

# PREA Facility Audit Report: Final

**Name of Facility:** Copper Lake/Lincoln Hills School

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 12/27/2022

**Date Final Report Submitted:** 02/17/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Karen d. Murray	<b>Date of Signature:</b> 02/17/2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Murray, Karen
<b>Email:</b>	kdmconsults1@gmail.com
<b>Start Date of On-Site Audit:</b>	11/16/2022
<b>End Date of On-Site Audit:</b>	11/17/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Copper Lake/Lincoln Hills School
<b>Facility physical address:</b>	W4380 Copper Lake Avenue, Irma, Wisconsin - 54442
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Klint Trevino
<b>Email Address:</b>	klint.trevino@wisconsin.gov
<b>Telephone Number:</b>	715-536-8386

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Klint Trevino
<b>Email Address:</b>	klint.trevino@wisconsin.gov
<b>Telephone Number:</b>	715-536-8386

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Natasha Cornelius
<b>Email Address:</b>	natasha.cornelius@wisconsin.gov
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Julie Beeney
<b>Email Address:</b>	julie.beeney@wisconsin.gov
<b>Telephone Number:</b>	715-536-8386

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	250
<b>Current population of facility:</b>	81
<b>Average daily population for the past 12 months:</b>	80
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	14-19
<b>Facility security levels/resident custody levels:</b>	low, medium and high-risk
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	230
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	5
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	11

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Wisconsin Department of Corrections
<b>Governing authority or parent agency (if applicable):</b>	State of Wisconsin
<b>Physical Address:</b>	3099 East Washington Avenue, Madison, Wisconsin - 53704
<b>Mailing Address:</b>	PO Box 7925, Madison, Wisconsin - 53707
<b>Telephone number:</b>	(608) 240-5000

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Kevin Carr
<b>Email Address:</b>	Kevin.Carr@wisconsin.gov
<b>Telephone Number:</b>	(608) 240-5065

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Leigha Weber	<b>Email Address:</b>	leigha.weber@wisconsin.gov

### **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:**

4	<ul style="list-style-type: none"> <li>• 115.321 - Evidence protocol and forensic medical examinations</li> <li>• 115.331 - Employee training</li> <li>• 115.332 - Volunteer and contractor training</li> <li>• 115.386 - Sexual abuse incident reviews</li> </ul>
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#### **Number of standards met:**

39
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#### **Number of standards not met:**

0
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## POST-AUDIT REPORTING INFORMATION

# GENERAL AUDIT INFORMATION

### On-site Audit Dates

<b>1. Start date of the onsite portion of the audit:</b>	2022-11-16
<b>2. End date of the onsite portion of the audit:</b>	2022-11-17

### Outreach

<b>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?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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**a. Identify the community-based organization(s) or victim advocates with whom you communicated:**

On 11.8.2022 at 5:47 pm, MST, this Auditor phoned the Marshfield Clinic Health System-Westin at 715.393.2950. After proper introductions and the reason for the call, the Nurse who answered the call stated the clinic does have a SAFE unit and SANE's on staff at all times. The clinic was aware of the MOU with Copper Lake / Lincoln Hills School and stated their only requirement was that a security staff was present outside of the exam room during forensic exams.

On 10.24.2022 at 6:03 pm, MST, this Auditor phoned Haven Inc., at 715.536.1300. After proper introductions and the reason for the call the operator explained she was the night staff and she would pass on any information from an Offender calling, to advocates, the next morning. The operator stated the advocates are timely about getting back with Offenders. This call was not answered. Youth were able to demonstrate phone access to three PREA lines available to them, to the Auditor, during the tour and informal interviews. The Youth handed the phone to the Auditor after dialing the phone number to the PREA Hotline and the Auditor listened to the message directing youth the leave a message. Shortly after the completion of the call, the agency PREA Coordinator forwarded the Auditor left on the voice mail to demonstrate the line was in working order. Youth were able to demonstrate phone access to three PREA lines available to them, to the Auditor, during the tour and informal interviews. The Youth handed the phone to the Auditor after dialing the phone number to the PREA Hotline and the Auditor listened to the message directing youth the leave a message. Shortly after the completion of the call, the agency PREA Coordinator forwarded the Auditor left on the voice mail to demonstrate the line was in working order.

# AUDITED FACILITY INFORMATION

<b>14. Designated facility capacity:</b>	250
<b>15. Average daily population for the past 12 months:</b>	81
<b>16. Number of inmate/resident/detainee housing units:</b>	11
<b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	75
<b>37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:</b>	75
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0

<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	3



<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>4</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>241</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>11</p>
<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>5</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>

# INTERVIEWS

## Inmate/Resident/Detainee Interviews

### Random Inmate/Resident/Detainee Interviews

<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	13
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	Upon arrival to the facility, residents' rosters were presented to the Auditor. Once targeted residents were chosen, random residents were chosen by housing unit and gender, by the Auditor.
<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.

## Targeted Inmate/Resident/Detainee Interviews

<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	6
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b>	19
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>After touring the program, formal and informal interviews and resident file review, this category of targeted residents did not appear to be present in the facility.</p>

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

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>After touring the program, formal and informal interviews and resident file review, this category of targeted residents did not appear to be present in the facility.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>After touring the program, formal and informal interviews and resident file review, this category of targeted residents did not appear to be present in the facility.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>After touring the program, formal and informal interviews and resident file review, this category of targeted residents did not appear to be present in the facility.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>After touring the program, formal and informal interviews and resident file review, this category of targeted residents did not appear to be present in the facility.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>4</p>

<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>2</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>After touring the program, formal and informal interviews and resident file review, this category of targeted residents did not appear to be present in the facility.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>13</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>



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

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

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

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

# SITE REVIEW AND DOCUMENTATION SAMPLING

## Site Review

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

**84. Did you have access to all areas of the facility?**

Yes

No

**Was the site review an active, inquiring process that included the following:**

**85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

Yes

No

**86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

Yes

No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>

## Documentation Sampling

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

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>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.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	6	0	6	0
<b>Staff-on-inmate sexual abuse</b>	1	0	1	0
<b>Total</b>	7	0	7	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	4	0	4	0
<b>Staff-on-inmate sexual harassment</b>	1	0	1	0
<b>Total</b>	5	0	5	0

# Sexual Abuse and Sexual Harassment Investigation Outcomes

## Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	1	0	5	1
<b>Staff-on-inmate sexual abuse</b>	1	1	0	0
<b>Total</b>	2	1	5	1

## Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	4	1
<b>Staff-on-inmate sexual harassment</b>	0	1	0	0
<b>Total</b>	0	1	4	1



# Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

## Sexual Abuse Investigation Files Selected for Review

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</b>	4
<b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	2
<b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

## Staff-on-inmate sexual abuse investigation files

<b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	2
<b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

## Sexual Harassment Investigation Files Selected for Review

<b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	2
<b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)

## Inmate-on-inmate sexual harassment investigation files

<b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	1
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<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No text provided.</p>
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## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

<p><b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b></p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No         </p>
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### Non-certified Support Staff

<p><b>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b></p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No         </p>
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## AUDITING ARRANGEMENTS AND COMPENSATION

<p><b>121. Who paid you to conduct this audit?</b></p>	<p> <input checked="" type="radio"/> The audited facility or its parent agency   <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)   <input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)   <input type="radio"/> Other         </p>
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## Standards

### Auditor Overall Determination Definitions

- Exceeds Standard  
(Substantially exceeds requirement of standard)
- Meets Standard  
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard  
(requires corrective actions)

### Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li>3. Department of Corrections – Secretary’s Office Organizational Chart, dated 1.2021</li> <li>4. Wisconsin Department of Corrections PREA Compliance Manager Victim Services Coordinator Responsibilities Directory, dated 10.12.2022</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Targeted Youth</li> <li>3. Youth Counselors</li> <li>4. Supervisory staff</li> <li>5. PREA Compliance Manager</li> <li>6. PREA Director / PREA Coordinator</li> <li>7. Superintendent</li> </ol> <p>Through interviews with youth and staff and review of youth and staff files, it is evident that this facility interweaves requirements for this standard in their daily protocols. Both youth and staff could speak to facility PREA practices and protocols being used as is described in the agency’s PREA policy.</p> <p>Interview with the PREA Compliance Manager and PREA Director / PREA Coordinator demonstrated each is well versed on PREA system implementation and both have ample time to complete their PREA duties.</p> <p>Site Review Observation:</p> <p>During the tour of the facility, the Auditor witnessed wooden PREA signs and PREA postings with internal, external, third party and advocate reporting information, PREA Audit notices on pink paper were witnessed at the entrance of the facility, entrance or in the Control Booth of each dorm, in the visitation area, school building and in staff dining.</p> <p>Youth are housed in single use dry and wet cells. Review of the cameras in the main Control Room demonstrated cameras could view youth changing and toileting in wet cells. (Action Plan noted in §115.315) Youth toileting and shower areas were not accessible by cameras and were equipped with half walls therefore not exposing youth. The facility had four nonfunctioning cameras with active work orders in place requesting repair. Staff were witnessed throughout the two-day onsite review to always be practicing interactive supervision throughout all areas of the facility to include those areas where cameras were inoperable.</p>

(a) Copper Lake/Lincoln Hills School PAQ states the agency policy mandates zero-tolerance toward all forms of sexual abuse and sexual harassment in the facility it operates and those directly under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 4, section V., states, "The Wisconsin Department of Corrections has zero tolerance for sexual abuse, sexual harassment and report-related retaliation in its facilities, including those with which it contracts for the confinement of offenders. Further:

- ◆ The DOC provides a coordinated victim-centered response to reports of sexual abuse and sexual harassment. This includes providing medical and mental health services to victims of sexual abuse and sexual harassment while investigating all allegations.
- ◆ The DOC provides multiple avenues to report allegations of sexual abuse and sexual harassment and, further, recognizes the right of employees and offenders to be free from retaliation for reporting sexual abuse and sexual harassment.
- ◆ The DOC trains all staff members, contractors and volunteers to recognize, respond to and report sexual abuse and sexual harassment.
- ◆ The DOC provides offenders with a comprehensive orientation that details their right to be free from sexual abuse, sexual harassment and report-related retaliation.
- ◆ The DOC employs a data collection method to accurately track and aggregate sexual abuse and sexual harassment incidents, identify core causal factors and take corrective action so as to align with a zero tolerance environment."

(b) Copper Lake/Lincoln Hills School PAQ states the agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The position of the PREA Coordinator in the agency's organizational structure.

The facility provided a Department of Corrections - Secretary's Office Organizational Chart. The organizational chart demonstrates a PREA Office Director reports directly to the Assistant Deputy Secretary.

(c) Copper Lake/Lincoln Hills School PAQ states the PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 5, section D., states, "The appointing authority or designee at each facility shall assign one employee as the facility-based PREA Compliance Manager with sufficient time and authority to coordinate the facility's to comply with PREA standards as set forth by DOC."

The facility provided a Wisconsin Department of Corrections PREA Compliance Manager Victim Services Coordinator Responsibilities Directory. The directory

demonstrates each State of Wisconsin facility Compliance Manager and Victim Services Coordinator to include Lincoln Hills School/Copper Lakes School Primary Program Supervisor and back up Superintendent as the facility PREA Compliance Manager.

