

PREA Facility Audit Report: Final

Name of Facility: Foster Community Corrections Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/16/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Cynthia Radtke	Date of Signature: 01/16/2026

AUDITOR INFORMATION	
Auditor name:	Radtke, Cynthia
Email:	radtkecl@gmail.com
Start Date of On-Site Audit:	12/10/2025
End Date of On-Site Audit:	12/11/2025

FACILITY INFORMATION	
Facility name:	Foster Community Corrections Center
Facility physical address:	5706 Odana Road, Madison, Wisconsin - 53719
Facility mailing address:	

Primary Contact

Name:	Rick Biegel
Email Address:	rbiegel@correctionalservices.org
Telephone Number:	6082230017

Facility Director	
Name:	Todd Vieth
Email Address:	tvieth@correctionalservices.org
Telephone Number:	6085762645

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

Facility Characteristics	
Designed facility capacity:	20
Current population of facility:	19
Average daily population for the past 12 months:	18
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	18 and up
Facility security levels/resident custody levels:	N/A
Number of staff currently employed at the	12

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

AGENCY INFORMATION	
Name of agency:	ATTIC Correctional Services, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	601 Atlas Ave, Madison, Wisconsin - 53714
Mailing Address:	
Telephone number:	6082441891

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

Agency-Wide PREA Coordinator Information			
Name:	Rick Biegel	Email Address:	rbiegel@correctionalservices.org

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

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-12-10
2. End date of the onsite portion of the audit:	2025-12-11

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:	RCC Sexual Violence Resource Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	20
15. Average daily population for the past 12 months:	18
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 type="radio"/> No <input checked="" 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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	19
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>12</p>
<p>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<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 checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility has a single housing unit. Geographic diversity was addressed by randomly selecting residents from different rooms and areas, using characteristics such as age, race, ethnicity, gender, and length of stay. This approach ensured representation across the entire facility while reflecting a range of resident demographics.

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<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>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. 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).</p>	<p>The facility reported that a physically disabled resident population does not exist. To corroborate this information, I reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>The facility reported that a cognitive or functional disability resident population does not exist. To corroborate this information, I reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.</p>

<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>The facility reported that a Blind or low vision resident population does not exist. To corroborate this information, I reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>The facility reported that a Deaf or hard-of-hearing resident population does not exist. To corroborate this information, I reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>The facility reported that a Limited English Proficient resident population does not exist. To corroborate this information, I reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>The facility reported that a lesbian, gay, or bisexual resident population does not exist. To corroborate this information, I reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>The facility reported that a transgender or intersex resident population does not exist. To corroborate this information, I reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>The facility reported that a resident population who have reported sexual abuse in this facility does not exist. To corroborate this information, I reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>The facility reported that a resident population who disclosed prior sexual victimization during risk screening does not exist. To corroborate this information, I reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>The facility reported that a resident population who are or were ever placed in segregated housing/isolation for risk of sexual victimization does not exist. To corroborate this information, I reviewed the completed PAQ, intake screening forms, and current housing rosters; conducted an on-site observation of all housing areas; and interviewed intake/classification staff, housing staff, and a random sample of residents. All sources of information were consistent with the facility's statement that this population is not present.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>7</p>
<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</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 checked="" 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>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</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>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>8</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>65. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>66. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><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)</p>

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

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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	<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:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>75. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
<p>Documentation Sampling</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>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</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.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	2	0	2	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	2
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<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</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 staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</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>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>The facility reported that there have been no allegations of harassment during the applicable audit period; therefore, no harassment investigation files existed for review. This was confirmed through review of the completed PAQ, interviews with facility leadership and investigative staff.</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
 No

Non-certified Support Staff

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

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

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

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</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>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services (ACS) PAQ Responses b. ACS PREA Policy and Procedure c. Handbook and Orientation Materials describing Zero Tolerance Policy <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator <p>Site Review</p> <p>Findings (By Provision).</p> <p>115.211 (a). The facility indicated in its response to the Pre-Audit Questionnaire that the agency maintains a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The ACS PREA Policy and Procedure is a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency’s approach to preventing, detecting,</p>

	<p>and responding to such conduct. The PAQ, interviews, and training records demonstrate that staff are trained in these strategies and apply them consistently. During the site review, postings were visible throughout the facility, and intake orientation materials were confirmed to include clear instructions on reporting. Staff interviews affirmed understanding of the policy and described the process for responding to allegations.</p> <p>115.211 (b). The facility indicated that the CEO has designated an upper-level agency-wide PREA Coordinator who has sufficient time and authority to develop, implement, and oversee PREA compliance efforts. The policy requires designation of a PREA Coordinator with sufficient time and authority to develop, implement, and oversee compliance. During the interview, the PREA Coordinator described oversight duties including audits, investigations, training coordination, and policy enforcement. During interviews, the PREA Coordinator described dedicated time allocation for PREA oversight, including policy development, data collection, training coordination, and monitoring.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator <p>Findings (By Provision).</p> <p>115.12 (a-c). ACS indicated in its response to the Pre-Audit Questionnaire that the agency does not contract with private agencies or other entities, including other government agencies, for the confinement of residents. During interviews it was confirmed the agency does not contract with private agencies or other entities for the confinement of residents.</p> <p>A final analysis of the evidence indicates these provisions are not applicable.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed to determine compliance:

Documents

- a. ATTIC Correctional Services PAQ Responses
- b. ACS PREA Policy and Procedure
- c. Annual Staffing Plan Review

Interviews

- a. Facility Director
- b. PREA Coordinator

Site Review

Findings (By Provision).

115.213 (a). The facility indicated in its response to the PAQ that it maintains a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse. ACS PREA Policy and Procedure requires development and documentation of a staffing plan based on adequate supervision needs. Review of the plan shows consideration of facility layout, resident population, and program needs. Interviews with the Facility Director and PREA Coordinator, confirmed that these factors are reviewed annually. The PREA Coordinator described how the staffing plan is evaluated in collaboration with facility leadership and adjustments are considered in response to operational needs. The auditor reviewed the Annual Staffing Plan Review, which documented consideration of all required elements. The facility reported an average daily population of 18 residents during the audit period.

115.213 (b). The facility indicated in its response to the PAQ that no deviations from the staffing plan occurred. If deviations are necessary, ACS PREA Policy and Procedure requires the documentation of any deviations from the staffing plan and the rationale for the deviation. Interviews with the Facility Director confirmed that when adjustments are necessary, such as during staff absences or emergencies, the facility uses overtime and reallocation of personnel to fill any scheduling needs.

