the agency did refer the incident to comply with the standards.</p> <p>In addition to reviewing the Foster Center investigation, I discussed with the PREA Coordinator the key elements of conducting investigations that comply with the standards.</p> <p>Based upon my review of the Foster Center investigation along with discussions with the PREA Coordinator, I conclude that the agency has satisfied the corrective action.</p>
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<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Regarding training, the PREA Policy and Procedure states, “Employees will be trained on PREA prior to working a shift alone in the facility. Refresher training will occur every two years.” The agency reports that the main training provided to staff is a Power Point training, “Professional Boundaries, Avoiding Fraternization and PREA” (1.25 hrs.). On-line training also includes: “PREA Sexual Abuse: Dynamic, Detection, Reporting (2 hrs.).</p> <p>All new staff complete this training and review the PREA Policy and Procedure. I reviewed the training slides and the PREA Policy and Procedure and determined that the training complies with 115.231 (a) (1). The training content also contained information on dealing specifically with male residents.</p> <p>The training included on-line Relias training and in-person training with the PREA Coordinator or supervisor.</p> <p>During the on-site visit, all 12 staff members were interviewed and asked if they received PREA training shortly after hire. Eleven staff said they had training shortly after hire. One staff member who was hired 2 months earlier said that she had not received PREA training. Typically, staff sign an acknowledgement of training. The</p>

	<p>signed acknowledgement was located for 9 of the current staff. Two staff who did not sign an acknowledgement verified that they completed the training.</p> <p>Regarding refresher training, 2 staff were hired more than 2 years ago. Both staff had fresher training documented.</p> <p>The facility has a Medical Director, but he only reviews resident files and has no contact with residents. The facility has no other medical staff and no mental health staff.</p> <p>The agency's training is comprehensive and addresses all criteria in the standards. However, one staff member did not receive any PREA training. This particular staff member always works alone, so the need for training is significant. Corrective action was needed.</p> <p>The agency currently has 2 employees hired since the interim report was issued. The agency provided documentation that these employees were trained on PREA. In addition, the agency forwarded electronic verification that the 2 employees understand the training they received. The agency has satisfied the corrective action.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Policy and Procedure states, “volunteers, interns, and contractors will be trained on PREA based upon the level of contact with halfway house residents prior to working in the facility.”</p> <p>The PREA Coordinator originally reported that that there are no contract staff, volunteers, or interns at Marshall House. However, during the on-site visit, the Site Supervisor reported that they have one volunteer who assists residents with driver's licenses, jobs and other duties. He has direct contact with residents and takes them off grounds. He has been volunteering for years. The Site Supervisor said that the volunteer has not been trained on PREA. Corrective action was necessary.</p> <p>The agency recently forwarded documentation that the volunteer was trained on PREA. The agency forwarded documentation that the volunteer understood the training received.</p> <p>The agency has satisfied the corrective action requirements.</p>

<b>115.233</b>	<b>Resident education</b>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The PREA Policy and Procedure states, “Upon arrival all residents receive a “PREA Notice to Halfway House Residents” on sexual assault/abuse prevention, awareness, and reporting.” The document details the agency zero tolerance policy, various ways for residents to report abuse, support services and other information that complies with the standards. <b>Information included the PREA zero-tolerance policy, the residents’ PREA Notice and various ways to report abuse, and victim support services. During the on-site visit, I observed PREA information posted in the main hallway.</b></p> <p>During the on-site visit, I interviewed the Case Manager who is primarily responsible for conducting intake on residents. All residents are given a copy of PREA Notice to Halfway House Residents and the information is explained to the residents. Intake is done within 1-3 days. The Case Manager said that she explains the information to residents. She meets with the resident 1:1 to assure they understand the material. She asks if the resident has reading issues and determines whether the resident can comprehend the information. Residents sign an acknowledgment that they received the notice.</p> <p>All 11 residents interviewed said they received PREA education at intake. Once the resident receives PREA education, it is documented in the Secure Management System. I reviewed files for 15 current residents and 17 discharged residents and confirmed that all residents received PREA education within 72 hours. The discharged cases went back about 1 year. It should be noted that the facility closed temporarily due to COVID from October 2021 to January 2022.</p> <p>The agency has a policy and procedure for providing resident education in a format that is accessible for limited English proficient, deaf, visually impaired, or has limited reading skills. The policies and procedures include several methods to provide PREA information to all residents. The agency PREA Notice to Residents is available in Spanish and large print. As mentioned earlier, due to nature of the program and its state licensing, the facility does not typically get resident with serious disabilities or English language deficiencies. However, they are able to provide PREA education in a variety of formats.</p> <p>Based upon my review of the PREA Policy and Procedure, the PREA Notice to Residents, information posted in the facility, 32 current and discharged resident file reviews, and interviews with the Case Manager and 11 current residents, I conclude that the agency complies with all aspects of the standards</p>

<p><b>115.234</b></p>	<p><b>Specialized training: Investigations</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>