Through such reviews, the facility meets the standard requirements.



<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li>3. Department of Corrections, Division of Community Corrections Contract Compliance Review Report Prison Rape Elimination Act, dated 4.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Director / PREA Coordinator</li> </ol> <p>During the pre-audit phase, the PREA Director / PREA Coordinator conveyed the agency does not have privatized contracts for juvenile programs in the State of Wisconsin.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states the agency has entered into or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later. The PAQ states, "WIDOC does not have a contract(s) for the confinement of youth."</p> <p>(b) The Copper Lake/Lincoln Hills School PAQ states all of the above contracts require the agency to monitor the contractor's compliance with PREA standards. On or after August 20, 2012, or since the last PREA audit, whichever is later, the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA Standards is zero. The PAQ states, "N/A, the agency does not have a contract(s) for the confinement of youth. If/when applicable, the agency has a process in place to conduct contract monitoring."</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 5, section VII, states, "All new or renewed contracts for the confinement of the DOC offenders not within a DOC-operated facility shall include a provision regarding the contractor's obligation to adopt and comply with PREA standards. In addition, any new contract or contract renewal shall provide for contract monitoring to ensure that the contractor is complying with PREA standards."</p> <p>Department of Corrections, Division of Community Corrections Contract Compliance Review Report Prison Rape Elimination Act, first paragraph states, "Per Prison Rape Elimination Act (PREA) standard 115.401-405, Wisconsin Department of Corrections (WIDOC) shall monitor all contracts for the confinement of offenders to ensure compliance with the PREA standards."</p> <p>Through such reviews, the facility meets the standard requirements.</p>

<b>115.313</b>	<b>Supervision and monitoring</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 374">Document Review:</p> <ol data-bbox="280 383 1477 667" style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li>3. Wisconsin Department of Corrections Sexual Abuse in Confinement Staffing Plan, dated 5.1.2022</li> <li>4. Department of Corrections Division of Youth Corrections, Daily Living Unit Rounds, dated 9.2022</li> </ol> <p data-bbox="280 705 437 739">Interviews:</p> <ol data-bbox="280 748 791 1070" style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Targeted Youth</li> <li>3. Youth Counselors</li> <li>4. PREA Compliance Manager</li> <li>5. Supervisor Youth Counselor II</li> <li>6. Superintendent</li> <li>7. PREA Director / PREA Coordinator</li> <li>8. Assistant Deputy Secretary</li> </ol> <p data-bbox="280 1079 1358 1158">Staff and youth interviewed could attest to supervisory staff being seen and available in Units and facility buildings throughout the programmatic day.</p> <p data-bbox="280 1196 1482 1395">The interview with the Supervisor Youth Counselor II stated he completes rounds at least once per shift, multiple times per month and rounds are staggered as to not let staff know when he is conducting rounds. The Supervisor stated rounds are documented on the Daily Living Unit Record and in the Unit Logbook. The Supervisor stated he would log all deviations and report such deviations to supervisory staff.</p> <p data-bbox="280 1433 1449 1552">The PREA Compliance Manager, Superintendent and the PREA Director / PREA Coordinator could attest to the completion of a staffing plan and annual reviews in conjunction with the Assistant Deputy Secretary.</p> <p data-bbox="280 1590 624 1624">Site review observation:</p> <p data-bbox="280 1632 1477 1751">Unannounced rounds documentation demonstrated rounds are documented at least monthly during all shifts. Logbook entries of unannounced rounds were witnessed to have been completed on Daily Living Unit Records and in the Unit Logbooks.</p> <p data-bbox="280 1789 1477 2074">(a) The Copper Lake/Lincoln Hills School PAQ states the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents is 80. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated is 80.</p>

The facility provided a Wisconsin Department of Corrections Sexual Abuse in Confinement Staffing Plan. The Staffing Plan documents the following components.

1. Generally accepted detention and correctional practices;
2. Any judicial findings of inadequacy;
3. Any findings of inadequacy from Federal investigative agencies;
4. Any findings of inadequacy from internal and external oversight bodies;
5. All components of the facility's physical plant (including "blind spots" or areas where staff, inmates or youth may be isolated);
6. The composition of the inmate or youth population;
7. The number and placement of supervisory staff;
8. Institution programs occurring on a particular shift;
9. Any applicable State or local laws, regulations, or standards;
10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse;
11. Any other relevant factors.

(b) The Copper Lake/Lincoln Hills School PAQ states each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PAQ states this provision is not applicable. If deviations were to occur, they are documented on the Shift Report.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 6, section B. states, "In circumstances where the staffing plan is not complied with the facility shall document in written form and justify all deviations from the plan."

(c) The Copper Lake/Lincoln Hills School PAQ states the facility is not obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility ratios documented in the Staffing Plan demonstrate 1:3 during awake hours and 1:12 during sleeping hours are maintained.

(d) The Copper Lake/Lincoln Hills School PAQ states at least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 6, section C. states, "Whenever necessary, but not less frequently than once each year each facility, in consultation with the PREA Coordinator, shall assess, determine and document whether adjustments are needed to:

1. The facility's staffing plan;
2. The facility's deployment of video monitoring systems and other monitoring technologies; and

3. The resources the facility has available to ensure adherence to the staffing plan.”

The following elements of the Staffing Plan were reviewed in April of 2022

1. Youth Population
2. Physical Plant
  - a. General Population & Specially Living Units
  - b. Health Services Unit
  - c. School
  - d. King
  - e. Wells
  - f. O’Keeffe
4. Supervisor Staff
  - a. Unit
  - b. Staff / Shift
  - c. Youth
  - d. Ratios
5. Programming
  - a. Sex Offender Treatment
  - b. Substance Use Disorder Treatment
  - c. Dialectical Behavioral Therapy Skills Groups
  - d. Educational Programs
6. Prevalence of Sexual Abuse Incidents
7. Rounds
8. Transportation
9. Volunteer/Contractor Supervision
10. Overtime
11. Findings of Inadequacy

The staffing plan is electronically signed by the PREA Compliance Manager, Facility Superintendent and the agency PREA Coordinator.

(e) The Copper Lake/Lincoln Hills School PAQ states the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 6, section IX. D., states, “Supervisory staff shall conduct and document unannounced rounds, covering all shifts to identify and deter employee sexual abuse and sexual harassment. The DOC employees are prohibited from alerting other employees that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.”

The facility provided Department of Corrections Division of Youth Corrections, Daily Living Unit Rounds. Rounds demonstrate the facility documents rounds several times a month, on each shift, in each living unit.

Through such reviews, the facility meets the standard requirements.

<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li>3. Department of Corrections Division of Juvenile Corrections Person Search Record, dated 7.2019</li> <li>4. Department of Corrections Division of Management Services Lesson Plan, dated 2.2019</li> <li>5. Post Audit: Photos of Blurred Cameras and Blinds installed on windows,</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Youth Counselors</li> <li>3. PREA Compliance Manager</li> <li>4. Unit Manager</li> </ol> <p>Interviews with youth and staff demonstrated cross gender searches were only conducted in exigent circumstances. Youth interviewed reported their initial and any subsequent searches were respectfully conducted.</p> <p>Interviews with staff demonstrated youth are brought to the intake area near the main Control Booth. Youth are asked to remove their clothing and are then pat searched. After the intake process, youth are typically pat searched during their stay unless a strip search is warranted.</p> <p>Site Review Observation:</p> <ol style="list-style-type: none"> <li>1. Intake area</li> <li>2. Search area</li> </ol> <p>The tour demonstrated cameras are present in wet observation rooms in the search/ intake area as well as wet cells throughout the facility. The intake search area is under camera view and has uncovered windows which does not allow for privacy to youth during searches from the control booth or anyone passing by the search area. Cameras were reviewed in the main Control Room and cameras in wet cells provided a full view of youth changing and or toileting.</p> <p>Action Plan:</p> <ul style="list-style-type: none"> <li>• The facility to block out toilets, on cameras, for all wet cells under camera view.</li> <li>• The facility to block out camera in the search area and provide a PREA curtain for the door in the search area.</li> <li>• The facility to provide the auditor with evidence that cameras have been blocked through photos. Photos to be uploaded to the supplemental files.</li> </ul> <p>Post audit: The facility provided six photos to demonstrate cameras are blurred to block toilets in wet cells and blinds have been installed in the search area. In</p>

addition, one photo demonstrates the camera has been removed from the search room.

(a) The Copper Lake/Lincoln Hills School PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their Residents. In the past 12 months the facility has not conducted zero cross-gender strip or cross-gender visual body cavity searches of Residents.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 6, section X. A., states, "Except in exigent circumstances, adult facilities shall not permit cross-gender pat-down searches of female offenders nor shall juvenile facilities permit cross-gender pat-down searches of either gender."

(b) Copper Lake/Lincoln Hills School PAQ states the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The number of pat-down searches of female residents that were conducted by male staff has been zero. The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance(s) has been zero.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 6, section X. B., states, "Facilities shall not permit cross-gender strip or body cavity searches except in exigent circumstances or when performed by medical practitioners."

(c) Copper Lake/Lincoln Hills School PAQ states the facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 6, section X. C., states, "All cross-gender strip and body cavity searches, in addition to cross-gender pat-down searches of females, shall be documented."

The facility provided a Department of Corrections Division of Juvenile Corrections Person Search Record. The record demonstrates the facility documents the following information:

- Youth Name
- Date
- Time
- Search Type
- Reason
- Comments
- Staff Name
- Location

(d) Copper Lake/Lincoln Hills School PAQ states the facility has implemented policies and procedures 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 (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/areas where residents are likely to be showering, performing bodily functions, or changing clothing.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 6, section IX. E., states, "In order to enable offenders to shower, perform bodily functions and change clothing without nonmedical employees of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, employees of the opposite gender shall announce their presence when entering an offender housing unit. If opposite gender status quo changes during that shift then another announcement is required. Facilities shall not restrict access to regularly available programming or other out-of-cell or housing unit opportunities in order to comply with this provision."

(e) The Copper Lake/Lincoln Hills School PAQ states the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex Resident for the sole purpose of determining the resident's genital status. Such searches did not occur in the past 12 months.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 6, section X. D., states, "Facilities may not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner."

(f) The Copper Lake/Lincoln Hills School PAQ states the percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs is 100%.

The facility provided a Department of Corrections Division of Management Services Lesson Plan. The lesson plan demonstrates the following performance objectives include:

1. Be able to identify reasons for conducting searches.
2. Be able to identify the four types of personal searches.
3. Be able to identify the five basic rules for personal searches.
4. Be able to properly document personal searches.
5. Be able to conduct a proper Personal (Pat) Search.

Through such reviews, the facility met the standards requirements.