115.213 (c). The facility indicated in its response to the PAQ that the staffing plan is assessed annually to determine whether adjustments are needed to the staffing plan, the facility's deployment of video monitoring systems and other monitoring technologies, and the resources available to ensure adherence. During interviews, the PREA Coordinator confirmed that this year's assessment was completed. The auditor reviewed the signed Annual Staffing Plan Review documentation, which noted no adjustments were necessary.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed to determine compliance:

Documents

- a. ATTIC Correctional Services PAQ Responses
- b. ACS PREA Policy and Procedure

Interviews

- a. PREA Coordinator
- b. Random Staff
- c. Random Residents

Site Review

Findings (By Provision).

115.215 (a). The facility indicated in its PAQ response that it does not conduct cross-gender strip searches or cross-gender visual body cavity searches of residents. The ACS PREA Policy states: "Cross gender viewing is not permitted in any ACS halfway house. Residents must shower, perform bodily functions, and change clothes in a bathroom where they are not viewed by any staff. In the case of an emergency if a resident needs to be accessed in a bathroom, all staff will knock and announce their presence before entering the bathroom. ACS halfway house staff are not permitted to conduct pat down or body searches of any resident." During interviews, all staff confirmed they do not conduct cross-gender strip or visual body cavity searches. Residents reported that strip searches are also not performed. The facility reported no such searches in the preceding 12 months, and no logs were available to review due to no occurrences.

115.215 (b). The facility reported in the PAQ, and staff and resident interviews confirmed, that in the past 12 months, no cross-gender pat-down searches of female Residents occurred. The facility is an all-male facility.

115.215 (c). As indicated in (a) and (b), there have been no cross-gender strip searches, visual body cavity searches, or cross-gender pat-down searches of residents during the audit period. No logs were produced for review because no events occurred.

115.215 (d). ACS PREA Policy and Procedure establishes that residents must shower, change clothing, and use toilets without opposite-gender staff viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when incidental to routine checks. Staff are trained to announce their presence when entering resident housing areas. Residents consistently reported that they are able to maintain privacy while showering or changing clothes, and that staff announce when entering areas.

115.215 (e-f). The auditor is not required to audit these provisions.

A final analysis of the evidence indicates the facility is in substantial

	compliance with these provisions.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure <p>Interviews</p> <ul style="list-style-type: none"> a. CEO b. PREA Coordinator c. Random Staff <p>Site Review</p> <p>Findings (By Provision).</p> <p>115.216 (a). The facility indicated in its PAQ that it takes appropriate steps to ensure that residents with disabilities, including those who are deaf or hard of hearing, blind or with low vision, have intellectual disabilities, psychiatric disabilities, or speech 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. The ACS PREA Policy prohibits discrimination and ensures equal access to PREA protections for residents with disabilities. Staff are trained to provide aids when appropriate. During interviews, the CEO and PREA Coordinator reported that reasonable accommodations are provided when needed, including assistance from qualified staff, translation services, and accessible formats for written materials. On the first day of the onsite review, the facility confirmed no residents were present who were hard of hearing, low vision, had psychiatric disabilities, had speech disabilities, or identified as having other disabilities.</p> <p>115.16 (b). The facility reported in the PAQ that it takes reasonable steps to ensure meaningful access for residents who are limited English proficient. Interviews with the PREA Coordinator confirmed that the agency uses other methods, including the interpretation services. The facility maintains access to telephonic interpretation services for all languages. Most core forms, including PREA education materials, are available in Spanish. Staff interviews confirmed knowledge of the procedures to access interpreter resources if needed.</p> <p>115.16 (c). During interviews, the CEO, PREA Coordinator, and random staff all affirmed that resident interpreters are not used except in the narrowly defined emergency situations outlined in policy. The facility reported no instances in the</p>

	<p>prior 12 months where resident interpreters, readers, or other resident assistants were used for PREA-related communication.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure c. Background Check Documentation d. Personnel Files for Recently Hired or Promoted Staff <p>Interviews</p> <ul style="list-style-type: none"> a. Staff who conduct criminal background checks <p>Site Review</p> <p>Findings (By Provision).</p> <p>115.217 (a). The facility indicated in its PAQ responses that the agency prohibits hiring, promotion, or contracting with anyone who has engaged in sexual abuse in any confinement setting, been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or with a victim unable to consent, or been civilly or administratively adjudicated to have engaged in such activity. The 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.” Interviews with human resource staff confirmed these requirements are enforced in all background screening and documented hiring decisions. Reviews of employee files confirmed that the agency prohibits hiring, promoting or contracting with anyone who has engaged in such activity.</p> <p>115.217(b). The facility indicated in its PAQ responses that material omissions regarding misconduct or provision of materially false information during the hiring process disqualify applicants. ACS PREA Policy and Procedure stipulates that material omissions or false information during the hiring process are grounds for disqualification or termination. The human resources representative confirmed they are aware of this policy and incorporate it in screening decisions.</p> <p>115.217(c). The facility indicated in its PAQ responses that, before hiring new</p>

	<p>employees or contractors with resident contact, the agency performs a criminal background records check using both state (CCAP) and national (CIB) systems and makes best efforts to contact all prior institutional employers for information on substantiated sexual abuse allegations or any resignation during a pending investigation. Review of randomly selected personnel files confirmed that both criminal background checks and employer reference checks were completed and documented.</p> <p>115.217(d). The facility indicated in its PAQ responses that criminal background checks are conducted before staff promotions. Personnel files reviewed for promoted staff included evidence of completed background checks prior to promotion.</p> <p>115.217 (e). The agency indicated in its PAQ that it has implemented a process to conduct criminal background checks for employees and contractors at least every four years. ACS PREA Policy and Procedure establishes the four-year recheck requirement. Documentation of rechecks was reviewed for staff and contractors with more than four years of service.</p> <p>115.217 (f). Policy requires that all applicants and employees who may have contact with residents are asked, in writing, about any prior misconduct defined by this standard and staff have a continuing duty to disclose any such misconduct. Review of application materials confirmed that applicants are required to attest to these questions in writing. Interviews confirmed this practice.</p> <p>115.217 (g). As noted under provision (b), ACS PREA Policy and Procedure states that any material omissions or false statements related to PREA violations are grounds for dismissal. This expectation is communicated during hiring and documented in the employment application.</p> <p>115.217 (h). Interviews confirmed that when contacted by other institutional employers, ATTIC Correctional Services provides information regarding substantiated allegations unless legally prohibited.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>
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115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <p>a. ATTIC Correctional Services PAQ Responses</p>

	<p>Interviews</p> <ul style="list-style-type: none"> a. CEO b. Facility Director <p>Site Review</p> <p>Findings (By Provision).</p> <p>115.218 (a). The agency indicated in its PAQ response that it has acquired a new facility or made any substantial expansion or modifications to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. During interviews, the Facility Director noted there were no substantial expansions at the facility.</p> <p>115.218 (b). The agency indicated in its PAQ response that it has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure c. Memorandum of Understanding between ATTIC and the RCC Sexual Violence Resource Center <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator b. Random Staff c. RCC Sexual Violence Resource Center Representative <p>Site Review</p> <p>Findings (By Provision).</p> <p>115.221 (a). The facility indicated in its PAQ responses that the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The PREA Policy establishes procedures for the preservation of evidence in cases of alleged sexual abuse, including securing the scene, protecting and collecting</p>

evidence, and ensuring appropriate chain of custody. The PREA Coordinator described the process for coordinating evidence collection and ensuring that all staff are trained to preserve evidence pending the arrival of police.