	<p><b>Auditor Discussion</b></p> <p>The PREA Policy and Procedure states, “specially trained individuals will be assigned to investigate promptly, thoroughly and objectively.” It also states that investigators will complete National Institute of Corrections (NIC) training. ACS has designated 6 staff from the agency to conduct all investigations, including the PREA Coordinator, Program Manager, and a Program Manager. The Area Supervisor recently completed 16 hours of PREA investigator training through Northeast Wisconsin Technical College (NWTC). Other CS staff have completed investigator training at NWTC or “PREA: Investigating Sexual Abuse in a Confinement Setting” an on-line course presented by the NIC. The agency provided documentation that these staff have been trained according to the standards.</p> <p>During the on-site visit, I interviewed the Area Supervisor regarding the agency’s investigations. She recently completed her first investigation. The Area Supervisor demonstrated that she is aware of the standards and follows the standards when conducting investigations.</p> <p>I reviewed the 4 investigations at Marshall House in the past 12 months. All 4 were completed by designated PREA investigators who were trained according to the standards.</p> <p>Based upon my review of the PREA Policy and Procedure, training documentation, and the interview with the Area Supervisor, I conclude that the agency complies with all aspects of the standards.</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Marshall House does not have any medical or mental health staff that have contact with residents in the facility. ACS has a medical director that works off-site and only reviews residents files.</p>

<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Marshall House follows the PREA Policy and Procedure which states, “Upon arrival or upon transfer to another ACS residential facility, residents will be assessed for risk of victimization and abusiveness using an objective tool, within 72 hours and be</p>



reassessed within 30 days of the resident's arrival. The resident will not be disciplined for refusing to answer questions. ACS will take steps to control the results of the risk assessment within the facility and not allow staff to exploit the sensitive information."

Marshall House uses a PREA screening form that includes all the criteria from the standards.

The Case Manager, who is primarily responsible for completing risk screening, was interviewed during the on-site visit. She conducts risk screening on all new residents within 72 hours of arrival, usually the first day. She also completes the reassessment, usually within 2-3 weeks of arrival. She was aware that an additional risk screen may occur if new information is received, but she has not done an additional screen to date.

The risk screen form is maintained in the Secure Management System and only the treatment team has access.

According to the Case Manager, residents who score high or medium are staffed, usually with the Sitr Supervisor. Housing location is the primary issue with residents who are at risk for victimization or at risk to offend. They would place at risk residents closer to the office and consider who they are being roomed with. If necessary, residents could be moved to another ACS facility if it was safer for the resident.

Residents at Marshall House can shower separately from other residents. There are 4 private bathrooms for residents, and they can lock the door when showering or using the bathroom. The facility procedure require that residents must dress in the bathroom. They must be clothed while in their bedrooms.

During the on-site visit, I conducted interviews with 11 residents. All the residents stated that staff asked them risk questions at intake. Residents were in the facility for over 30 days said they were reassessed in the first few weeks.

I also reviewed completed risk assessments for 15 current residents and 17 discharged residents. All of these residents were assessed and reassessed according to the standards.

In summary, I reviewed a total of 32 current and discharged resident files. All the current and discharged residents were screened in a timely manner. A total of 87 residents were admitted in the past 12 months. It should be noted that the facility temporarily closed due to COVID from October 2021 until January 2022.

Based upon my review of The PREA Policy and Procedure, the risk screening form, interviews with the Case Manager and 11 residents, and review of risk screening forms for 32 current and discharged residents, I conclude that the agency complies with all aspects of the standards.

<b>115.242</b>	<b>Use of screening information</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1469 622">The PREA Policy and Procedure states that the facility “will use the Risk Screening Tool to help determine appropriate classification and halfway house placement. The risk screening also helps to inform appropriate work, education, and program assignments. Staff make individual determinations to ensure the safety of each resident, including LGBTI individuals and residents will limited English proficiency, disabilities, or special needs. Only staff with a need to know will have access to the risk screening report.”</p> <p data-bbox="280 663 1461 1030">The Case Manager at Marshall House conducts most risk screening. During the on-site visit, I interviewed the Case Manager. Information from the risk screening is primarily used to determine housing issues/placement. Programming issues are also considered. If residents score medium or high for either victimization or abusiveness, the Case Manager will staff it with the Site Supervisor or members of the treatment team. Housing factors include, the location of the room (proximity to the office/reception area), and the risk of their potential roommate. The CEO emphasized that the clinical team meets weekly at which time they would discuss residents at-risk.</p> <p data-bbox="280 1070 1469 1267">Regarding transgender or intersex residents, Marshall House staff would likely consider roommate selection and room placement. They would educate staff about the risk issues. Transgender and intersex residents, as well as all residents, can shower alone and dress privately. The facility does not allow multiple residents in a bathroom at the same time.</p> <p data-bbox="280 1308 1458 1424">At intake, staff ask transgender and intersex residents about their safety and gives their view serious consideration. There are no wings or separate units at Marshall House, so Standard 115.242 (f) is not applicable.</p> <p data-bbox="280 1464 1469 1581">I reviewed approximately 32 resident files (current and discharged) and determined that the agency staffed over half of the residents who were screened. Housing placement was typically reviewed in those cases.</p> <p data-bbox="280 1621 1469 1738">Based upon my review of the PREA Policy and Procedure and interviews with the Case Manager and the CEO, I conclude that the agency complies with all aspects of the standards.</p>

<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Marshall House provides all new residents with a copy of The PREA Notice to Halfway House Residents which states that residents can report sexual abuse or harassment verbally, in writing, anonymously, and third party. It lists multiple internal ways for residents to report, including any staff member, the case manager, Residential Supervisor, or the ACS PREA Coordinator. Regarding retaliation, the document states that residents may report it to the Program Supervisor or the investigator. The PREA Policy and Procedure has similar language for resident reporting.