<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li>3. Wisconsin Department of Corrections, Division of Youth Corrections Policy and Procedure, Subject: Providing Limited English Proficiency Services, dated 10.13.2021</li> <li>4. VendorNet Contract Information, in Person Interpretation Services for American Sign Language services dated 11.1.2020</li> <li>5. VendorNet Contract Information, In Person Interpretation Services for Foreign Language, dated 11.1.2020</li> <li>6. Language Policy Notice, English and Spanish, not dated</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Targeted Youth</li> <li>3. Unit Manager</li> </ol> <p>During interviews with youth, none presented as disabled either mentally or physically.</p> <p>The Unit Manager stated PREA education information is read to youth in a one on one setting, youth view a PREA video and youth are asked if they have any questions, before they sign education acknowledgments typically on the day of admission and or at least within 72 hours.</p> <p>Site Observation:</p> <p>The Unit Manager presented an intake folder containing all PREA Education documents to include the education participation acknowledgment signed by youth.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states the agency has established procedures to provide disabled Residents equal opportunities to be provided with and learn about the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 8, section XI. B. 4., states, “Offender Education</p> <p>Offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. This includes providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, in addition to the provision of offender education in formats accessible</p>	



to all. Written materials shall be provided in formats or methods that ensure effective communication with offenders with disabilities.”

Wisconsin Department of Corrections, Division of Youth Corrections Policy and Procedure, Subject: Providing Limited English Proficiency Services, page 1, Policy states, “The Department of Corrections (DOC) - Division of Juvenile Corrections (DJC) youth and/or parent(s) or guardians with Limited English Proficiency (LEP) are entitled to access any document, program, and/or meeting that impacts the quality and/or duration of the youth’s supervision by DJC.

DJC shall provide interpretation and translation services at no cost to the youth, parent(s), or guardian. DJC shall provide services, upon request, even if the person’s LEP need has not been formally documented, or as staff determine the possible need.

DJC does not tolerate any type of staff retaliation against a youth, parent, or guardian requesting or requiring LEP services.”

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 8, section XI. B. 4., states, “PIOC’s with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects to the DOC’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. This includes providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, in addition to the provision of PIOC education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with PIOC’s with disabilities.”

The facility provided VendorNet Contract Information. The contract demonstrates in person interpretation services for American sign language services are available from 11.1.2020 through 10.31.2022.

The facility provided a Language Policy Notice in English and Spanish. The notice states the following.

“The Wisconsin Department of Corrections (DOC) shall within available resource constraints take reasonable steps to continue providing Limited English Proficiency (LEP) offenders in its custody, or under its supervision, meaningful access to vital documents, important information and health services and to ensure they are not precluded from accessing or participating in important programs or proceedings, including those which may affect the duration and condition of their confinement or favorable classification. The DOC shall not retaliate against any LEP offender for requesting such access. The DOC does not prohibit communication in languages other than English, either by policy or practice, except where security practices require.

El Departamento de Correcciones (DOC) de Wisconsin debe dentro de los límites y recursos disponibles dar los pasos necesarios para continuar brindando a los ofensores con Dominio Limitado del Inglés (LEP) bajo su custodia, o supervisión,

acceso a documentos vitales, información importante y servicios de salud, y de asegurar de que no queden excluidos del acceso o de participar en programas o procedimientos importantes, incluyendo aquellos que puedan afectar la duración y condiciones de confinamiento o de una clasificación favorable. Este servicio es gratuito. El DOC no tomará represalias contra ningún ofensor LEP por solicitar dicho acceso. El DOC no prohíbe la comunicación en otros idiomas que no sean inglés, ni por política ni en práctica, excepto en casos en que las medidas de seguridad sí lo requieran.

If you need help understanding English, please notify the nearest staff person.

Si Usted necesita ayuda con el idioma Ingles por favor notifique al miembro de personal mas cercano.”

(b) The Copper Lake/Lincoln Hills School PAQ states the agency has established procedures to provide residents with limited English 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. Policy compliance can be found in provision (a) of this standard.

The facility provided a VendorNet Contract Information. The contract demonstrates in-person interpretation services are provided for foreign languages.

(c) The Copper Lake/Lincoln Hills School PAQ states the agency policy prohibits use of 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 §115.364, or the investigation of the resident’s allegations. If YES, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident’s safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations was zero.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 13, section XVI. A. 4., states, “The facility shall not rely on offender interpreters, offender readers or other types of offender assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first-responder duties or the investigation of the offender’s allegations. The exigent circumstances in which offender assistants are used shall be documented.”

Through such reviews, the facility meets the standard requirements.

<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 374">Document Review:</p> <ol data-bbox="280 383 1430 667" style="list-style-type: none"> <li>1. The Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li>3. State of Wisconsin Department of Corrections Background Check Procedure, dated 8.23.2016</li> <li>4. Wisconsin Department of Corrections Executive Directive #42, Subject: Police Contact Arrest and Conviction Policy for Current Employees, dated 8.12.2016</li> </ol> <p data-bbox="280 705 437 739">Interviews:</p> <ol data-bbox="280 748 1011 781" style="list-style-type: none"> <li>1. Institution Director of Human Resources Advance</li> </ol> <p data-bbox="280 790 1477 1115">Interviews with the Institution Director of Human Resource Advance demonstrated criminal background and child abuse history checks, which includes Administrative Adjudication questions, are completed after passing the interview and reference check process. The Institution Director of Human Resource Advance stated criminal history background checks are completed at hire, promotion and or within five years of hire. The Director stated instructional reference checks are completed on all applicable applicants and such information is also provided to employers of past employees.</p> <p data-bbox="280 1153 635 1187">Site Review Observation:</p> <p data-bbox="280 1196 1469 1397">Review of 21 personnel files demonstrated each staff had completed criminal history and child abuse registries completed at hire, at promotion or within five years of hire. Administrative Adjudication questions had also been completed at like intervals. Institutional reference checks had been completed on all applicable applicants.</p> <p data-bbox="280 1435 1457 1845">(a) The Copper Lake/Lincoln Hills School PAQ states the Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:</p> <ul data-bbox="280 1563 1457 1800" style="list-style-type: none"> <li>• 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);</li> <li>• 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; or</li> <li>• Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</li> </ul> <p data-bbox="280 1883 1477 2085">Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 4, section VI. A. 1., states, "The DOC shall not hire or promote anyone who has engaged in sexual abuse in a confinement facility; has been convicted of engaging or attempting to engage in nonconsensual sexual activity in the community; or has been civilly or</p>

administratively adjudicated to have engaged in activity described above. The DOC shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee.”

State of Wisconsin Department of Corrections Background Check Procedure, page 3, first paragraph states, “The Bureau of Human Resources (BHR) staff is responsible for conducting and reviewing background checks for applicants, employees, persons considered for internships or job shadows and contractors who are hired to perform work similar to department employees (for example agency nurses or IT staff). If the criminal background check indicates a pending charge or conviction record, the BHR Director or designee will review the record in relationship to the position to determine if the applicant, employee, contractor performing work similar to department employees, person considered for an internship or job shadow may be approved for the position.”

(b) The Copper Lake/Lincoln Hills School PAQ states agency policy requires the consideration of any incidents of sexual harassment when determining to hire and or promote anyone, or to enlist services of any contractor, who may have contact with youth.

State of Wisconsin Department of Corrections Background Check Procedure, page 2, section III. Procedures, states, “The Department of Corrections has a responsibility to verify the accuracy of any information relating to an appointee’s status such as veterans status, registration for selective service or any other special qualifications required for the position. This procedure will provide guidance on conducting both criminal and non-criminal background checks for applicants, contractors performing work similar to department employees, and persons considered for an internship or job shadow.”

(c) The Copper Lake/Lincoln Hills School PAQ states agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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. In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks was 79.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 5, section VI. A. 3. a., states, “Prior to hiring new staff members and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a criminal background records check.

The DOC shall make its best effort to obtain (and, when requested, provide) reference information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation.”

(d) The Copper Lake/Lincoln Hills School PAQ states the agency policy requires that a criminal background records check be completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents is five. Policy compliance can be found in provision (b) of this standard.

(e) The Copper Lake/Lincoln Hills School PAQ states the agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 5, section VI. A. 3. b., states, "The DOC shall conduct a criminal background records check every five years for current employees."

(f) Wisconsin Department of Corrections Executive Directive #42, Subject: Police Contact Arrest and Conviction Policy for Current Employees, page 4, section VI. A. 1., states, "A current employee is required to notify his or her supervisor in writing of any non-work related police contact with the exception of employees who are victims of a crime."

(g) The Copper Lake/Lincoln Hills School PAQ states that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 5, section VI. A. 2., states, "All applicants shall be required to disclose instances of sexual misconduct as described above. Applicants who fail to disclose such information shall be ineligible for hire for the current vacancy and, if applicable, may be grounds for termination."

(h) Policy compliance in regard to institutional reference checks to employers can be found in provision (c) of this standard.

Through such reviews, the facility meets the standard requirements.

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager</li> <li>2. PREA Director / PREA Coordinator</li> </ol> <p>Interviews with all the PREA Director / PREA Coordinator and PREA Compliance Manager demonstrated cameras and staff supervision is used throughout the facility. The facility had not acquired a new facility or made substantial modifications to the buildings since the last PREA audit.</p> <p>Site Review Observation:</p> <p>Multiple cameras were witnessed throughout the facility.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states the facility has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit.</p> <p>(b) The Copper Lake/Lincoln Hills School PAQ states the agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p data-bbox="280 188 1038 221"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 374">Document Review:</p> <ol data-bbox="280 383 1458 1375" style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li>3. Wisconsin Department of Corrections Division of Juvenile Corrections Policy and Procedure, Subject: Protection, Gathering and Preservation of Evidence, dated 12.16.2019</li> <li>4. Wisconsin Department of Corrections Division of Juvenile Corrections Policy and Procedure, Subject: Health Services Unit Procedure in the Event of Sexual Abuse, dated 3.16.2021</li> <li>5. Standards for Health Services in Prisons (2014 ed) (2018). Chicago, Illinois; National Commission on Correctional Health Care</li> <li>6. Memorandum of Understanding Between Wisconsin Department of Corrections and Haven, dated 11.7.2019</li> <li>7. Support Services Workshop for Wisconsin Department of Corrections Victim Services Coordinators Agenda, dated 4.4.2018</li> <li>8. Certificate of Attendance, Support Services Workshop, dated 4.5.2018</li> <li>9. State of Wisconsin Department of Corrections Prison Rape Elimination Act Victim Accompaniment Guide, dated 4.2020</li> <li>10. State of Wisconsin Department of Corrections Victim Services Coordinator, Sexual Abuse and Sexual Harassment in Confinement Reference Guide, dated 4.2020</li> <li>11. Department of Corrections Office of the Secretary Sexual Abuse Incident Victim Service Coordinator Response Checklist, dated 9.2015</li> <li>12. Law Enforcement Compliance Request, dated 3.18.2019</li> </ol> <p data-bbox="280 1417 437 1451">Interviews:</p> <ol data-bbox="280 1460 671 1494" style="list-style-type: none"> <li>1. Health Services Manager</li> </ol> <p data-bbox="280 1503 1394 1615">The interview with the Health Services Manager demonstrated youth would be transported to the Marshfield Clinic Health System-Westin for forensic medical examinations.</p> <p data-bbox="280 1657 635 1691">Site Review Observation:</p> <p data-bbox="280 1700 1414 1771">There were no sexual abuse allegations in the past 12 months that resulted in a Sexual Abuse Forensic Exam.</p> <p data-bbox="280 1814 1481 2056">(a) The Copper Lake/Lincoln Hills School PAQ states the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Criminal Investigations are conducted by Lincoln County Sheriff's Department. When conducting a sexual abuse</p>

investigation, the agency investigators follow a uniform evidence protocol.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 15, section XVII. C., states “The DOC shall follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable physical evidence for administrative proceedings and criminal prosecutions. Such protocol shall be developmentally appropriate for youth, where applicable, and adapted from a comprehensive and authoritative protocol developed after 2011 [§115.21(a, b), §115.321(a, b)]. When the DOC is not responsible for investigating allegations of sexual abuse, the DOC shall request that the investigating law enforcement agency follow the requirements outlined in §115.21(a-e) and §115.321(a-e) [§115.21(f), §115.321(f)].”