115.221 (b). The facility indicated in its PAQ responses that they do not accept residents under the age of 18.

115.221 (c). The facility indicated in its PAQ responses that victims are offered access to forensic examinations without cost and shall be performed by SANEs where possible.

115.221 (d). The PREA Policy states a victim advocate will be made available to victims, and if a victim advocate is not available, the agency will make available, a qualified staff member from a community-based organization. During interviews, the PREA Coordinator confirmed that a qualified advocate is available 24/7 to accompany and support victims during forensic medical exams and investigatory interviews. Advocates provide emotional support, crisis intervention, information, and referrals upon request of the victim. No residents interviewed reported any past or current need for these services during the audit period.

115.221 (e). The facility indicated in its PAQ responses that staff are trained to preserve forensic evidence until it can be collected by qualified medical staff or investigators. The PREA Coordinator described the training process, and training records were reviewed demonstrating that staff have received instruction on evidence preservation practices and trauma-informed response procedures.

115.221 (f). This provision requires that, if an agency is not responsible for investigating allegations, it must request that the investigating agency follow PREA evidence protocols. The Madison Police Department conducts all criminal investigations. Madison Police follow a uniform evidence procedure for all sexual assault complaints. Since the facility has not received any reports of sexual abuse or harassment, no allegations have been referred to the police.

115.221 (g). This provision is not subject to audit.

115.221 (h). This provision applies when no rape crisis center services are available, requiring the use of qualified staff screened and trained for this role. The facility has an established MOU with RCC makes a victim advocate from a rape crisis center available per 115.21(d).

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

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

The following evidence was analyzed to determine compliance:

Documents

- a. ATTIC Correctional Services PAQ Responses
- b. ACS PREA Policy and Procedure
- c. Agency Website

Interviews

- a. CEO
- b. PREA Coordinator
- c. Random Staff

Findings (By Provision).

115.222 (a). The facility indicated in its PAQ responses that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. The PREA Policy 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." Interviews with the CEO and the PREA Coordinator confirmed that all allegations are investigated by trained personnel.

115.222 (b). The facility indicated in its PAQ that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. They also indicate the policy is published on the agency website or made publicly available. The facility reported that during the past 12 months there were two (2) allegations of sexual abuse and sexual harassment received. Interviews with the CEO and the PREA Coordinator confirmed that it is standard practice for any allegation of sexual abuse or harassment to be referred for investigation. Random staff interviews further demonstrated consistent understanding of the obligation to immediately report and cooperate with investigations.

115.222 (c). ACS indicated in the PAQ that a separate entity is responsible for conducting criminal investigations, specifically Madison Police Department. ACS PREA Policy states that all reports incidents will be investigated and notes that specially trained individuals will be assigned to investigate promptly, thoroughly and objectively.

115.22 (d). The auditor is not required to audit this provision.

115.22 (e). The auditor is not required to audit this provision.

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

115.231	Employee training
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1177 378">The following evidence was analyzed to determine compliance:</p> <p data-bbox="280 412 443 445">Documents</p> <ul style="list-style-type: none"> <li data-bbox="316 456 963 490">a. ATTIC Correctional Services PAQ Responses <li data-bbox="316 501 794 535">b. ACS PREA Policy and Procedure <li data-bbox="316 546 708 580">c. PREA Training Curriculum <li data-bbox="316 591 893 624">d. PREA Training Certificates and Rosters <p data-bbox="280 636 427 669">Interviews</p> <ul style="list-style-type: none"> <li data-bbox="316 680 603 714">a. PREA Coordinator <li data-bbox="316 725 549 759">b. Random Staff <p data-bbox="280 770 453 804">Site Review</p> <ul style="list-style-type: none"> <li data-bbox="316 815 549 848">a. PREA posters <p data-bbox="280 882 612 916">Findings (By Provision).</p> <p data-bbox="280 949 1474 1218">115.231 (a). The facility reported in the PAQ that all employees with resident contact receive PREA training covering the agency’s zero-tolerance policy, reporting procedures, and prevention measures. The ACS PREA Policy and Procedure states that all employees will be trained on PREA prior to working a shift alone in the facility. Refresher training will occur every two years. Random staff interviews demonstrated consistent knowledge of these core elements. Every staff member interviewed stated they had received initial PREA training and periodic refreshers.</p> <p data-bbox="280 1263 1433 1420">115.231 (b). The training curriculum reviewed by the auditor includes modules tailored to the gender of the population housed (male). Training records and staff interviews confirmed that training has been delivered to all staff who may have contact with residents.</p> <p data-bbox="280 1464 1458 1733">115.231 (c). The PREA Coordinator stated that upon hire, all employees complete initial PREA training. Refresher training is conducted every two years through the online training system. In years without formal refresher training, employees are provided with updated policy materials, review of PREA procedures, and Training Bulletins that periodically cover PREA topics. Documentation of staff completion of training was available for review and included certificates demonstrating passing scores on course assessments.</p> <p data-bbox="280 1778 1458 1935">115.231 (d). Records confirmed that all training is documented through signed certificates or electronic verification following successful completion. Staff interviews affirmed that employees are required to acknowledge understanding of the content.</p> <p data-bbox="280 1980 1251 2047">A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>

115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure c. PREA Training Acknowledgment Forms and Rosters <p>Interviews</p> <ul style="list-style-type: none"> a. Facility Director <p>Site Review</p> <p>Findings (By Provision).</p> <p>115.232 (a-c). The facility indicated in its PAQ that they require all volunteers and contractors with resident contact be required to complete PREA training tailored to their duties. The ACS PREA Policy and Procedure establishes: “Volunteers, interns and contractors will be trained on PREA based on the level of contact with halfway house residents, prior to working in the facility.” Interviews with the Facility Director and the PREA Coordinator confirmed that while they currently do not employ contractors or volunteers, when they do each contractor and volunteer are required to complete PREA training tailored to their duties.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>

115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure c. PREA Educational Resident Information d. Resident Case Files <p>Interviews</p> <ul style="list-style-type: none"> a. Random staff b. Random Residents

Site Review

- a. PREA posters and notices displayed in housing units and common areas
- a. Review of video

Findings (By Provision).