The PREA Notice to Residents states that residents may report abuse to the PREA Coordinator at ARC Community Services. ARC is a private community-based agency that is not affiliated with ACS. ARC operates several halfway houses in Wisconsin. ARC and ACS have a MOU that states their residents may report sexual abuse to the other agency's PREA Coordinator. ARC agreed to immediately report to ACS, allowing residents to remain anonymous upon request. I confirmed that ACS has a MOU with ARC and that it complies with the standard. The agency website also lists ARC as an external reporting option.

At Marshall House, The Notice to Residents also provides address and telephone numbers for all the internal and external reporting contacts. As mentioned earlier, residents receive this information upon intake. The PREA Policy and Procedure and Notice to Residents states that staff will accept and investigate reports verbally, in writing, anonymously, and by a third party.

During the on-site visit, I interviewed 11 residents about reporting sexual abuse or harassment. All residents were generally aware of multiple ways to report sexual abuse or harassment. No residents said that they have made reports of sexual abuse or harassment while at Marshall House.

During the on-site visit, 12 staff were interviewed and asked staff how residents could report abuse privately, anonymously or to an outside source. Residents can privately report abuse to staff, supervisors or privately contact anyone outside the agency. Residents also can send mail out. There is a pay telephone and residents can sign out a cell phone. The agency's policy is to not look at outgoing mail from residents. Staff review incoming mail, but only for drugs or contraband.

Regarding staff reporting of sexual abuse and harassment of residents, the PREA Policy and Procedure states that staff are to report to their supervisor, Program Supervisor, or PREA Coordinator. The Relias training Power Point states that staff have a duty to report abuse to their supervisor immediately. During interviews with 12 staff members, all of them said they would report abuse to the program director, the site supervisor or the PREA Coordinator. All staff members said they would be able to privately report abuse of residents.

Based upon my review of the PREA Notice to Residents, the PREA Policy and Procedure, the agency website, interviews with 11 residents and 12 staff, training materials, and the MOU with ARC, I conclude that the agency complies with all

	aspects of the standards.
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	According to the PREA Coordinator, the agency does not have administrative procedures to address resident grievances regarding sexual abuse. The PREA Policy and Procedure and the PREA Notice to Halfway House Residents state that ACS does not have an administrative procedure to address sexual abuse.

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>During the on-site visit of Marshall House, I observed information about victim support services posted in common areas of the facility. The agency posted the PREA Notice to Residents, which included information regarding support services, confidentiality, and access to services. Telephone numbers and addresses were posted for the Sexual Assault Center.</p> <p>The PREA Policy and Procedure and Notice to Residents state that victims will be provided access to victim support services when requested. The Policy and Procedures states that a list of support services and their phone numbers will be posted on the PREA Bulletin Board at each halfway house. Both documents state, "Residents will be allowed to contact support services privately and will not be monitored by staff." The PREA Policy and Procedure and Notice to Residents state, "Limits to confidentiality: If you provide information to support services which falls under mandatory reporting laws, the information will be forwarded to authorities by the support service." The Notice to Residents also contains information regarding limits to confidentiality.</p> <p>The agency provided a copy of a Memo of Understanding (MOU) between ACS and the Family Services-Sexual Assault Center for victim support and emotional support services. The MOU states that the crisis center agrees to provide an advocate for victims who have a forensic medical exam, respond to calls from ACS residents on the crisis hotline, provide follow-up services and crisis intervention to victims, and maintain confidentiality. The MOU states that ACS will facilitate follow-up between a resident and an advocate and will provide confidential 24-hour access to the Center at no cost to the resident.</p>

	<p>On December 15, 2022, I verified the information in the MOU by contacting Holly Fisher, Director of the Sexual Assault Center of Green Bay. Although Ms. Fisher was not aware of the MOU, she confirmed that the Center would provide victim services to residents at all Marshall House. They would provide an advocate to accompany and support the victim through the forensic medical exam process and investigatory interviews. They would also provide emotional support, crisis intervention, information, and referrals to victims of sexual abuse. SANE or SAFE exams are conducted at St. Vincent's Hospital in Green Bay.</p> <p>Marshall House received 4 allegations of sexual abuse in the past 12 months. In reviewing the 4 investigations, the agency offered victim support services in one of those investigations. However, in 2 investigations, it does not appear the agency provided residents with access to outside victim advocates for emotional support services. The PREA Coordinator said that the victims were provided access to services, but it was not documented Corrective action was necessary.</p> <p>During the corrective action period, Marshall House did not have any investigations of sexual abuse. However, I reviewed an ATTIC investigation that was conducted at Foster Center in March 2023. Foster Center is a similar residential facility to Marshall House. The investigation was conducted by the ATTIC PREA Coordinator. In that investigation, the agency did make available to the victim support services to the victim. The referral was documented in the report.</p> <p>Based upon my review of the Foster Center investigation along with discussions with the PREA Coordinator, I conclude that the agency has satisfied the corrective action.</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The "PREA Notice to Residents" states that residents may report sexual abuse or harassment to a third party, as well as other methods for reporting. The agency provides residents with a copy of the notice upon arrival and the facility has posted this information in a common area.</p> <p>During the on-site visit, I interviewed 11 current residents who said that they were aware of third-party reporting. The facility has included third party reporting in all its PREA information for residents. The Policy and Procedure and ACS website have information regarding third party reporting and lists several reporting methods including ACS staff, ACS PREA Coordinator, ARC PREA Coordinator, and local law enforcement/911. The website has specific numbers for third-party reports and</p>