Wisconsin Department of Corrections Division of Juvenile Corrections Policy and Procedure, Subject: Protection, Gathering and Preservation of Evidence, page 2, section Procedure I. A. 1-3, states, “All staff shall maintain the integrity and credibility of evidence to be used in youth disciplinary proceedings and/or criminal cases.

1. Each facility shall maintain a working relationship with the local Law Enforcement Agency and/or District Attorney’s Office to form a mutual understanding in regard to criminal cases.
2. This understanding shall detail the level of involvement the local agency will have in regards to evidence collection within the facility.
3. When a youth, staff, contractor, volunteer, or visitor is suspected of committing a crime or a policy/rule/regulation violation, staff shall follow specific steps to ensure the preservation of evidence for the state’s case and the protection of legal rights of the accused.”

(b) The Copper Lake/Lincoln Hills School PAQ states the protocol being developmentally is appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ’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. The PAQ states, “National Commission on Correctional Health Care - Response to Sexual Abuse.”

(c) The Copper Lake/Lincoln Hills School PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic examinations are offered at no cost to the victim. Where possible, all examinations are conducted by SAFE or SANE examiners. There has been zero medical exam, SAFE/SANE exam performed in the last 12 months. The PAQ states, “Sacred Heart Hospital, 401 W Mohawk Drive, Tomahawk, WI 54487.”

On 10.23.2022 at 4:23 pm., this Auditor contacted Sacred Heart Hospital (Aspirias Tomahawk Hospital) 401 W. Mohawk Drive, Tomahawk, WI, phone number: 715.453.7700. After proper introductions and the reason for the call the Auditor inquired if the hospital had a SANE or conducted SAFE’s. Upon speaking with the operator and the Emergency Room, neither could confirm the hospital had a SANE



or conducted SAFE's.

During the pre-audit phase the facility addressed the issue with hospital and updated the SANE/SAFE location to:

Marshfield Clinic Health System-Weston, Adult/Adolescent & Pediatric (24 Hour Service)

- Tracy Fremming RN, SANE-A, SANE-P
  - o 3400 Ministry Parkway, Weston, WI
  - o (715) 393-2950
  - o fremming.tracy@marshfieldclinic.org

On 11.8.2022 at 5:47 pm, MST, this Auditor phoned the Marshfield Clinic Health System-Westin at 715.393.2950. After proper introductions and the reason for the call, the Nurse who answered the call stated the clinic does have a SAFE unit and SANE's on staff at all times. The clinic was aware of the MOU with Copper Lake / Lincoln Hills School and stated their only requirement was that a security staff was present outside of the exam room during forensic exams.

The facility provided Standards for Health Services in Prisons (2014 ed) (2018). Chicago, Illinois; National Commission on Correctional Health Care, stating, "Wisconsin Department of Corrections (DOC) healthcare clinicians do not conduct SANE examinations. Inmates alleging sexual abuse are transported to a local community hospital for treatment and evidence collection. As such, DOC does not implement a forensic medical examination protocol, which is developmentally appropriate or based upon "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative source. Rather, DOC conforms to healthcare standards in the reference manual below."

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 14, section XVI. B. 3., states, "The DOC's medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted infections prophylaxis. Further, all victims shall be offered access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Nurse Examiners (SANEs) where possible. If SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SANEs."

The facility provided an example of a Nurse note documenting an actual SAFE and contact notes to parents.

(d) The Copper Lake/Lincoln Hills School PAQ states the facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. All efforts are documented. If a rape crisis center is not available to provide victim advocate services. The facility does employ qualified staff member to accompany victims.

The facility provided a Memorandum of Understanding (MOU) Between Wisconsin Department of Corrections and Haven. Page 1, section I. Purpose, last sentence states, "This MOU is intended to provide an outline of the roles and responsibilities of DOC and SASP, which shall enhance their cooperative commitment to providing advocacy services to victims of sexual abuse in confinement at Lincoln Hills School and Copper Lake School." This MOU appears to stay in effect until terminated by either party.

The facility provided a Support Services Workshop for Wisconsin Department of Corrections Victim Services Coordinators Agenda. The agenda demonstrates the agency efforts to employ qualified agency staff members in accordance with this provision.

The facility provided a Certificate of Attendance, Support Services Workshop, demonstrating the facility has a qualified agency staff member.

The facility provided a State of Wisconsin Department of Corrections Prison Rape Elimination Act Victim Accompaniment Guide. The guide provides the following information.

- Forensic Medical Examinations
- Investigatory Interview
- Support, Crisis Intervention, Information and Referral
- Sexual Abuse and Sexual Harassment Resources

The facility provided a State of Wisconsin Department of Corrections Victim Services Coordinator, Sexual Abuse and Sexual Harassment in Confinement Reference Guide. The guide provides the following information:

- Introduction
  - o Prevalence
  - o Prison Rape Elimination Act
  - o WIU DOC Zero Tolerance Policy
  - o PREA Standards
  - o Definitions
- Roles and Responsibilities
  - o Victim Services Coordinator
  - o Sexual Assault Services Provider
  - o Medical Forensic Examiner
  - o Sexual Assault Response Team
- Guiding Principals
  - o Abuse Dynamics
  - o Survivor Responses
  - o Communication
- Process
  - o Sexual Abuse Incident flowchart
- Resources
  - o Sexual Abuse and Sexual Harassment Resources

(e) The Copper Lake/Lincoln Hills School PAQ states if requested by the victim, a

victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 14, section XVI. B. 4., states, "The facility shall attempt to make available to the victim an advocate from a local sexual assault service provider to accompany and support the victim through the forensic medical examination process and investigatory interviews. As requested by the victim, such a person shall also provide emotional support, crisis intervention, information and referrals. If a sexual assault service provider is not available to provide victim advocate services, the DOC shall make available a member who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues. Facilities shall document efforts to secure services from a local sexual assault service provider."

The facility provided a Department of Corrections Office of the Secretary Sexual Abuse Incident Victim Service Coordinator Response Checklist. The checklist demonstrates the following information is documented.

- Inmate Last Name / Inmate First Name / DOC # / Case #
- Date of Initial Report / Referred From / Date of Referral
- Assigned Task as described in the checklist / Complete / Date Complete / Responsibility / Comments / Follow UP

(f, g) The Copper Lake/Lincoln Hills School PAQ states if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

The facility provided a Law Enforcement Compliance Request by the Agency PREA Coordinator. The request to law enforcement did not demonstrate a response.

Through such reviews of the agency initiative to provide qualified Support Services Personnel for each of their programs, conduct workshops for the training of such personnel, the facility exceeds the standard requirements.

<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Youth Counselors</li> <li>2. Youth Counselors Advanced</li> <li>3. PREA Compliance Manager</li> <li>4. Investigator</li> </ol> <p>Staff interviews demonstrated each can directly report incidents of sexual harassment and sexual abuse to any supervisor, the PREA Compliance Manager, the Investigator and the agency PREA Office.</p> <p>Site Review Observation:</p> <p>There were total of 23 allegations of combined sexual harassment and sexual abuse allegations referred for investigation in the past 12 months. All investigations were completed timely, thoroughly and objectively.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states the agency ensures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had one allegation of sexual abuse and sexual harassment that were received. In the past 12 months, the number of allegations referred for criminal investigation was 22. In the past 12 months, the number of allegations referred for criminal investigation was 16. The PAQ states, “8 investigations are pending review. 10 investigations pending review/approval.”</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 15, section XVII. A., states, “The DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third-parties and anonymous sources. DOC shall maintain a policy(ies) that governs the conduct of such investigation.”</p> <p>(b-d) The Copper Lake/Lincoln Hills School PAQ states the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means. The facility has published their investigation policy on their</p>

<https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx>

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 15, section XVII. B., states, "Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement. All referrals to law enforcement shall be documented. The policy describing such referrals, in addition to the investigative responsibilities of the DOC and local law enforcement, shall be published and maintained on the DOC's website."

Through such reviews, the facility meets the standard requirements.

<b>115.331</b>	<b>Employee training</b>
	<p data-bbox="280 188 1038 221"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 374">Document Review:</p> <ol data-bbox="280 383 1442 1003" style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li>3. Curriculum - Introduction to the Prison Rape Elimination Act, not dated</li> <li>4. Wisconsin Department of Corrections Division of Juvenile Corrections Policy and Procedure, Subject: PREA Training, dated 5.15.2018</li> <li>5. Wisconsin Department of Corrections Division of Juvenile Corrections Policy and Procedure, Subject: Lesbian, Gay, Bisexual, transgender, Questioning, Queer, Intersex (Lgbtq21+) Youth, dated 8.29.2018</li> <li>6. Agency PREA Coordinator Email Communication, Subject: ED 72 Update, dated 9.30.2022</li> <li>7. PREA PAGE Wisconsin Department of Corrections Newsletters</li> <li>8. 2021 PREA Refresher Training PowerPoint</li> <li>9. Department of Corrections, Division of Management Services Employment Statement of Acknowledgement, dated 6.2018</li> </ol> <p data-bbox="280 1041 437 1075">Interviews:</p> <ol data-bbox="280 1084 1027 1240" style="list-style-type: none"> <li>1. Youth Counselors</li> <li>2. Youth Counselors Advanced</li> <li>3. Institution Director of Human Resources Advanced</li> <li>4. PREA Compliance Manager</li> </ol> <p data-bbox="280 1249 1481 1534">Interviews with facility staff demonstrated each were aware of and received initial, annual and refresher PREA training. When prompted, staff could speak to various information regarding not using youth for interpreting services, accepting youth reports of sexual harassment and sexual abuse verbally, in writing or through a third party. Staff spoke to separating youth, ensuring youth did not use the restroom, wash, or change clothing. Staff state they would post a staff in the alleged crime scene area until supervisors arrived to collect any possible evidence.</p> <p data-bbox="280 1572 528 1606">Site Observation:</p> <p data-bbox="280 1615 1445 1731">Review of 21 personnel files demonstrated staff had consistently received initial, annual and refresher PREA training. Refresher training appeared to be trained at a minimum of twice per year.</p> <p data-bbox="280 1769 1474 2054">(a) The Copper Lake/Lincoln Hills School PAQ states the agency trains all employees who may have contact with Residents in all required provisions of this standard. The PAQ states, "All new staff are required to take the module "PREA;" all existing staff were required to take this module in the fall of 2015. Security staff also receive a module during pre-service (curriculum attached to (a)). All new employees are also required to read Executive Directive 72 and sign acknowledgment from DOC-1558 to affirm their understanding."</p>

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 7, section XI. A. 1. a-m., dates, "The DOC shall train all new staff members on the department's zero-tolerance policy for sexual abuse and sexual harassment. All staff members shall receive training every two years; in years in which a staff member does not receive such refresher training, the DOC shall provide refresher information on current sexual abuse and sexual harassment policies. The training shall include but is not limited to the subparts listed below. Each staff member shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received [§115.31, §115.331]:

- a. The DOC's zero tolerance policy for sexual abuse and sexual harassment;
- b. How to fulfill staff responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures;
- c. Offenders' right to be free from sexual abuse and sexual harassment;
- d. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- e. The dynamics of sexual abuse and sexual harassment in confinement;
- f. The common reactions of sexual abuse and sexual harassment victims;
- g. How to detect and respond to signs of threatened and actual sexual abuse;
- h. How to avoid inappropriate relationships with offenders;
- i. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming offenders;
- j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- k. Relevant laws regarding the applicable age of consent;
- l. Instruction tailored to male and female offenders; and
- m. Instruction specific to the unique needs and attributes of juveniles."