115.233 (a). The facility indicated in its PAQ and supporting policies that all residents are provided information at intake about the agency's zero-tolerance policy and how to report sexual abuse or sexual harassment. ACS PREA Policy establishes: "Upon arrival, all residents receive a PREA Notice on sexual assault/abuse prevention, awareness, and reporting. Residents sign acknowledging receipt of this information. Additional copies of the PREA Notice will be provided to residents upon request. Interviews with staff confirmed that each resident reviews the PREA Educational Resident Information and is issued material containing PREA content. Random residents interviewed all stated they received this information during intake.

115.233 (b). The facility confirmed that within 30 days of intake, all residents receive comprehensive education explaining their right to be free from sexual abuse and harassment, their right to be free from retaliation for reporting, and the agency's policies and response procedures. ACS PREA Policy and Procedure outlines these requirements.

115.233 (c). The agency reported that resident education is made accessible to individuals with disabilities or limited English proficiency. ACS PREA Policy and Procedure states: "Residents with limited English proficiency will be provided documents in their primary language. A Spanish version is readily available; versions in other languages can be made available upon request. Residents who are deaf 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 their facility should be notified." At the time of the audit, there were no residents with limited English proficiency or documented disabilities. However, the PREA Coordinator demonstrated where resources and interpreter services could be accessed if needed.

115.233 (d). The PREA Coordinator demonstrated where documentation of resident participation in these sessions would be kept. No documents were presented because no cases existed.

115.233 (e). The facility ensures that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. During the site review, PREA posters were visible throughout the site.

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

115.234	Specialized training: Investigations
	<p data-bbox="280 188 981 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1177 376">The following evidence was analyzed to determine compliance:</p> <p data-bbox="280 416 443 452">Documents</p> <ul style="list-style-type: none"> <li data-bbox="316 456 963 492">a. ATTIC Correctional Services PAQ Responses <li data-bbox="316 497 798 533">b. ACS PREA Policy and Procedure <li data-bbox="316 537 906 573">c. PREA Investigations Training Certificate <p data-bbox="280 577 427 613">Interviews</p> <ul style="list-style-type: none"> <li data-bbox="316 618 571 654">a. Facility Director <li data-bbox="316 658 612 694">b. Investigative Staff <p data-bbox="280 734 609 770">Findings (By Provision).</p> <p data-bbox="280 810 1474 1258">115.234 (a). The facility reported in its PAQ that it is responsible for administrative investigations of sexual abuse allegations. ACS PREA Policy establishes that “Specially trained individuals will be assigned to investigate promptly, thoroughly and objectively and gather and preserve direct and circumstantial evidence. Our agency uses the National Institute of Corrections (NIC) training curriculum for conducting PREA investigations.” The Facility Director confirmed during the onsite interview that designated investigators completed specialized training through a two-day PREA investigations course, which included instruction tailored to confinement settings. The Facility Director is one of the trained investigators and he confirmed their training and the topics included in that training. A review of the training certificate validated the completion of this training.</p> <p data-bbox="280 1299 1474 1496">115.234 (b). The specialized training curriculum included: Techniques for interviewing sexual abuse victims in confinement settings; Dynamics of trauma-informed approaches; Methods for protecting the integrity of evidence and supporting victims. This was confirmed through the course syllabus reviewed during the audit and corroborated by the Facility Director’s interview.</p> <p data-bbox="280 1536 1385 1697">115.234 (c). The agency maintains training files that include certificates of completion; training logs indicating the investigator’s participation; policy references documenting the training requirement. Review of these files confirmed that the records are up to date and complete.</p> <p data-bbox="280 1738 1165 1774">115.234 (d). The auditor is not required to audit this provision.</p> <p data-bbox="280 1809 1248 1886">A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>

115.235	Specialized training: Medical and mental health care
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure <p>Interviews</p> <ul style="list-style-type: none"> a. Facility Director <p>Findings (By Provision).</p> <p>115.235 (a-d). The facility does not have any medical or mental health practitioners who work regularly in its facilities. However, the PREA Policy and Procedure does include specialized training for medical and mental health staff who work in other ACS facilities.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure c. Risk Screening Tool d. Completed PREA Screening documents (random sample) <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator b. Staff responsible for risk screening c. Random Residents <p>Site Review</p> <p>Findings (By Provision).</p> <p>115.241 (a). The facility indicated in its response to the Pre-Audit Questionnaire that all residents are assessed during intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents. ACS Policy establishes that “Upon arrival or upon transfer to another ACS residential facility, residents will be assessed for risk of victimization and abusiveness using an</p>

objective tool, within 72 hours and be 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." During the onsite portion of the audit, screenings were reviewed, and all screenings were complete and conducted within the timeframe.

115.241 (b). The facility reported that all residents are screened upon transfer to the facility. Staff interviews confirmed that new screenings are completed within 72 hours of transfer to the facility. Review of documentation for transferred residents corroborated this practice.

115.241 (c). ACS PREA Policy requires the use of an objective screening instrument to assess risk. The PREA Coordinator described the screening tool, which incorporates standardized questions and a scoring system. Review of the Risk Screening Tools confirmed they include measurable criteria to determine risk classifications.

115.241 (d). The screening instrument considers the following criteria to assess residents for risk of sexual victimization:

Whether the resident has a mental, physical, or developmental disability

The age of the resident

The physical build of the resident

Whether the resident has previously been incarcerated

Whether the resident's criminal history is exclusively nonviolent

Whether the resident has prior convictions for sex offenses

Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming

Whether the resident has previously experienced sexual victimization

The resident's own perception of vulnerability

Whether the resident is detained solely for civil immigration purposes.

Review of the screening tool confirmed that each of these criteria are addressed. Staff interviews affirmed that all sections of the form are completed during intake.

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

115.241 (f). ACS PREA Policy requires that the facility reassess each resident's risk of victimization or abusiveness within 30 days of intake and upon receipt of additional relevant information. Documentation reviewed included completed 30-day reassessment forms demonstrating that the process has been implemented. Staff interviews confirmed that reassessments are tracked and completed as required.