	<p>states “ACS will investigate all allegations of sexual abuse, harassment, and staff sexual misconduct.” All 12 staff that I interviewed were familiar with third party reporting for residents.</p> <p>Based upon my review of the PREA Policy and Procedure, PREA Notice to Residents, the ACS website and interviews with all staff and residents, I conclude that the agency complies with all aspects of the standards.</p>
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<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The PREA Policy and Procedure states, “Any staff that has knowledge, suspicion, or information of sexual abuse as well as retaliation, must immediately report this information to the Program Manager.” Failing to immediately report this information is a violation of PREA regulations and may result in discipline and/or termination.” The Program Manager is one of the designated PREA investigators.</p> <p>The agency policy prohibits staff from revealing any information related to a sexual abuse report other than defined in the standard. According to the facility supervisor, Foster does not accept residents who are under the age of 18.</p> <p>During the on-site visit to Marshall House, 12 staff were interviewed. All staff said they are required to immediately report any knowledge, suspicion, or information regarding sexual abuse or harassment. All residents said it would be easy to privately report abuse reports given the small size of the facility. Supervisors are always on-site or on call.</p> <p>Employee files had signed “PREA and Professional Boundaries Annual Acknowledgement”. The form states “I understand that I can be liable for not informing my supervisor of any PREA or Professional Boundary related issues that I have witnessed, heard, or suspect. “</p> <p>According to the PREA Coordinator, the agency has not received 3 of sexual abuse or harassment at Marshall House in the past 12 months.</p> <p>Based upon my review of the PREA Policy and Procedure, “PREA and Professional Boundaries Annual Acknowledgement” form, and interviews with all 12 staff, I conclude that the agency complies with all aspects of the standards.</p>

<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p>
	<p>The PREA Policy and Procedure states, “Residents who are determined to be at substantial risk of abuse or other resident who staff has expressed concerns at any time regarding a resident’s safety from sexual assault/abuse, shall notify their supervisor immediately. The supervisor will contact the PREA coordinator to ensure that appropriate steps will take steps to protect the resident, including but not limited to: transferring to another facility where they can be housed more appropriately, moved to another room in the facility closer to the staff office, increased contact with case management to provide on-going support.”.</p> <p>I interviewed the Site Supervisor, the PREA Coordinator and 12 staff regarding imminent risk. All staff described specific steps they would take if a resident were at imminent risk, especially protecting the victim and separating the victim from the alleged perpetrator.</p> <p>Based upon my review of the PREA Policy and Procedure, and interviews with 12 staff, Site Supervisor, and PREA Coordinator, I conclude that the agency complies with all aspects of the standards.</p>

<p><b>115.263</b></p>	<p><b>Reporting to other confinement facilities</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The PREA Coordinator reports that they have not received any allegations from residents that they were sexually abused while confined at another facility. The PREA Policy and Procedure states that if a resident reports a sexual assault that occurred while in an institution, jail, or other correctional facility, the staff shall report this information immediately to the Program Manager. The Program Manager will report the incident to the “head of the facility” where the abuse occurred. It also states this notification will be made as soon as possible, no later than 72 hours after receiving the allegation.</p> <p>Based upon my review of the PREA Policy and Procedure and interview with the PREA Coordinator, I conclude that the agency complies with the standards.</p>

<p><b>115.264</b></p>	<p><b>Staff first responder duties</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The PREA Policy and Procedure states, “In the immediate aftermath of an alleged</p>

	<p>assault, on-duty staff will follow the first responder protocol if the report is made immediately following the assault. The victim and the abuser will be separated, and staff will preserve and protect the crime scene so evidence can be collected. If physical evidence can be collected, staff will request the victim to remain in the company of staff and not take any actions that could destroy evidence (i.e., showering, toileting, brushing teeth, eating, rinsing mouth, drinking, changing clothes, etc.)” The staff are directed to immediately call 911 for law enforcement and medical assistance if needed for the victim. There are specific notification procedures for the staff and Program Manager. There are procedures described for having the abuser placed into custody by DOC or law enforcement. It includes securing of the crime scene, writing of reports, and notifying the victim of their option to proceed with the investigation. It includes information for the victim to be evaluated by the treatment team to determine mental state to ensure stability and signs of post-traumatic stress and to offer victim support.</p> <p>The Relias training that all staff complete, includes first responder duties. In addition, Marshall House has a first responder procedure, which is flow chart for first responders to follow.</p> <p>All staff at Marshall House are considered first responders. During interviews, 12 staff said they were familiar with the procedure for collecting and preserving evidence. During the on-site visit, all staff interviewed were able to describe the steps they would take to protect residents and preserve evidence.</p> <p>Based upon my review of the PREA Policy and Procedure, training materials, and interviews with 12 staff, I conclude that the agency complies with all aspects of the standards.</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Policy and Procedure describes the duties of staff “in the immediate aftermath” of a sexual assault. It describes duties of first responder staff, Program Manager, treatment team, and the PREA Coordinator following a report of sexual abuse. AT Marshall House, there is a PREA binder in the staff office which includes a document “In the event of a sexual assault at Marshall House.” This document describes the responsibilities of all staff following a report of sexual abuse.</p> <p>Based upon my review of these documents, I conclude that the agency complies with all aspects of the standards.</p>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with</b>
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	<b>abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	According to the CEO and PREA Coordinator, ACS does not have any collective bargaining agreements.