Wisconsin Department of Corrections Division of Juvenile Corrections Policy and Procedure, Subject: PREA Training, page 3, section I. A.-E., states, "Uniform Staff Education:

- A. All uniformed staff starting employment with DJC shall be required to attend staff orientation where they will be educated regarding the facility's PREA procedures and reporting practices.
- B. All uniformed staff shall complete two hours of initial PREA training during the Correctional Officer or Youth Counselor Pre-Service Training Academy.
- C. Attendance shall be documented in staff personnel files by the Human Resources Department staff.
- D. Thereafter, uniformed staff shall complete the PREA training module located in DOC online training center once a year.
- E. Training shall include Policies and Procedures for responding to PREA incidents."

Wisconsin Department of Corrections Division of Juvenile Corrections Policy and Procedure, Subject: Lesbian, Gay, Bisexual, transgender, Questioning, Queer, Intersex (Lgbtq21+) Youth, page 1, section Purpose, states, "The purpose of this policy is to provide a safe, healthy and accepting environment for LGBTQ2 I+ youth and to prevent harassment and discrimination against youth who self-identify or are

perceived as LGBTQ2 I+. In addition, the purpose of this policy is to establish operational practices that respect the dignity of LGBTQ2 I+ youth, recognizing and addressing the individual needs of all youth.”

The facility provided a Curriculum - Introduction to the Prison Rape Elimination Act. The curriculum includes the following components.

- Introduction
- What is PREA
- DOC Policy
- Definitions & Offender Rights
  - o Terms and Definitions
  - Offender Rights
  - Offender Reporting
  - Confinement Setting
    - o Confinement Dynamics
    - o Environmental Consideration
    - o Vulnerable
      - o Who is Vulnerable
      - o Reporting Challenges
      - o Perpetrator Characteristics
- Common Reactions
  - o Adolescence
  - o Youth Reactions
  - Your Role
    - o Maintain Professional Boundaries
    - o Communication
    - o Communicating with Victims
    - o Employee Reporting Responsibilities
    - o Maintain Confidentiality
    - o Detection Strategies
    - o Consequences
    - First Responder Duties
      - o Community
      - o Healthcare
      - o Non-Security
      - o Security
      - o Youth Counselor
      - o First Responder Duties
      - o Remember Your First Responder Duties
- Quiz - PREA Final Exam - Quizzes 1-10
- Conclusion

(b) The Copper Lake/Lincoln Hills School PAQ states training is tailored to the unique needs and attributes and gender of residents at the facility. Policy compliance can be demonstrated in provision (a) of this standard,

(c) The Copper Lake/Lincoln Hills School PAQ states between trainings the agency



provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is through annual refreshers. The PAQ states, "When new policies/directives regarding sexual abuse and sexual harassment are released all employees who may have contact with inmates are informed via myDOC, PREA Page, email or classroom instruction. Staff receive refresher training during odd years. Refresher (biennial) training was released in the winter of 2021."

The facility provided an Agency PREA Coordinator Email Communication, Subject: ED 72 Update, to PREA Compliance Managers, Wardens, Deputy Wardens, Center Superintendents, Security, and Victim Services Coordinators. The email communication demonstrates the PREA Coordinator updates facility personnel when a policy revision has been implemented.

The facility provided PREA PAGE Wisconsin Department of Corrections Newsletters. Newsletters are authored by the PREA Office and speak to annual accomplishments, monthly information, monthly refresher training topics, sexual assault awareness month and are used for refresher trainings for the agency.

The facility provided a 2021 PREA Refresher Training PowerPoint. The curriculum includes the following components.

- Introduction
- Objectives
- Zero Tolerance
- Inmate PREA Education
- Maintain Professional Boundaries
- Believing
- Scenarios
- Believing Victims
- Reports
- Response
- First Responder Duties
- First Responder Action Steps
- Non-Security First Responder Action Steps
- Security First Responder Action Steps
- Youth Counselor First Responder Action Steps
- First Responder Duties
- Remember Your First Responder Duties
- PREA Investigations
- Wellness & Accountability
- Support Services & Retaliation Monitoring
- Audits
- Better Practices
- Culture
- o Opposite Gender Viewing
- o Sexual Abuse Incident Review

o Supervisory Rounds

- Quiz Questions

(d) The Copper Lake/Lincoln Hills School PAQ states the agency documents that employees who may have contact with residents, understand the training they have received through employee signature or electronic verification. The PAQ states, "Initial training and biennial modules are online; participation and understanding is tracked electronically via the learning management system. All new employees are also required to read Executive Directive 72 and sign acknowledgment form DOC-1558 to affirm their understanding."

The facility provided a Department of Corrections, Division of Management Services Employment Statement of Acknowledgement. The acknowledgment states the following: "Employees of the Department of Corrections (DOC) are required to read, understand and abide by all DOC policies and procedures, including but not limited to, the Executive Directives and policies listed below. It is the responsibility of the employee to bring any questions or concerns regarding their understanding of these Executive Directives or policies to their supervisor or Human Resources contact for clarification."

The 11th document noted on the acknowledgment includes the Executive Director #72 - Sexual Abuse and Sexual Harassment in Confinement (PREA).

The Employment Statement attests to the following: "I understand that I have the responsibility to read, understand and abide by all Department of Corrections policies and procedures, including but not limited to, the Executive Directives and policies listed above. I further understand that it is my responsibility to bring any questions or concerns about my understanding of these Executive Directives and policies to my supervisor or Human Resources contact for clarification. I understand that this signed acknowledgement of receipt will become a permanent part of my personnel file."

Through such reviews of employee initial and refresher in-depth training, the facility exceeds the standard requirements.

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual</li> <li>3. State of Wisconsin Department of Corrections Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractors, dated 9.2018</li> <li>4. Department of Corrections Office of the Secretary Prison Rape Elimination Act Sexual Abuse and Sexual Harassment in Confinement Training, Volunteer / Contractor Statement of Acknowledgment, dated 10.2018</li> </ol> <p>Interviews:</p> <p>The Auditor made attempts to contact four volunteers; however, a call back was not received. The facility did demonstrate contract, volunteers and any building vendor or visitor of any kind is trained on PREA before they have access to the facility.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and harassment prevention, detection, and response. The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is 16.</p> <p>The facility provided a State of Wisconsin Department of Corrections Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractors. The guide includes the following information.</p> <ol style="list-style-type: none"> <li>1. Sexual Abuse and Sexual Harassment in Confinement</li> <li>2. Definitions: Sexual Harassment/Sexual Abuse</li> <li>3. Vulnerable Offenders</li> <li>4. Indicators of Abuse</li> <li>5. Reporting and Response Duties</li> <li>6. Quick Reference</li> <li>7. Facility PREA Compliance Manager</li> <li>8. Facility Victim Services Coordinator</li> <li>9. Professional Relationships</li> </ol> <p>(b) The Copper Lake/Lincoln Hills School PAQ states the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Practice compliance is demonstrated in provisions (a) and (c) of this provision.</p>

(c) The Copper Lake/Lincoln Hills School PAQ states the agency maintains documentation confirming that the volunteers and contractors understand the training they have received.

Department of Corrections Office of the Secretary Prison Rape Elimination Act Sexual Abuse and Sexual Harassment in Confinement Training, Volunteer / Contractor Statement of Acknowledgment. Contractors and Volunteers acknowledge the following. "By signing below, I acknowledge that DOC provided me with training on my responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. My signature indicates that I understand the DJC training I received."

Through such reviews of the facility training building vendors and all visitors who enter the facility on PREA before they are allowed entry into the facility, the facility exceeds the standard requirements.

<b>115.333</b>	<b>Resident education</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 374">Document Review:</p> <ol data-bbox="280 383 1469 958" style="list-style-type: none"> <li data-bbox="280 383 839 416">1. Copper Lake/Lincoln Hills School PAQ</li> <li data-bbox="280 425 1430 499">2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li data-bbox="280 508 1442 582">3. Wisconsin Department of Corrections Division of Juvenile Corrections Policy and Procedure, Subject: PREA Training, dated 5.15.2018</li> <li data-bbox="280 591 1442 707">4. State of Wisconsin Department of Corrections Division of Juvenile Corrections, Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Youth, dated 7.2019</li> <li data-bbox="280 716 1469 833">5. Department of Corrections Office of the Secretary, Acknowledgment of Receipt of / Access to Information Prison Rape Elimination Act (PREA) Education, Spanish and English, dated 10.2017</li> <li data-bbox="280 842 1449 916">6. Post Audit: 11 Completed Youth Acknowledgment of Prison Rape Elimination Act (PREA) Education and Cross Gender Notification forms</li> <li data-bbox="280 925 1362 958">7. Post Audit: Wisconsin Department of Corrections Memorandum, not dated</li> </ol> <p data-bbox="280 1001 437 1034">Interviews:</p> <ol data-bbox="280 1043 699 1198" style="list-style-type: none"> <li data-bbox="280 1043 520 1077">1. Random Youth</li> <li data-bbox="280 1086 528 1120">2. Targeted Youth</li> <li data-bbox="280 1128 509 1162">3. Unit Manager</li> <li data-bbox="280 1171 699 1205">4. PREA Compliance Manager</li> </ol> <p data-bbox="280 1214 1477 1451">Informal and formal interviews with youth demonstrated their knowledge on PREA through education provided at intake, and PREA signs posted in the Units. Youth were aware they could submit a grievance, hand staff a note, report verbally to staff or a trusted adult in the community or dial 777 on youth payphones in the Unit. Youth were somewhat aware of having access to advocates; however, youth were unaware of the services the advocate provided.</p> <p data-bbox="280 1494 528 1527">Site Observation:</p> <p data-bbox="280 1536 1366 1653">Review of 18 youth files demonstrated eight youth did not have documented training and four youth had training conducted after the 72-hour and 10-day requirements.</p> <p data-bbox="280 1695 448 1729">Action Plan:</p> <ul data-bbox="280 1738 1453 2056" style="list-style-type: none"> <li data-bbox="280 1738 1453 1854">• The facility to ascertain which youth in the facility have not received information of the agency policy and reporting information and provide youth with the required education.</li> <li data-bbox="280 1863 1299 1897">• The facility to document youth participation in the required education.</li> <li data-bbox="280 1906 1386 1980">• The facility to upload youth education/participation acknowledgments to the supplemental files.</li> <li data-bbox="280 1989 1390 2056">• The facility Superintendent to provide the Auditor and applicable staff with a sustainable action plan of continuing compliance, moving forward.</li> </ul>

- The facility to email the memorandum to the Auditor once all action plans have been completed.