115.241 (g). ACS PREA Policy states: "A resident's risk level shall be reassessed

	<p>when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness”.</p> <p>115.241 (h). ACS PREA Policy prohibits disciplining residents for refusing to answer or for not disclosing complete information in response to screening questions. The PREA Coordinator and staff confirmed awareness of this policy. Residents interviewed stated they have not been disciplined for refusing to answer or for not disclosing complete information. No evidence was found that residents were disciplined for declining to answer.</p> <p>115.241 (i). ACS PREA Policy requires appropriate controls on the dissemination of screening responses to ensure that sensitive information is not exploited to the Resident’s detriment. Staff interviews and site review confirmed that screening records are only viewed by authorized personnel.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator b. Staff Responsible for Screening <p>Findings (By Provision).</p> <p>115.242 (a). The facility indicated in its PAQ responses that the agency uses information obtained during the intake screening process to inform housing, bed, work, education, and program assignments, with the goal of ensuring each resident’s safety and preventing sexual abuse. The PREA Coordinator explained that screening forms are completed during the intake process, with results immediately shared with designated staff responsible for making initial housing assignments. Review of completed screening forms and housing logs demonstrated that staff document the rationale for all housing decisions, including any special considerations related to safety concerns or separation requirements.</p> <p>115.242 (b). The facility indicated in its PAQ responses that it makes individualized</p>

	<p>determinations about how to ensure safety of each resident. During interviews, the PREA Coordinator and the person responsible for screenings described how housing units are designated and documented to maintain this separation. Review of classification documentation and interviews with intake staff confirmed that individualized determinations are consistently made and that any special considerations are recorded in the resident’s record.</p> <p>115.242 (c-f). The auditor is not required to audit these provisions.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>
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115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure c. Memorandum of Understanding with RCC Sexual Violence Resource Center <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator b. Random Staff c. Random Residents <p>Site Review</p> <ul style="list-style-type: none"> a. Posted Information <p>Findings (By Provision).</p> <p>115.251 (a). The facility indicated in its response to the Pre-Audit Questionnaire that the agency provides multiple internal ways for residents to privately report sexual abuse, sexual harassment, retaliation by other residents or staff, and staff neglect or violations of responsibilities that may have contributed to such incidents. ACS PREA Policy and Procedure establishes: “Residents who are a victim of sexual abuse or assault, sexual harassment or staff sexual misconduct while in custody by any law enforcement agency, correctional facility, or as a halfway house resident may report incidents at any time, as there are no time limits on reporting. Incidents can be reported in the following ways: Verbally, In writing, Anonymously, By a Third Party, By calling 9-1-1 to local law enforcement”. During intake, residents receive PREA Educational Information describing these options. During interviews, all staff indicated residents can verbally report to any staff member, submit written reports, or report through a third party. Residents consistently identified at least two methods for reporting concerns.</p>

	<p>115.251 (b). The facility indicated in its PAQ response that it provides at least one way for residents to report abuse or harassment to an external public or private entity. The agency entered into a Memorandum of Understanding with RCC, a community-based victim advocacy organization, to receive and forward reports to agency officials. Residents may contact RCC anonymously and request that reports be forwarded. PREA Educational Resident Information materials were reviewed and confirm that RCC's contact information and reporting procedures are included.</p> <p>115.251 (c). The ACS PREA Policy and Procedure establishes that residents can report in writing, anonymously, and through third parties. During interviews, all staff confirmed they would accept reports in any form (verbal, written, anonymous, or third party) and immediately document verbal reports in writing. Residents consistently reported that staff are responsive to reports and take them seriously.</p> <p>115.251 (d). During interviews, the PREA Coordinator explained that staff may privately report concerns to a supervisor or the PREA Coordinator. Staff training materials include instructions on confidential reporting procedures. All staff interviewed were aware of the option to report privately and described methods for doing so.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <p>a. ATTIC Correctional Services PAQ Responses</p> <p>Findings (By Provision).</p> <p>115.252 (a-g). Although the agency answered "yes" to several questions in this section, the agency does not have administrative procedures to address resident grievances regarding sexual abuse. I confirmed with the CEO and PREA Coordinator that ACS does not have an administrative procedure to address resident grievances regarding sexual abuse. The PREA Policy and Procedure and the PREA Notice to Residents, state the residents shall not use the grievance process to report sexual abuse. As a result, the agency is exempt from this standard.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure c. Memorandum of Understanding with RCC Sexual Violence Resource Center d. Revised PREA Educational Resident Information <p>Interviews</p> <ul style="list-style-type: none"> a. Random Residents <p>Site Review</p> <p>Findings (By Provision).</p> <p>115.253 (a). The facility indicated in its response to the Pre-Audit Questionnaire that it provides residents with access to outside victim advocates for emotional support services related to sexual abuse. ACS PREA Policy states: “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 by staff.” During interviews, residents reported that they received written information about outside services during intake and understood that communications with the agency could be made by phone or mail.</p> <p>115.253 (b). The facility indicated in its response to the PAQ that it informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. During interviews, residents confirmed that they were informed of these monitoring practices and reporting requirements as part of their PREA education at intake.</p> <p>115.253 (c). The facility provided the Memorandum of Understanding with RCC, which establishes an agreement to provide confidential support services to Residents. The MOU was reviewed and determined to meet the requirements of this standard.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure c. Revised PREA Educational Resident Information <p>Site Review</p> <p>Findings (By Provision).</p> <p>115.254 (a). The facility indicated in its response to the Pre-Audit Questionnaire that it has established methods to receive third-party reports of sexual abuse and sexual harassment. Specifically, staff will take third party reports via phone, mail or email. PREA Educational Resident Information describes this option and provides instructions on how residents and third parties can submit reports. The information is also listed on the agency’s website.</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with these provisions.</p>
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115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure <p>Interviews</p> <ul style="list-style-type: none"> a. Facility Director b. PREA Coordinator c. Random Staff <p>Findings (By Provision).</p> <p>115.261 (a-b). The facility indicated in its PAQ that it requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The ACS Policy 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.” During interviews, staff consistently reported that they are trained to notify their</p>

	<p>immediate supervisor without delay, complete the required documentation, and maintain confidentiality.</p> <p>115.261 (c). The facility indicated that it requires medical and mental health practitioners to report sexual abuse, and they are required to inform residents of the duty to report. Interviews with the Facility Director and PREA Coordinator affirmed this expectation.</p> <p>115.261 (d). During the onsite audit, the Facility Director and PREA Coordinator confirmed that while the facility does not house youth, the policy requires mandatory reporting to the appropriate state or local agency if this ever occurs. A review of the resident roster confirmed that no persons under age 18 were in custody during the audit period.</p> <p>115.261 (e). While the facility did not have recent records of anonymous or third party reports, they did demonstrate and understand that all reports are to be documented and forwarded. The PREA Coordinator confirmed that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are forwarded to an investigator.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure c. ACS PREA First Responder Expectations <p>Interviews</p> <ul style="list-style-type: none"> a. CEO b. Facility Director c. Random staff <p>Findings (By Provision).</p> <p>115.262 (a). The facility indicated in its PAQ response that it takes immediate action to protect residents determined to be subject to a substantial risk of imminent sexual abuse. ACS PREA Policy establishes: “In the immediate aftermath of an</p>