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Policy and Procedure states, “The PREA Coordinator will monitor the conduct and treatment of residents or staff that have reported sexual abuse or cooperated with investigations, including any resident disciplinary reports, housing changes, or program changes for at least 90 days following their report or cooperation to access changes that may suggest possible retaliation by residents or staff.” The ACS website has information about retaliation and how to report it.</p> <p>Although the policy states that the PREA Coordinator will monitor retaliation, the responsibility of day-to-day monitoring at Marshall House would be delegated to the Site Supervisor.</p> <p>During the on-site visit, I interviewed the Site Supervisor regarding the retaliation monitoring. She is in the facility on a full-time basis, and she would work with the PREA Coordinator to monitor retaliation. The Site Supervisor would communicate with staff and residents involved in any possible retaliation. She would make daily check-ins with residents. She would work with the resident's Probation and Parole Agent if their involvement would be beneficial. She would be aware of certain behaviors: agitation, withdrawing. She would look at group dynamics. She would come into the facility during off-hours to check staff and or residents' behavior.</p> <p>The Site Supervisor said that any resident suspected of retaliation would be placed in custody and possibly be removed from the program. Staff involved in retaliation would immediately be placed on suspension or separated from other staff or residents involved.</p> <p>Marshall House would monitor the situation for as long as the resident is in the facility. The normal length of stay for residents is 90 days.</p> <p>The PREA Notice to Halfway House Residents states, “Retaliation is intimidation to prevent a client from filing a complaint or participating in an investigation. ACS prohibits anyone from interfering with an investigation, including intimidation or retaliation against witnesses. If you believe you are being unfairly transferred or punished in some way because you filed a complaint or assisted in the investigation</p>

	<p>of a complaint, please report this immediately to the Program Manager or Investigator.”</p> <p>Based upon my review of the Policy and Procedure, the PREA Notice to Halfway House Residents, and interviews with the PREA Coordinator and Site Supervisor, I conclude that the agency complies with all aspects of the standards.</p> <p>.</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Policy and Procedure addresses criminal and administrative investigations. If an allegation were potentially criminal, the agency would contact the City of Green Bay Police Department. The agency policy states, “all reported incidents will be investigated.” The policy states, “Specially trained individuals will be assigned to investigate promptly, thoroughly and objectively and gather and preserve direct and circumstantial evidence.” The agency has designated 6 ACS staff as PREA investigators. The agency provided documentation they have completed training for PREA investigations.</p> <p>Marshall House has had 4 investigations regarding sexual abuse or harassment in the past 12 months. I reviewed the 4 investigations. All 4 investigations involved sexual abuse. Two investigations involved staff having alleged sexual contact with residents. Two involved residents sexual abuse of other residents. While reviewing the investigations, I could not determine what the nature of the allegations were. I had to read well into the report to determine what the basis of the allegation were. In 2 reports, it was not clear what the nature of the allegations were. Two of the investigations determined that the allegations were substantiated and 2 of the investigations determined that the allegations were unsubstantiated. However, the reports never stated what was substantiated: sexual abuse, sexual harassment or some other conduct. In addition, there was no specific reasoning for the determination. The reports did not consistently provide credibility assessments of victims, witnesses, or victims determined that the agency did not consistently follow the criteria in the standards. In one investigation (Alexander), it appears that several witnesses, the victim, and the perpetrator (staff) were only interviewed by telephone, which would make it difficult to do a credibility assessment. In another investigation (Johnson), it does not appear that the perpetrator was ever interviewed. In another investigation (Skenadore), the alleged victim was only interviewed by phone. Once again, it is difficult to make a credibility assessment over the phone and does not give victims the attention that they deserve.</p> <p>In 2 of the investigations, most of the witnesses are not identified. They were often identified as ""a second client, a third client, etc." In the Alexander and Morris</p>

investigations, witnesses were appropriately identified by name, which made reading the investigations much clearer and identify who said what.

In addition, the investigations did not include an effort to determine whether staff actions or failures to act contributed to the abuse. In 2 investigations, there were indications that staff did not immediately report any information regarding sexual abuse or sexual harassment that occurred in groups or in the presence of staff. Further, it is not clear in the reports whether the agency documented the criminal investigation, if there was one. It appears that the Green Bay Police Dept. was involved so some degree, but the investigation does not include any information about criminal investigations. In one report (Johnson), it states that a police officer gave a staff member a report number, but no other information was included. In another investigation (Morris), it is not clear if the agency referred the allegation to the Green Bay Police Dept. and if the police conducted an investigation. In the Skenadore investigation, it is unclear whether the Green Bay Police Department conducted an investigation.

In summary, the agency does not follow the criteria in the standard and the PREA Investigator training. Corrective action will be necessary.

During the on-site visit, I interviewed the Area Supervisor, who is one of the designated investigators. She recently completed PREA Investigation conducted by the PREA Resource Center training at Northeast Wisconsin Technical College.