Post audit the facility provided 11 completed Youth Acknowledgment of Prison Rape Elimination Act (PREA) Education and Cross Gender Notification forms. Each form is completed in its entirety and signed off by youth and a staff member.

The facility provided a Wisconsin Department of Corrections Memorandum, from the facility superintendent, addressing applicable facility personnel, with the following action plan.

- Resident Education

- o All youth will receive the required educational aspects of PREA within established time limits

- ◊ DOC-2812A/B

- Will be confidentially completed at intake by the Caseworker or Unit Manager and will be signed and forwarded to the CPS to review, sign, and submit to IPC within 72 hours of admission into the facility.

- o CPS will enter the score on the unit roster

- o IPC will record the score in a spreadsheet or database and file the screening in the youth's social services file

- Note will be entered into J-Tracker indicating the time and date of the screening's completion.

- ◊ PREA booklet

- May be part of the Intake Education Program and will take place within 7 days of admission to the facility

- o Case Manager or Unit Manager will review the PREA booklet with youth and include local contact/education information (HAVEN)

- o Note will be entered into J-Tracker indicating the time and date of the review

- ◊ Watch PREA movie

- May be part of the Intake Education Program and will take place within 7 days of admission to the facility

- o Case Manager or Unit Manager will show the movie and field any questions.

- o Note will be entered into J-Tracker indicating the time and date of the movie's viewing

- ◊ DOC-2903 (PREA Cross-Gender Notification)

- May be part of the Intake Education Program and will take place within 7 days of admission to the facility.

- o Case Manager or Unit Manager will provide the education, sign and date the form, and have the youth sign and date the form

- o Note will be entered into J-Tracker indicating the time and date of the education

- ◊ DOC-2853 (PREA Acknowledgement)

- May be part of the Intake Education Program and will take place within 7 days of admission to the facility.

- o Case Manager or Unit Manager will review the form with the youth, check the appropriate boxes on the form, sign and date the form, and have the youth sign and date the form.

- o Note will be entered into J-Tracker indicating the time and date of the form's

completion.

o Completed form and all associated completed forms (DOC 2903) will be submitted to the CPS to review and submit to IPC within 7 days of admission into the facility.

◇ Oversight of Resident Education

• CPS will be responsible for providing ongoing oversight of compliance; back-up for this responsibility lies with the Treatment Director.

o Quarterly social service file review of no less than 30% of the current youth population will be utilized to ensure ongoing compliance and will be performed and reported by the CPS

Recommendation:

The Auditor recommended youth are educated on the purpose and offerings of advocates.

(a) The Copper Lake/Lincoln Hills School PAQ states residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. 139 residents admitted in the past 12 months 139 residents were given information at intake. The PAQ states, "Effective December 19, 2018, the agency's zero tolerance statement and reporting methods are printed on the back of new or reprinted inmate identification cards.

Wisconsin Department of Corrections Division of Juvenile Corrections Policy and Procedure, Subject: PREA Training, pages 3-4, section IV. A. 1-4, states, "All youth admitted to a DJC facility shall be required to attend an orientation within 10 days of intake which will include the following:

1. Basic PREA overview which includes explaining DOC's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents.
2. Review of POC-41 PREA Handbook.
3. References to Victim Advocacy Services.
4. Methods to report PREA incidents."

(b) The Copper Lake/Lincoln Hills School PAQ states the number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake was 139.

(c) The Copper Lake/Lincoln Hills School PAQ states of those who were not educated during 10 days of intake, all residents have been educated subsequently. All juveniles have been trained. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 8, section XI. B. 3., states," Upon transfer to another facility, offenders shall receive education specific to the

facility's sexual abuse, sexual harassment and report-related retaliation policies and procedures to the extent they differ from the previous facility."

The facility provided a State of Wisconsin Department of Corrections Division of Juvenile Corrections, Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Youth. The resource guide includes the following components.

- The Wisconsin Department of Corrections has zero tolerance for sexual abuse and sexual harassment within its facilities.

- Your Rights

- Your Responsibilities

- Important Definitions

- o Confidentiality

- o Consent

- o LGBTI

- o Retaliation

- o Sexual Abuse

- o Sexual Harassment

- o Staff

- o Substantiated Report

- o Unfounded Report

- o Unsubstantiated Report

- o Voyeurism

- Tools to Help Keep You Safe

- After Sexual Abuse

- Reporting Methods

- o PREA Reporting Hotline

- Did you know

- Protection, Support and Recovery

- Understanding the Investigation Process

- Consequences for Perpetrators

(d) The Copper Lake/Lincoln Hills School PAQ states Resident PREA education is available in accessible formats for all residents including those who are limited English proficient, deaf, visually impaired, otherwise disabled or have limited reading skills.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 8, section XI. B. 4., states, "Offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment. This includes providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, in addition to the provision of offender education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with offenders with disabilities."



Wisconsin Department of Corrections Division of Juvenile Corrections Policy and Procedure, Subject: PREA Training, pages 4, section IV. D., states, "Youth Education will be provided in formats accessible to all residents."

The facility provided a Reference, stating, "To listen to an audio recording the inmate handbook (Sexual Abuse and Sexual Harassment Prevention and Intervention: A Resource for Inmates) please request from the PREA Office." "To view a Braille transcription of the inmate handbook (Sexual Abuse and Sexual Harassment Prevention and Intervention: A Resource for Inmates) please request from the PREA Office."

(e) The Copper Lake/Lincoln Hills School PAQ states the facility maintains documentation of resident participation in PREA education sessions. The PAQ states, "Participation and documentation are recorded electronically using a signature pad. The automated form is stored in the inmate's record."

Wisconsin Department of Corrections Division of Juvenile Corrections Policy and Procedure, Subject: PREA Training, pages 4, section IV. B., states, "Youth attendance in PREA Education session during orientation will be documented in COMPAS through a COMPAS Note."

The facility provided a Department of Corrections Office of the Secretary, Acknowledgment of Receipt of / Access to Information Prison Rape Elimination Act (PREA) Education, in English and Spanish. The Acknowledgement documents the following:

- Offender Name
- Admission Date
- DOC #
- Facility
- Education Date

I have acknowledged that I have received:

- Sexual Abuse and Sexual Harassment Prevention and Intervention Handbook I acknowledge that I have a copy of the handbook titled Sexual Abuse and Sexual Harassment Prevention and Intervention: A Resource for Inmates (POC-41);
- Resource Sheet I acknowledge that I have been given this resource sheet with local support services (POC-41B); and
- Sexual Abuse and Sexual Harassment in Confinement Education I acknowledge that I have received education related to sexual abuse and sexual harassment in confinement

These resources explain that:

- I have a right to be free from sexual abuse, sexual harassment and report-related retaliation;
- DOC has a zero tolerance for sexual abuse and sexual harassment;
- There are multiple ways to report sexual abuse and sexual harassment; and
- DOC has policies and procedures in place to respond to such incidents.

I am aware that it is my responsibility to read the handbook and reference it as needed. If I have questions about PREA or reporting sexual abuse and sexual harassment, I may talk to any staff person. If I need help understanding the contents of my handbook or the education I received, I may request alternate materials or assistance.

I hereby certify that the above information was read by and/or read to and explained by me to the above named offender. If the offender has refused to sign, I have indicated this below.

(f) The Copper Lake/Lincoln Hills School PAQ states the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

Wisconsin Department of Corrections Division of Juvenile Corrections Policy and Procedure, Subject: PREA Training, pages 4, section IV. C.1-4, states, "PREA information, reporting, and services will be continuously and readily available to youth through the following:

1. Bulletin board postings in the facility common areas.
2. 777 and 888 hotline numbers posted by youth phones.
3. POC-41 included in youth orientation folders.
4. PREA information included in youth handbooks."

Through such reviews the facility meets the standard requirements.

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li>3. State of Wisconsin Department of Corrections Investigation Training, dated 2.28.2022</li> <li>4. Wisconsin Department of Corrections Staff Trained to Investigate Reports of Sexual Abuse and Sexual Harassment in Confinement Directory, dated 8.2022</li> </ol> <p>Interviews and on-site file review:</p> <ol style="list-style-type: none"> <li>1. Facility Investigator</li> </ol> <p>Interviews with facility investigators and personnel file review demonstrated that the investigator interviewed had completed investigator training and annual and refresher training provided to all staff, thereafter.</p> <p>(a-b) The Copper Lake/Lincoln Hills School PAQ states the agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 8, section XI. A. 4., states, "Staff who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsden warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The DOC shall maintain documentation of training completion."</p> <p>The facility provided a State of Wisconsin Department of Corrections Investigation Training. Training components include:</p> <ul style="list-style-type: none"> <li>• Investigation Overview</li> <li>• Documentation</li> <li>• PREA</li> <li>• Interviewing Skills</li> <li>• Employee Relations</li> <li>• Documentation</li> <li>• Inmate Investigations</li> <li>• Staff Investigations</li> <li>• Purpose, Authority &amp; Policy</li> <li>• Assigning Investigators</li> <li>• Responsibilities &amp; Traits</li> <li>• Investigative Process</li> <li>• Staff Investigation Flow Chart</li> </ul>

- Types of Investigations
- Investigative Forms
- Special Considerations
- Types of Evidence
- Investigative Plan
- Working with a Co-Investigator
- Investigative Tools & Resources
- Sexual Misconduct
- Dynamics Policy Techniques Application
- What are cultural beliefs about sexual abuse in confinement?
- Vulnerabilities
- Definitions
- Employee Relations
- Initiating Investigations

(c) The Copper Lake/Lincoln Hills School PAQ states the agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training is 499.

Wisconsin Department of Corrections Staff Trained to Investigate Reports of Sexual Abuse and Sexual Harassment in Confinement Directory. The directory documents the following:

- First and Last Name of Investigator
- Title
- Division
- Location
- Training Date

Through such reviews the facility meets the standard requirements.

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li>3. PREA for Healthcare Staff Curriculum, not dated</li> <li>4. 2022 Copy of PREA Staff Training Record</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Psych Consultant / Psych Associate</li> <li>2. Health Services Supervisor</li> </ol> <p>The interview with the medical and mental health personnel demonstrated each team had completed the specialized PREA training for medical and mental health staff.</p> <p>Site Observation:</p> <p>File review of the mental health staff training records demonstrated many had completed specialized medical and mental health training as well as initial and annual training.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy is 13. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy is 100%.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 8, section XI. A. 5., states, "All medical and mental health care practitioners who work regularly in a DOC facility(ies) shall be trained on the subparts below. The DOC shall maintain documentation that such training has been received [§115.35, §115.335]:</p> <ol style="list-style-type: none"> <li>a. How to detect and assess signs of sexual abuse and sexual harassment;</li> <li>b. How to preserve physical evidence of sexual abuse;</li> <li>c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and</li> <li>d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment." <p>The facility provided a PREA for Healthcare Staff Curriculum. The curriculum includes the following components.</p> <ul style="list-style-type: none"> <li>• First Responder</li> <li>• Initial Assessment</li> <li>• Reporting</li> </ul> </li></ol>

- Preserve Evidence
- Provide Care
- Responses

(b) The Copper Lake/Lincoln Hills School PAQ states their medical staff do not conduct forensic medical exams.