	<p>alleged assault of a resident that occurred in our halfway house, on-duty staff will follow the first responder protocol if the report is made immediately following the assault.” During interviews, the CEO and Facility Director reported that staff are directed to separate any potential victims and perpetrators immediately, relocate the resident to a safe area, notify a supervisor without delay, and initiate appropriate investigative steps. Random staff interviews confirmed that their primary responsibility is to ensure the resident’s safety by relocating the individual and alerting their supervisor. The facility reported that in the past 12 months there were no occurrences where a resident was determined to be at substantial risk of imminent sexual abuse.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>
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115.263 Reporting to other confinement facilities	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure <p>Interviews</p> <ul style="list-style-type: none"> a. CEO b. Facility Director <p>Findings (By Provision).</p> <p>115.263 (a-c). The facility indicated in its response to the PAQ that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Manager is responsible for notifying the head of the facility or the appropriate office of the agency where the alleged abuse occurred. ACS PREA Policy states: “The Program Manager will notify the head of the facility of where the incident occurred. The Program Manager will also notify the proper authorities, included but not limited to law enforcement, DOC or FBOP depending on the resident’s supervision status, and the PREA Coordinator.” During the onsite portion of the audit, the Facility Director confirmed that the Program Manager is responsible for this notification. The facility reported no such allegations were received during the prior 12 months.</p> <p>115.263 (d). The facility indicated that the facility head receiving such notification from another entity is responsible for ensuring the allegation is investigated in accordance with PREA standards. During interviews, the Facility Director reported that, if the agency received notification from another facility, the allegation would</p>

	<p>be immediately assigned for investigation and documented in accordance with policy.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure <p>Interviews</p> <ul style="list-style-type: none"> a. Random Staff <p>Findings (By Provision).</p> <p>115.264 (a). The facility indicated in its response to the PAQ that it has a first responder policy for allegations of sexual abuse. ACS PREA Policy notes that on duty staff will follow the first responder protocol when a report is made. During onsite interviews, staff consistently reported that upon learning of an allegation of sexual abuse, they: immediately separate the alleged victim and alleged abuser; secure the area as a potential crime scene; advise the alleged victim and alleged abuser not to take any actions that could destroy evidence; and notify their supervisor without delay.</p> <p>115.264 (b). The facility indicated in its response to the PAQ that if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. The ACS Policy states: “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 still be collected, staff will request that the victim 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 facility reported that in the past 12 months there were no instances in which the first responder was a non-security staff member. During onsite interviews, all staff confirmed that their role, if responding first, would be to remain with the alleged victim, advise the resident not to take any actions that could destroy evidence, and immediately notify a supervisor or on-duty security staff.</p>

	A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure c. ACS PREA First Responder Expectations <p>Interviews</p> <ul style="list-style-type: none"> a. Facility Director <p>Findings (By Provision).</p> <p>115.65 (a). While the facility indicated in its PAQ responses that it does not have an established a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse, the ACS PREA Policy does describe duties of the first responder staff, Program Manager, treatment team and PREA Coordinator. It also notes in Policy “ACS will utilize the Wisconsin Adult Sexual Assault Response Team Protocol Manual (WI Office of Justice Assistance May 2011) as a guide and work cooperatively with referring agencies such as Dept. of Corrections and Federal Bureau of Prisons.”</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses

	<p>Findings (By Provision).</p> <p>115.266 (a). The facility indicated in its response to the PAQ that it does not have a collective bargaining agreements in place.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.266 (b). This provision does not require auditing.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure <p>Interviews</p> <ul style="list-style-type: none"> a. CEO b. Facility Director c. PREA Coordinator (staff member designated to monitor retaliation) <p>Findings (By Provision).</p> <p>115.627 (a-f). The facility indicated in its response to the PAQ that it has established policies to protect all residents, staff and any other individual who report sexual abuse or sexual harassment or cooperate with related investigations from retaliation. ACS PREA Policy 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 assess changes that may suggest possible retaliation by residents or staff.” During interviews, the PREA Coordinator confirmed that retaliation monitoring is initiated immediately upon receipt of a report or identification of a resident or staff member as having cooperated in an investigation. The PREA Coordinator also noted that monitoring includes periodic status checks and any allegation determined to be unfounded shall terminate monitoring.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>

115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure <p>Interviews</p> <ul style="list-style-type: none"> a. Facility Director b. PREA Coordinator c. Investigative Staff <p>Findings (By Provision).</p> <p>115.271 (a-c). ACS PREA Policy states: “Specially trained individuals will be assigned to investigate promptly, thoroughly and objectively and gather and preserve direct and circumstantial evidence.” The two allegations were reviewed and in both cases, specially trained staff were assigned to investigate the allegations. In both cases, the investigations were assigned and investigated promptly, and investigators conducted in the investigation thoroughly and objectively. Interviews with the investigators confirmed they would be assigned the investigations and would investigate promptly and thoroughly and gather and preserve both direct and circumstantial evidence.</p> <p>115.271 (d). The agency has not had criminal investigations which lead to the need for compelled interviews in a sexual abuse case, but the facility reports they would discuss it with the investigator or prosecutor if the situation arose. The agency policy states that substantiated allegations of conduct that is criminal shall be referred for prosecution.</p> <p>115.271 (e). ACS PREA Policy states: “The agency will not require a victim to submit to a polygraph or other truth-telling device as a condition for proceeding with the investigation of an allegation.” During interviews, the investigator reported that they do not require residents to submit to polygraph examinations or other truth-telling devices as a condition for proceeding with an investigation that credibility determinations are assessed on an individual basis and not by the person’s status as a resident or staff.</p> <p>115.271 (f). The facility indicated that all administrative investigations would include an effort to determine whether staff actions or failures to act contributed to the incident. Interviews confirmed the investigator understands the need and would examine staff conduct as part of every administrative review.</p> <p>115.271 (g-i). The facility indicated that all criminal investigations are conducted by local police. ACS PREA Policy states: “If a criminal investigation occurs, the agency will attempt to obtain a copy of the written report from local law enforcement. The</p>