According to Area Supervisor, an investigation would begin immediately, "the first day." The Area Supervisor was able to describe the various steps in the investigation process, evidence retention, interviewing the victim, consulting with law enforcement on prosecution, judging credibility, and other aspects of investigations. The agency has not had the experience of doing compelled interviews in a sexual abuse case, but they report that they would discuss it with the investigator or prosecutor.

The agency policy states that substantiated allegations of conduct that is criminal shall be referred for prosecution. This complies with (d). The PREA Coordinator and Area Supervisor confirmed that the agency policy prohibits the agency from using polygraphs or truth-telling device as part of an investigation.

Regarding criminal investigations, the PREA Policy states that the agency will obtain reports from local law enforcement. The agency policy states it will keep the administrative and criminal investigative reports on file for a minimum of ten years, if the abuser is staff member; the agency keeps the report on file for as long as the abuser is employed by the agency, plus five years.

Due to several of the above issues, corrective action was necessary.

During the corrective action period, Marshall House did not have any investigations of sexual abuse. However, I reviewed an ATTIC investigation that was conducted at Foster Center in March 2023. Foster Center is a similar residential facility to Marshall House. The investigation was conducted by the ATTIC PREA Coordinator. In

	<p>that investigation, the agency interviewed all relevant witnesses and otherwise followed all aspects of the standards.</p> <p>In addition to reviewing the Foster Center investigation, I discussed with the PREA Coordinator the key elements of conducting investigations that comply with the standards.</p> <p>Based upon my review of the Foster Center investigation along with discussions with the PREA Coordinator, I conclude that the agency has satisfied the corrective action.</p> <p><b>CORRECTIVE ACTION: In all investigations, the agency shall follow the criteria in the standards. Specifically, administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse.</b></p> <p><b>The administrative investigations shall document in written reports a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The reports shall clearly state the nature of the allegations at the beginning of the report. In the outcome of its investigation, the agency shall specifically identify which allegations (sexual abuse and/or sexual harassment) were substantiated, unsubstantiated, or unfounded.</b></p> <p><b>The agency shall make its best effort to interview all witnesses, victims, and perpetrators face-to-face.</b></p> <p><b>The agency shall document criminal investigations in its reports and attach all copies of documentary evidence where feasible.</b></p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	According to the PREA Coordinator and the HR Director, the agency uses a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The PREA Policy and Procedure describes how the agency would report to the victim. The PREA Policy and Procedure states it will inform the victim if the allegation is substantiated, unsubstantiated, or unfounded. There is a definition for each of these findings. In a case of staff sexual misconduct, a victim is informed if the staff is no longer posted in the facility, if the staff is no longer employed and if the staff has been charged or convicted. The policy states, "All such notifications or attempted notifications shall be documented. ACS's obligation to inform the victim ends when the victim is discharged from the agency."

The PREA Notice to Residents provided to residents upon arrival, also describes "possible outcomes of an investigation" and reporting to the victim. The Notice includes similar information to the agency policy.

After reviewing the 4 investigations completed at Marshall House in the past 12 months, the reports did not document that the agency informed resident victims of the outcome of the investigations, specifically whether the allegations were substantiated, unsubstantiated or unfounded. In the 2 investigations where staff sexual abuse was alleged, the reports did not indicate whether the agency informed the victims as to the status of the employee. The PREA Coordinator later forwarded an email regarding the Alexander investigation to the victim's Probation and Parole Agency asking that she inform the victim that the staff member was no longer employed. The PREA Coordinator also said he informed the victim in the Johnson investigation as to the outcome but did not document it. He said victims were notified of the outcome in 3 of the 4 investigations, but it was not documented in 2 investigations. Corrective action was necessary.

During the corrective action period, Marshall House did not have any investigations of sexual abuse. However, I reviewed an ATTIC investigation that was conducted at Foster Center in March 2023. Foster Center is a similar residential facility to Marshall House. The investigation was conducted by the ATTIC PREA Coordinator. In that investigation, the agency did inform the victim as to the outcome of the investigation and the fact that the staff member was longer employed at Foster. The notification to the victim was documented in the report.

In addition to reviewing the Foster Center investigation, I discussed with the PREA Coordinator the key elements of conducting investigations that comply with the standards.

Based upon my review of the Foster Center investigation along with discussions with the PREA Coordinator, I conclude that the agency has satisfied the corrective action.