(c) The Copper Lake/Lincoln Hills School PAQ states the agency maintains documentation showing that medical and mental health practitioners have completed the required training.

The facility provided a 2022 Copy of PREA Staff Training Record. The record demonstrates medical and mental health staff have completed required training set forth in §115.331.

Through such reviews the facility meets the standard requirements.

<b>115.341</b>	<b>Obtaining information from residents</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 374">Document Review:</p> <ol data-bbox="280 383 1430 707" style="list-style-type: none"> <li data-bbox="280 383 839 416">1. Copper Lake/Lincoln Hills School PAQ</li> <li data-bbox="280 425 1430 501">2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li data-bbox="280 510 1430 586">3. Department of Corrections Office of the Secretary, PREA Screening Tool, dated 12.2015.</li> <li data-bbox="280 595 986 629">4. Post Audit: 11 Completed PREA Screening Tools</li> <li data-bbox="280 638 1342 672">5. Post Audit: Wisconsin Department of Wisconsin Memorandum, not dated</li> <li data-bbox="280 680 1139 714">6. Post Audit: PREA Risk Screening Training, dated 2.13.2023</li> </ol> <p data-bbox="280 748 437 781">Interviews:</p> <ol data-bbox="280 790 791 987" style="list-style-type: none"> <li data-bbox="280 790 520 824">1. Random Youth</li> <li data-bbox="280 833 528 866">2. Targeted Youth</li> <li data-bbox="280 875 512 909">3. Social Worker</li> <li data-bbox="280 918 671 952">4. Social Worker Supervisor</li> <li data-bbox="280 960 791 994">5. PREA Director / PREA Coordinator</li> </ol> <p data-bbox="280 1003 1469 1158">Interviews with youth demonstrated each were asked risk screening questions during the intake process. Youth could remember being asked questions about past victimization, their sexual orientation, if they had mental or physical disabilities and if they felt safe around their peers.</p> <p data-bbox="280 1196 1477 1520">The interview with the Social Worker demonstrated she completes risk assessments within 72 hours of intake by reading risk screening questions to youth, asking if they have questions, in the privacy of her office. The Social Worker stated she reviews. The interview also demonstrated the Social Worker was not aware of how to forward disclosures of past abuse or victimization to ensure compliance with §115.381. The Auditor spoke with the Social Worker Supervisor and the PREA Director / PREA Coordinator, recommending the Social Worker's be trained on the PREA standards related to risk screening.</p> <p data-bbox="280 1559 528 1592">Site Observation:</p> <p data-bbox="280 1601 1450 1756">Review of 18 youth files demonstrated one youth did not have a completed risk assessment and one youth had a risk assessment completed after the 72-hour requirement. Other risk assessments reviewed were not completed with a score to indicate if the youth were potential victims and or aggressors.</p> <p data-bbox="280 1794 448 1827">Action Plan:</p> <ul data-bbox="280 1836 1461 2085" style="list-style-type: none"> <li data-bbox="280 1836 1461 1912">• The facility to ascertain which youth have not had a completed and or scored risk assessment and complete such assessments.</li> <li data-bbox="280 1921 1305 1955">• The facility to upload completed assessment to the supplemental files.</li> <li data-bbox="280 1964 1430 2040">• The PREA Director / PREA Coordinator to train staff completing risk assessment and requirements of §115.341.</li> <li data-bbox="280 2049 1390 2085">• The facility Superintendent to provide the Auditor and applicable staff with a</li> </ul>

sustainable action plan of continuing compliance, moving forward. - NEED

- The facility to email the memorandum to the Auditor once all action plans have been completed. - NEED

Post audit: The facility provided 11 Completed PREA Screening Tools. Each screening tool has been completed in its entirety, scored and appropriately signed off.

Post audit: The facility provided a Wisconsin Department of Wisconsin Memorandum from the facility superintendent to applicable facility personnel with the following action plan.

- Obtaining Information From Residents

o At Intake

- ◊ The DOC-2812A/B will be completed, scored, and signed by the Intake Unit Case Manager or Unit Manager and submitted to the CPS within 72 hours for quality assurance and review, signature, and submission to IPC for the social services file and database entry.

- Case Manager or Unit Manager will enter the score in the Unit Roster to reflect ROA or ROV at the time the assessment is completed.

- ◊ The Intake Unit Case Manager or Unit Manager will make a risk screening referral to the Psychological Services unit upon completion of the DOC-2812A/B.

- PSU OOA will record all referrals made to PSU on a monthly basis.

- PSU Supervisor will coordinate with Unit Managers to ensure all referrals are made to PSU within fourteen days of the completion of the DOC-2812A/B.

o Periodic Re-Assessment

- ◊ Subsequent to PREA Related Investigation

- Investigative SYC will notify appropriate Unit Case Manager to complete a DOC-2812A/B in writing via email

o Unit Case Manger will notify the PSU OOA that a DOC 2812 has been requested on the same business day the request is received

- ◊ PSU OOA will provide youth's assigned PSU clinician with information that the re-assessment has been requested and maintain all referrals in a database or spreadsheet.

o Case Manager or Unit Manager will complete the 2812A/B with the youth, score, and sign in all required areas and submit the form to the CPS for quality assurance and review, signature, and submission to IPC for the social services file and database entry within 72 hours of the request.

- ◊ Case Manager or Unit Manager will enter any new ROA or ROV values on the Living Unit Roster immediately following completion of the assessment.

- ◊ Case Manager or Unit Manager will enter a note in J-Tracker reflecting the request date and date of completion.

- ◊ Case Manager will forward completion of the re-screen to PSU OOA upon completion.

o Oversight of Obtaining Information From Residents

- ◊ CPS will be responsible for providing ongoing oversight of compliance; back-up for this responsibility lies with the Treatment Director

- Quarterly social service file review of no less than 30% of the current youth population will be utilized to ensure ongoing compliance and will be performed and



reported by the CPS

- Youth approaching one year of consistent residency in the facility will be required to complete a new DOC 2812A/B.
  - o CPS will notify the Case Manager to complete re-assessment.
  - o Case Manager or Unit Manager will complete within 72 hours of the request, score, sign, and submit to the CPS for quality assurance, review, signature, and submission to IPC for the social services file and database entry.
  - o Case Manager or Unit Manager will enter a note in J-Tracker reflecting the request date and date of completion
- Placement of Residents in Housing, Bed, Program, Education, and Work Assignments
  - o Living Unit Rosters will reflect real time risk level according to the results of the DOC-2812A/B
    - ◊ Each Living Unit Roster will contain a column identifying ROV, ROA or None for each youth residing in that unit
    - ◊ The Case Manager, Unit Manager, CPS, or Treatment Director are responsible for maintaining and/or changing any score
    - ◊ Quarterly reminder “All Staff” emails will be sent regarding this information to include definitions of ROV and ROA and staff considerations given ROV or ROA scores.
    - ◊ Oversight
      - CPS will be responsible for providing ongoing oversight of compliance; back-up for this responsibility lies with the Treatment Director
      - o Quarterly reviews of databases, living unit rosters, social service files, and other materials will be reviewed and reported by the CPS.

Recommendation:

The PREA Director / PREA Coordinator to train appropriate risk screening personnel on standard requirements. Post audit, the facility provided a PREA - Risk Screening training worksheet demonstrating 11 employees completed the recommended training.

(a) The Copper Lake/Lincoln Hills School PAQ states the facility has a policy that requires screening, upon admission or transfer, for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was 133.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 8, section XII. A. 1-11, states, “Offenders shall be assessed during an initial screening within 72 hours of arrival at the facility, and again upon transfer to another facility, for risk of being sexually abused by other offenders or sexually abusive towards other offenders. The objective screening instrument shall include, at minimum, the following criteria

[\u00a7115.41(a-e), \u00a7115.341(a-c)].

1. The presence of a mental, physical or developmental disability;
2. Level of emotional and cognitive development (juvenile facilities only)
3. Age;
4. Physical build;
5. Previous incarcerations;
6. Exclusively nonviolent criminal history;
7. Prior convictions for sex offenses against an adult or child;
8. Is, or is perceived to be, gay, lesbian, bisexual, transgender, intersex or gender nonconforming;
9. Previously experienced sexual victimization;
10. Prior acts of sexual abuse, prior convictions for violent offenses and/or history of prior institutional violence or sexual abuse; and
11. Offender's perception of vulnerability

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 8, section XII. A., states, "In addition to the screenings detailed in section XII. A. the facility shall periodically reassess the PIOC's risk throughout their confinement. Risk shall be ascertained using the screening tool referenced above; through conversations with the PIOC during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the PIOC's files."

(b-c) The Copper Lake/Lincoln Hills School PAQ states the Risk assessment is conducted using an objective screening instrument.

The facility provided a Department of Corrections Office of the Secretary, PREA Screening Tool. The screening tool captures the following information. (Note: Screening tools are gender specific, the following example is specific to females.)  
Section A: Youth Interview

1. Screener's observation: Does the youth appear gender non-conforming or small in stature for their age?
2. Do you consider yourself lesbian or bisexual? Do others think you are lesbian or bisexual?
3. Do you consider yourself transgender? Do you have an intersex condition?
4. Have you ever had a sexual experience in the community that you did not want to have?
5. Have you ever had a sexual experience in confinement (e.g. juvenile detention, community confinement) that you did not want to have?
6. Have you ever had sexual contact with someone without their consent or because you forced, coerced or threatened them?
7. Do you have any concerns or fears about your safety in this facility?

Section B: Record Review

1. Is the youth 15 years old or younger?
2. Does the youth have a mental illness; cognitive, emotional or developmental limitation; or physical disability that may make them vulnerable in this setting?

3. Does the youth have any convictions for violent offenses?
4. Does the youth have any convictions for sexual offenses?
5. Does the youth have a history of previous sexual victimization while confined?
6. Has the youth been the perpetrator in a substantiated sexual abuse case while confined? Has the youth ever received a conduct report for sexual intercourse or contact while confined?
7. Has the youth ever received a conduct report for physical assault while confined?

Risk Score/Category: ROV/ROA/None

Section C: Risk Review / Override Risk Category

Justification for Initial Risk Category Override

Adjusted Risk Category

(d) Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 8, section XII. C., states, "For juveniles, in addition to information gleaned from the initial screening referenced above, risk shall be ascertained through conversations with the offender during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the offender's files."

(e) Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 9, section XII. F., states, "Appropriate controls shall be placed on the dissemination of information gathered from the initial and follow-up screenings to ensure that sensitive information is not exploited to the offender's detriment by employees or other offenders."