	<p>agency will keep this report on file for a minimum of ten years, if the abuser is an employee the agency will keep the report on file for as long as the abuser is employed by the agency, plus five years.”</p> <p>115.271 (j). ACS PREA Policy specifies that the departure of an alleged abuser or victim from the agency’s control does not terminate an investigation. The investigator confirmed that investigations continue in such circumstances, with efforts documented and reports completed.</p> <p>115.271 (k). The auditor is not required to audit this provision.</p> <p>115.271 (l). The facility indicated that when outside agencies investigate sexual abuse, the facility cooperates with outside investigators and remain informed about the progress of the investigation. While the facility did not have any samples to review, interviews with the Facility Director and the PREA Coordinator confirmed their process for continuing to stay apprises of the investigation.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure <p>Interviews</p> <ul style="list-style-type: none"> a. Investigative Staff <p>Findings (By Provision).</p> <p>115.272 (a). The facility reported in its PAQ that it does not impose any standard of proof higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. During interviews, the PREA Investigator confirmed that the preponderance of the evidence is the evidentiary standard applied in all investigations.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>

115.273	Reporting to residents
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	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure <p>Interviews</p> <ul style="list-style-type: none"> a. Facility Director b. PREA Coordinator c. Investigative Staff <p>Findings (By Provision).</p> <p>115.273 (a-b). The facility indicated in its PAQ that residents are informed of the outcome of investigations into allegations of sexual abuse. ACS PREA Policy states: “The victim will be informed whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If an outside agency investigated, ACS will request relevant information by which to inform the victim.” During interviews, the Facility Director and PREA Coordinator confirmed that notifications are provided in writing.</p> <p>115.273 (c). The facility indicated that, unless an allegation is determined to be unfounded or the resident has been released from custody, the agency informs the resident whenever the staff member accused of sexual abuse is no longer posted within the resident’s living area. During interviews, the PREA Coordinator confirmed that these notifications are completed if applicable.</p> <p>115.273 (d). The facility indicated that, unless an allegation is determined to be unfounded or the resident has been released, the agency notifies the resident if the staff member is no longer employed at the facility. The PREA Coordinator confirmed in interviews that such notifications are provided as required.</p> <p>115.273 (e). The facility indicated that all such notifications or attempted notifications shall be documented. The agency had no such situations occur during the review period to allow for such notifications.</p> <p>115.273 (f). This provision is not applicable.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>

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

	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a, ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator <p>Findings (By Provision).</p> <p>115.276 (a-b). The facility reported in its PAQ that staff are subject to disciplinary sanctions, up to and including termination, for violating agency policies regarding sexual abuse and sexual harassment. ACS PREA Policy states: “Disciplinary measures will be taken, up to and including termination. If staff was found to have engaged in sexual abuse, termination will result. Disciplinary sanctions for violating agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) is commensurate with the nature and circumstances of acts committed, staff disciplinary history, and sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignation by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.” During interviews, the PREA Coordinator confirmed that any substantiated violation would result in disciplinary action and that termination is considered in all cases involving sexual abuse.</p> <p>115.276 (c). ACS PREA Policy requires that disciplinary sanctions for other violations related to sexual harassment or policy breaches be commensurate with the nature and circumstances of the conduct, the staff member’s disciplinary history, and comparable cases involving other staff. The PREA Coordinator described this approach, explaining that each case is evaluated individually, documented, and reviewed to ensure consistency.</p> <p>115.276 (d). ACS PREA Policy requires that all terminations for violations of sexual abuse or harassment policies, or resignations in lieu of termination, are reported to law enforcement unless the behavior is clearly not criminal, and to any relevant licensing bodies. The PREA Coordinator confirmed this reporting process is standard practice. No terminations or resignations meeting these criteria occurred during the review period.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure <p>Interviews</p> <ul style="list-style-type: none"> a. Facility Director <p>Findings (By Provision).</p> <p>115.277 (a). The facility reported in its PAQ that it does not require contractors or volunteers who engages in sexual abuse is prohibited from contact with residents, the ACS PREA Policy clearly 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.” The Facility Director confirmed in interviews that any substantiated sexual abuse results in immediate removal of the contractor or volunteer from all resident contact.</p> <p>115.277 (b). Policy requires that in cases of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer (other than substantiated sexual abuse), the agency takes appropriate remedial measures and considers whether to prohibit further contact with residents. The Facility Director confirmed this approach, stating that all violations are reviewed to determine whether termination of access is warranted. No such cases were reported during the audit period.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>
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115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure <p>Interviews</p> <ul style="list-style-type: none"> a. Facility Director <p>Findings (By Provision).</p>

115.278 (a). The facility reported in its PAQ that residents found through an administrative process to have engaged in resident-on-resident sexual abuse, or found guilty through criminal proceedings, are subject to disciplinary sanctions pursuant to a formal disciplinary process. ACS PREA Policy establishes “For resident on resident sexual abuse, sanctions will be determined by the referring agency (i.e. WI Dept of Corrections or Federal Bureau of Prison) commensurate with the nature and circumstances of abuse with consideration given to resident perpetrator’s mental disabilities or illness. Residents engaging in non-consensual sexual abuse of a staff member will be referred to law enforcement for investigation and prosecution. In addition, the residents’ 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 th4e facility.” The Facility Director confirmed that this process is in place and that no such cases occurred during the review period.

115.278 (b). ACS Policy requires that sanctions imposed are 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. The Facility Director affirmed this standard is applied consistently.

115.278 (c). ACS Policy specifies that when determining the type of sanction, consideration shall be given to whether an resident’s mental disabilities or mental illness contributed to the behavior. The Facility Director confirmed that mental health staff are consulted when needed to inform sanction decisions.

115.278 (d). This provision is not applicable to the facility.

115.278 (e). ACS Policy establishes that a resident will be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to the contact. The Facility Director confirmed this provision is followed. No such incidents occurred during the audit period.

115.278 (f). The Facility Director affirms that a report made in good faith, based on a reasonable belief that the alleged conduct occurred, does not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.

115.278 (g). The agency does not prohibit sexual activity between residents.