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>The PREA Policy and Procedure addresses “Disciplinary Sanctions for Staff”. It states, “Disciplinary measure will be taken, up to and including termination. If staff was found to have engaged in sexual abuse, termination will result. Other disciplinary action for violating agency policy regarding sexual abuse or harassment is commensurate with the nature and circumstances of acts committed, staff disciplinary history, and sanctions imposed for comparable offenses by other staff for similar histories.” The policy also states that terminations or resignations for sexual abuse/harassment will be reported to law enforcement unless the activity was clearly not criminal and to any relevant licensing bodies. All staff have signed acknowledgments that they are aware of the agency policy.</p> <p>Based upon my review of the 3 investigations completed in the past 12 months, 2 staff were terminated XXXXXXXX</p>
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<b>115.277</b>	<p><b>Corrective action for contractors and volunteers</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Marshall House currently has 1 volunteer. The PREA Policy and Procedure addresses “Corrective Action for volunteers, interns and contractors.” The policy states, “volunteers, interns or contractors who engage in sexual abuse shall be removed from the agency, prohibited from contacting residents and reported to law enforcement agencies and relevant licensing bodies.”</p>
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<b>115.278</b>	<p><b>Disciplinary sanctions for residents</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Policy and Procedure states that if a resident were suspected of sexual abuse, they would be immediately removed from the program and placed in custody by DOC. In any instance of sexual abuse, DOC would detain the perpetrator pending the investigation. If was the abuse was substantiated, the sanction will be determined by the Dept. Of Corrections. DOC would provide due process prior to return to prison or court. Generally, the DOC process would consider several factors before determining the level of discipline. In any event, ACS reports that any resident found to have engaged in sexual abuse would not likely return.</p> <p>The agency policy and procedure states that sanctions will be determined by the referring agency, “commensurate with the nature and circumstance of abuse with</p>
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	<p>consideration given to resident perpetrator’s mental disabilities or illness.” The policy does not address the issue of require the offending resident to participate in programming, because an offending resident would not remain in the program and ACS would have no responsibility for the resident. This policy complies with (a), (b), and (c).</p> <p>The questionnaire states that the agency disciplines residents for non-consensual sexual conduct with staff and the PREA Policy and Procedure states, “Residents engaging in non-consensual sexual abuse of a staff member will be referred to law enforcement for investigation and prosecution. In addition, the resident’s Probation and Parole Agent will be notified to have the resident placed into custody until the investigation is completed. Any resident who has been found to engage in sexual abuse would not be allowed to return to the facility. This policy complies with (e).</p> <p>According to the Questionnaire, Marshall House prohibits sexual activity between residents.</p> <p>Based upon my review of the PREA Policy and Procedures and interview with the PREA Coordinator, I conclude that the agency complies with all aspects of the standards.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Policy and Procedures state that following a report of sexual abuse, staff shall contact 911 for local law enforcement to respond, and if the resident needs medical attention, an ambulance should also be requested.” It also states, “The victim shall be evaluated by a member of the treatment team to determine mental state to ensure stability, and signs of post-traumatic stress disorder”. It also states that there will no cost to the victim for medical exams (regardless of if the victim cooperates). “The victim will be provided with unimpeded access to emergency and crisis intervention services, which will also be provided free of charge to the victim.” The Policy and Procedure states that victims will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis with professionally accepted standards of care to comply with (c). Per sec. (b), the agency defines steps that first responders would take to protect the victim and notify the appropriate management staff.</p> <p>The “Notice to Halfway House Residents” states “Forensic medical exams will be provided free of charge to the victim. The victim will be provided with unimpeded access to emergency and crisis intervention services, which will also be provided free of charge to the victim.” It also states, “Timely access to medical treatment and</p>

	<p>crisis intervention service and treatment shall be provided without financial cost.” The nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>Residents of Marshall House who are victims of sexual abuse would have access to medical and mental health care in the community. The Sexual Assault Center of Green Bay would assist in getting confidential support services for victims. On December 15, 2022, I contacted the Director of the Sexual Assault Center who confirmed that confidential support services would be provided to any resident who was a victim of sexual abuse.</p> <p>Marshall House received 4 allegations of sexual abuse in the past 12 months. In reviewing those investigations, the agency did not provide the victim access to crisis intervention services as soon as the allegation was received in the 3 of the 4 investigations. In 2 of the investigations, the reports indicate that victims were referred for support services, but well after the investigation began. The standard requires that victims of sexual abuse receive timely, unimpeded access to crisis intervention services. As a result, corrective action was necessary.</p> <p>During the corrective action period, Marshall House did not have any investigations of sexual abuse. However, I reviewed an ATTIC investigation that was conducted at Foster Center in March 2023. Foster Center is a similar residential facility to Marshall House. The investigation was conducted by the ATTIC PREA Coordinator. In that investigation, the agency did make available to the victim access to support services. The referral was made shortly after they received the allegation. The referral was documented in the report.</p> <p>In addition to reviewing the Foster Center investigation, I discussed with the PREA Coordinator the key elements of conducting investigations that comply with the standards.</p> <p>Based upon my review of the Foster Center investigation along with discussions with the PREA Coordinator, I conclude that the agency has satisfied the corrective action.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The PREA Policy and Procedure has language that describes a process for on-going medical and mental health treatment. “ACS will work with you and your Probation and Parole Agent to obtain community treatment, medical and mental health services in a timely manner. ACS will ensure that referrals are made to reputable</p>



medical and mental health care practitioners who are experienced in detecting and assessing signs of sexual abuse and reporting of such concerns to ACS treatment staff and case managers.”

“Residents will be provided access to victim support services when requested, a list of support services and their phone numbers will be posted on the PREA bulletin board at each halfway house. Residents will be allowed to contact support services privately and will not be monitored staff.” Later in the policy, it states that victims will be provided with unimpeded access to emergency and crisis intervention services, which will be free of charge to the victim.

The policy also states that residents who report previous sexual abuse will have support services made available to them including counseling and community support groups.

**During the on-site visit, I observed information about medical and mental health services for victims posted in a common area of the facility. The posted information included agencies that provide victim support services and included phone numbers for the Sexual Assault Center.**

The PREA Notice to Residents states that victims “will be given access to medical treatment and crisis intervention as well as access to emergency contraception and sexually transmitted disease prophylaxis at no financial cost to the resident.” It also states, “Residents who have been a victim of sexual assault will also have access to ongoing medical and mental health care at no cost to the victim.” It also states, “Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Although Marshall House is a male facility, the policies address both male and female victims. Resident victims of sexual abuse while incarcerated are offered timely information about the timely access to emergency contraception and sexually transmitted infections prophylaxis.

The PREA Policy and Procedure states, “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.”

Based upon my review of the PREA Policy and Procedure and PREA Notice to Residents and my review of information posted in the facility, I conclude that the agency complies with all aspects of the standards.

<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>The agency has a Sexual Abuse Response Team (SART), which includes the Program Manager, a member of the treatment team, PREA Coordinator, and the Division Director (or designee).</p> <p>Following an incident, the Policies and Procedures state that the SART shall meet to review the agency response and whether protocols were followed. The SART determine whether policies and procedures were followed, and residents are safe, and the victim is being cared for physically and emotionally. Within 30 days of the conclusion of the investigation, the SART prepares a report of its findings.</p> <p>The team uses a checklist that includes a review of staff actions, whether agency policies were followed and whether additional training is needed. The policy addresses sec. (d) (1), (2), (3), (4), (5), and (6).</p> <p>There were 4 investigations of sexual abuse or sexual harassment at Marshall House in the past 12 months. Three were substantiated and one was unsubstantiated. Based on conversations with the PREA Coordinator, the agency did not conduct incident reviews following the completion of the investigations. This will require corrective action.</p> <p>During the corrective action period, Marshall House did not have any investigations of sexual abuse. However, I reviewed an ATTIC investigation that was conducted at Foster Center in March 2023. Foster Center is a similar residential facility to Marshall House. The investigation was conducted by the ATTIC PREA Coordinator. Following that investigation, the agency did conduct an incident review that complied with the standards. A copy of the incident review was forwarded to me.</p> <p>In addition to reviewing the Foster Center investigation, I discussed with the PREA Coordinator the key elements of conducting investigations that comply with the standards.</p> <p>Based upon my review of the Foster Center investigation along with discussions with the PREA Coordinator, I conclude that the agency has satisfied the corrective action.</p>
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<b>115.287</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The agency developed an ACS PREA Incident Log in 2016 for all its facilities. The log includes the following information: Facility, location of incident, date of incident,</p>

	<p>date incident reported, primary investigator, initial investigation determination, back-up investigator, law enforcement agency, incident type, situation or circumstances and disposition.</p> <p>The PREA Policy and Procedure states, “ACS will collect uniform statistical data for every allegation of sexual abuse at our facilities. Data will be collected and maintained by the PREA Coordinator and reviewed annually to assess and improve prevention, detection, and response policies.”</p> <p>The information on the data collection log complies with the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The survey includes demographic information about the victim, age, race, gender, and extensive information about the incident.</p> <p>The policy and procedure include specific language to collect, review, and store data. It also refers to annual reviews of incident-based data. It states that an annual report will be prepared and made available to the public on its website. It also addresses redaction of certain information, retention of data and destruction of data. The policy, as well as the data collected on the PREA Incident Log, complies with specific language in 115.287. The agency published the annual review for 2021 on its website.</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Policy and Procedure states that the agency data will be “reviewed annually to assess and improve prevention, detection, and response policies, practices, and training. An annual report will be prepared comparing current and past year’s data.” The policy states that the CEO will approve of the report, and it will be available on the agency website. There is also language regarding redaction, storage, and destruction of data that complies with the standard. The CEO confirmed that she approves the report.</p> <p>ACS completed annual PREA reports for each year from 2015-2021 and posted the reports on the agency website. I reviewed the reports on the website. The report for 2021 identified 2 unsubstantiated incidents of resident-on-resident sexual abuse at all its facilities. The report included several actions that the agency took in response to incidents. This included additional training on boundaries and ethics and increased review of PREA policy and procedures. The language in the annual report complies with the standard.</p>

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The PREA Policy and Procedure states that the agency will securely retain collected data for at least 10 years with personal identifiers removed. As mentioned above, the agency published 2021 incident data for all its facilities on its website. The language in the policy complies with the standard.

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Since 2019, all 5 ACS facilities have had PREA audits. During the on-site visit, I was able to observe all areas of Marshall House. I interviewed 11 residents and 12 staff in private offices. The facility provided me with access to all resident files, staff files, policies and procedures, and risk assessments.

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	ACS has had PREA audits of all 5 of its facilities between 2019 and 2022. I confirmed that ACS has published its previous final audit reports on the agency website.

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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.)	na
	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.)	na
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	

	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
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

<b>(f)</b>		
	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
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	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.)	yes
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	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.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.231 (a)</b>	<b>Employee training</b>	
	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	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
<b>115.231 (c)</b>	<b>Employee training</b>	
	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?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	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)?	no
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	no
<b>115.233 (a)</b>	<b>Resident education</b>	
	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
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	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
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	



<b>(f)</b>		
	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
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (b)</b>	<b>Resident reporting</b>	

	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
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	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
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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?	no
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	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.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	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?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	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
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	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?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	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.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	

<b>(c)</b>		
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	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.)	yes
<b>115.287 (f)</b>	<b>Data collection</b>	
	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
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	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

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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