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

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure <p>Interviews</p> <ul style="list-style-type: none"> a. Security and non-security staff first responders <p>Findings (By Provision).</p> <p>115.282 (a-b). The facility reported in its PAQ that resident victims of sexual abuse are provided timely, unimpeded access to emergency medical treatment and crisis intervention services, with the nature and scope of care determined by medical and mental health practitioners according to their professional judgment. ACS PREA Policy, states: “The staff shall immediately contact 9-1-1 for local law enforcement to respond, and if the resident is in need of medical attention, an ambulance should also be requested to respond to the facility.” Interviews with staff indicated they understand and are familiar with responsibilities noted in policy.</p> <p>115.282 (c-d). ACS PREA Policy specifies that response to allegations will be consistent with these goals “4. Provide the victim timely 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. 5. Provide victims of sexually abusive vaginal penetration shall be offered pregnancy tests and timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Interviews with staff confirmed that these services would be offered and documented.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator

	<p>Findings (By Provision).</p> <p>115.283 (a-c, f-g). The facility reported in its PAQ that it offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Policy establishes that “ACS will ensure that referrals are made to reputable 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.” During interviews, the PREA Coordinator confirmed that all residents disclosing prior victimization are offered evaluation and follow-up services. The PREA Coordinator also noted that resident victims would be offered test for sexually transmitted infections as medically appropriate.</p> <p>115.283 (d-e). These provisions are not applicable since the facility does not house female residents.</p> <p>115.283 (h). This provision requires that prisons attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such history. ACS PREA Policy states: “A resident who reports previous sexual abuse/ assault will have support services made available to them including counseling and community support groups. The facility shall also conduct a mental health evaluation of all known resident-on-resident abusers within 60 day of learning of such abuse and will offer treatment when appropriate.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure c. ATTIC PREA after incident review form (SAIR Report) <p>Interviews</p> <ul style="list-style-type: none"> a. Facility Director <p>Findings (By Provision).</p>

	<p>115.286 (a-b). ACS PREA Policy establishes that a sexual abuse incident review is conducted at the conclusion of every investigation unless the allegation is determined to be unfounded, and that this review would occur within 30 days of the investigation’s conclusion. The Facility Director reported that incident reviews were completed for two investigations during the audit period.</p> <p>115.286 (c). ACS PREA Policy requires the review team to include the PREA Coordinator, Program Manager, a member of the treatment team, and the Division Director or designee. The PREA Coordinator confirmed that input from supervisors and staff would be incorporated, in alignment with policy. Documentation of sexual abuse incident review team reports were reviewed. Both reports included upper management level staff including investigators.</p> <p>115.286 (d). ACS PREA Policy requires the review to consider whether the incident indicates a need to change policy or practice, whether the incident was motivated by race, ethnicity, gender identity, sexual orientation, gang affiliation, or group dynamics, whether physical barriers enabled abuse, adequacy of staffing levels during different shifts, whether monitoring technology should be deployed or augmented.</p> <p>115.286 (e). ACS PREA Policy requires that the review team prepare a report of its findings and recommendations. If recommendations are made, they must be implemented or a rationale documented for not doing so.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure c. PREA Annual Report d. Investigative file <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator <p>Findings (By Provision).</p> <p>115.287 (a-d). ACS PREA Policy requires “ACS will collect uniform statistical data for every allegation of sexual abuse at our facilities. Data will be collected and</p>

	<p>maintained by the PREA Coordinator and reviewed annually to assess and improve prevention, detection and response policies, practices and training. An annual report will be prepared comparing current and past years' data, which is approved by the CEO and made readily available to the public through our website. Information may be redacted prior to publication when it would present a clear and specific threat to safety and security of a facility. Statistical data and incident reports, investigations and results on resident sexual abuse/misconduct will be securely retained for at least ten years with personal identifiers removed. After ten years, data will be confidentially destroyed according to our data destruction policy. The PREA Coordinator confirmed that these records are reviewed annually to inform the annual report.</p> <p>115.287 (e-f). During the audit, the PREA Coordinator confirmed the agency does not contract with any other entity for the confinement of residents. This provision is not applicable. The PREA Coordinator also confirmed DOJ has not requested agency data.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>
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115.288	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure c. PREA Annual Reports d. Agency website <p>Interviews</p> <ul style="list-style-type: none"> a. CEO b. PREA Coordinator <p>Findings (By Provision).</p> <p>115.288 (a-d). The agency indicated in the PAQ that they collect and aggregate data The PREA Policy and Procedure states 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 they approve the report and if trends or repeat issues are observed, immediate</p>

	<p>corrective action would be taken and documented. It was also confirmed the information is readily available to the public through its website.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. ACS PREA Policy and Procedure c. PREA Annual Report d. Agency website <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator <p>Findings (By Provision).</p> <p>115.289 (a-c). During interviews, the PREA Coordinator confirmed that all data is securely and all aggregated sexual abuse data is readily available to the public at least annually through its website. The auditor confirmed that the agency’s website contains a link to the Annual PREA Report and any personal identifiers were removed.</p> <p>115.289 (d). ACS PREA Policy and Procedure establishes that all data collected is retained for at least 10 years unless law requires otherwise. The PREA Coordinator confirmed during interviews that all records are retained in accordance with this retention policy.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed to determine compliance:</p>

	<p>Documents</p> <ul style="list-style-type: none"> a. ATTIC Correctional Services PAQ Responses b. Agency Website <p>Pre/Onsite/Post-Audit Observations</p> <ul style="list-style-type: none"> a. General observations during the audit process, including posted Notices of Audit <p>Findings (By Provision).</p> <p>115.401 (a-b). Although the agency has completed numerous audits of all of its facilities, it does not fully comply with the provision requirements. While this does not require corrective action, the auditor and agency have ensured all future audits are completed as required for each cycle.</p> <p>115.401 (h). During the onsite portion of this audit, the auditor had access to and the ability to observe all areas of the facility. Facility staff fully cooperated with providing access to any requested areas.</p> <p>115.401 (i). Throughout all phases of the audit process, the auditor was permitted to request and receive copies of all relevant documents, including but not limited to facility logs, resident files, personnel files, policy and procedure manuals, postings, intake and classification documents, and other records as needed.</p> <p>115.401 (m). During the onsite portion of this audit, the auditor was permitted to conduct private interviews with residents and staff in designated locations without video or audio monitoring capability.</p> <p>115.401 (n). During the pre-audit phase, residents were permitted to send confidential information or correspondence to the auditor in the same manner as legal mail. During onsite interviews, residents confirmed awareness of the audit notices posted throughout the facility and described how to send correspondence if they wished.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed to determine compliance:</p> <p>Documents</p> <ul style="list-style-type: none"> a. ACS public website

Findings (By Provision).

115.403 (f). The agency's website has a section dedicated to PREA-related information, including applicable policy information, and prior audit reports. This is the facility's third audit. A review of the agency's website confirmed that the final audit report from the prior audit is posted and publicly available.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241	Screening for risk of victimization and abusiveness	

(h)		
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

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

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

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

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

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

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

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

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

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

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

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

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

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

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

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

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	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.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data	yes

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

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

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

(f)		
	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