Through such reviews the facility meets the standard requirements.

<b>115.342</b>	<b>Placement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li>3. Post Audit: Email communication, from: Facility PREA Compliance Manager, Subject: Living Unit Roster Change, dated 12.19.2022</li> <li>4. Post Audit: Revised Living Unit Rosters</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Targeted Youth</li> <li>3. Facility Staff (Informal Interviews)</li> <li>4. Principal</li> <li>5. Unit Manager</li> <li>6. PREA Compliance Manager</li> <li>7. PREA Director / PREA Coordinator</li> </ol> <p>Youth could attest to feeling safe in their placement of the program.</p> <p>Interviews with staff demonstrated use of information pursuant to § 115.341 to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse is not currently in place.</p> <p>Observation:</p> <p>Although the facility did not demonstrate use of information pursuant to §115.341, the Auditor did witness youth are let of their rooms in groups to ensure their safety from possible aggressive youth. In addition, the Principal could attest to staff having a presence in the school and classrooms.</p> <p>Action Plan:</p> <ul style="list-style-type: none"> <li>• The facility to design a system which informs each applicable department of youth who are potential victims and or aggressors.</li> <li>• The facility to upload such system to the supplemental files.</li> <li>• The facility PREA Compliance Manager to provide the Auditor and applicable staff with a sustainable action plan of continuing compliance, moving forward.</li> </ul> <p>Post audit the facility provided revised Living Unit Rosters demonstrating youth risk levels have been added as either ROA (risk of abusive) or ROV (risk of victimization) to inform staff in all departments of youth risk levels to ensure bed, room, work and education assignments align with the requirements of this standard.</p> <p>Post audit the facility provided an email communication, from: Facility PREA Compliance Manager, Subject: Living Unit Roster Change, to all DOC DL DJC Lincoln</p>

Hills Staff, stating the following:

“The DOC-2657---LIVING UNIT ROSTER---has been changed somewhat and standardized for all Living Units (see example below). Please do not change the format of anything on these worksheets. There are new columns that reflect each youth’s weekly BMS grade and risk of victimization (ROV) or risk of abusiveness (ROA) scores. To refresh everyone’s memory, all youth are screened at intake for these risk scores. Youth are re-screened if they are involved in a substantiated PREA investigation and if the youth has been at the facility for more than a year. As you recall, ROV refers to the youth’s risk of being abused and ROA refers to the youth’s risk to be abusive toward others. These scores are extremely important and should NOT BE CHANGED unless a new PREA screening (DOC-1812a/b) has been completed. At intake, the Case Manager or Unit Supervisor (whomever does the screening) will enter the initial score on the living unit roster. Re-assessments will require the assessor (Case Manager or Unit Supervisor) to change the value, if necessary, to reflect the new score on the unit roster. When a youth transfers to a different unit it is important to relay this information to the receiving unit, and for the receiving unit to update their roster accordingly.

The coding for ROA/ROV is as follows and is below each unit’s roster on paper: 0=No ROA or ROV; 1=ROA; 2=ROV. We can utilize this information to make informed decision about youth safety in living unit assignment, room assignment, program assignment, school/education assignment, and work assignments. For instance, we would not want to put a youth who scores as a ROV in a situation where they are working closely with a youth who scores as a ROA. We can manage bathroom population similarly. We can do proper classroom management and group seating arrangements as well as populate our living units to mitigate risk using these scores.

As soon as is practical, all living unit rosters will be removed from the Groups>>Living Units files and will be replaced with the new worksheets. The title of the document will be Living Unit Roster- [LIVING UNIT NAME]. Please begin using these worksheets as soon as they are published and if you come across any other roster, please contact a supervisor who will take care of it.”

(a) The Copper Lake/Lincoln Hills School PAQ states the facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement page 10, section XIII. A., states, “Information obtained from the initial or follow-up screening shall inform housing, bed, work, education and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. For the purposes of education, programming, work, and recreation activities, line-of-sight monitoring by DOC staff is sufficient to maintain separation. Individualized placement determinations shall be made for each

offender.”

(b) The Copper Lake/Lincoln Hills School PAQ states the facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months was zero.

Policy compliance can be found in provision (a) of this standard. Isolation is not utilized at this facility.

(c) The Copper Lake/Lincoln Hills School PAQ states the facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement page 11, section XIII. E. 2., states, “When making facility, cell/unit housing and programmatic assignments for transgender or intersex offenders the DOC shall consider on a case-by-case basis whether a placement would ensure the offender’s health and safety and whether the placement would present management or security problems in addition to serious consideration of the offender’s own views with respect to their own safety”

(d-e) The Copper Lake/Lincoln Hills School PAQ states the agency or facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis. Policy compliance can be found in provision (c) of this standard.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 8, section XIII.E. 3., states, “Placement and programming assignments for each transgender or intersex PIOC shall be reassessed at least twice each year to review any threats to the safety experienced by the PIOC.”

(f) Policy compliance regarding safety considerations for all youth and youth own views with respect to his or her own safety are given serious consideration is demonstrated on the Risk Screening Tool.

(g) Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 8, section XIII.E. 4., states, “Transgender and intersex PIOC’s shall be given the opportunity to shower separately from other PIOC’s.”

(h-i) The Copper Lake/Lincoln Hills School PAQ states this standard is not applicable as the facility does not utilize seclusion.

Through such reviews the facility meets the standard requirements.

<b>115.351</b>	<b>Resident reporting</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 376">Document Review:</p> <ol data-bbox="280 383 1445 707" style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li>3. Wisconsin Department of Corrections Zero Tolerance Reporting Posting, English and Spanish, not dated</li> <li>4. State of Wisconsin Department of Corrections Division of Juvenile Corrections, Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Youth, dated 7.2019</li> </ol> <p data-bbox="280 748 437 784">Interviews:</p> <ol data-bbox="280 790 560 904" style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Targeted Youth</li> <li>3. Youth Counselors</li> </ol> <p data-bbox="280 911 1445 1032">Staff and youth were comfortable reporting verbally to any staff, obtain contact information from brochures they received at intake, request and write a grievance or dial 777 on Unit payphones.</p> <p data-bbox="280 1072 541 1108">Site Observations:</p> <p data-bbox="280 1115 1461 1236">Wooden PREA signage with internal, external and advocate contact information were witnessed in every Unit in the facility. In addition, PREA Posters with the same information were witnessed in the dining hall, hallways and school buildings.</p> <p data-bbox="280 1267 1426 1429">(a) The Copper Lake/Lincoln Hills School PAQ states the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual harassment, abuse, retaliation and or any type of neglect.</p> <p data-bbox="280 1460 1481 1794">Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 13, section XIV. A., states, "The DOC shall provide multiple ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents. In addition, the DOC shall provide at least one way for offenders to report sexual abuse and sexual harassment to a public or private entity that is not part of the DOC."</p> <p data-bbox="280 1825 1469 1946">The facility provided Wisconsin Department of Corrections Zero Tolerance Reporting Posting in both English and Spanish. The posting includes the following reporting information.</p> <p data-bbox="280 1986 1075 2022">To Report Sexual Abuse and Sexual Harassment, please:</p> <ul data-bbox="280 2029 592 2065" style="list-style-type: none"> <li>• Tell any staff person</li> </ul>



- Write to any staff person
- Dial #777 - A PIN is not needed.
- Dial #888 - To report outside of WI DOC. A PIN is not needed.
- File a grievance
- Tell a family member, friend or support person
- They may report on your behalf.
- Write to local law enforcement
- Anonymous reports are welcome, but oftentimes difficult to respond to.
- Please provide as much detail as safely possible.

The facility provided a State of Wisconsin Department of Corrections Division of Juvenile Corrections, Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Youth. The resource speaks to the following reporting instruction.

Reporting Methods: If you experience, witness or suspect sexual abuse or sexual harassment you can report in ANY of these ways:

- Tell ANY staff person.
- Send a request to ANY staff person.
- Call the PREA reporting hotline.
- Tell a family member, friend or outside support person; they may report on your behalf by telling any staff person or submitting a report at [www.doc.wi.gov](http://www.doc.wi.gov) (click on "Prison Rape Elimination Act").
- File a complaint.
- Contact local law enforcement

(b) The Copper Lake/Lincoln Hills School PAQ states facility provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency does not have a policy requiring residents detained solely for civil immigration purposes be provided detention facility locator information. Policy compliance can be found in provision (a) of this standard.

(c) The Copper Lake/Lincoln Hills School PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 11, section XIV. C.1. a-c., states, "Employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports and immediately report:

- a. 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 DOC;
- b. Any incidents of retaliation against offenders or employees who reported such an incident; and/or
- c. Any employee neglect or violation of responsibilities that may have contributed to

an incident or retaliation.”

(d) The Copper Lake/Lincoln Hills School PAQ states the facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

1. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 11, section XIV. C. 2, states, “Reports shall be immediately reported to a supervisor who is not the subject of the allegation, unless reporting to such a person compromises the safety of the alleged victim, witness(es) or reporter. In those instances a report shall be made to the Office of Special Operations, the PREA Office, local law enforcement or submitted electronically via the DOC’s internet site.”

(e) The Copper Lake/Lincoln Hills School PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

Harassment in Confinement, page 11, section XIV. C. 2., states, “Reports shall be immediately reported to a supervisor who is not the subject of the allegation, unless reporting to such person compromises the safety of the alleged victim, witness(es) or reporter. In those instances, a private report shall be made to the PREA Office or submitted electronically via the DOC’s public website.”

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 11, section XIV. C. 3., states, “The DOC shall provide a method for employees to privately report sexual abuse and sexual harassment of offenders.”

Through such reviews, the facility meets the standard requirements.

<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 374">Document Review:</p> <ol data-bbox="280 383 1430 499" style="list-style-type: none"> <li data-bbox="280 383 839 416">1. Copper Lake/Lincoln Hills School PAQ</li> <li data-bbox="280 423 1430 499">2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> </ol> <p data-bbox="280 539 437 573">Interviews:</p> <ol data-bbox="280 580 560 696" style="list-style-type: none"> <li data-bbox="280 580 520 613">1. Random Youth</li> <li data-bbox="280 620 528 654">2. Targeted Youth</li> <li data-bbox="280 660 560 696">3. Youth Counselors</li> </ol> <p data-bbox="280 703 1458 781">Youth interviewed were aware of the grievance procedures and understood they could request a grievance form and place it in the PREA boxes located in each unit.</p> <p data-bbox="280 819 1342 898">Interviews with Youth Counselors demonstrated youth would be provided a grievance form and writing utensil upon request.</p> <p data-bbox="280 936 1398 1050">(a) The Copper Lake/Lincoln Hills School PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p data-bbox="280 1088 1477 1413">Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 12, section XV, states, "All sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System shall be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. See Investigations (section XVII.) for guidelines. Inmates shall be notified within 30 days of the initial complaint that an investigation into the portion of the complaint alleging sexual abuse or sexual harassment has commenced and the Inmate Complaint Review process has concluded."</p> <p data-bbox="280 1451 1458 1738">(b) The Copper Lake/Lincoln Hills School PAQ states the agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The PAQ states, "All youth may report sexual abuse or sexual harassment through the grievance process. However, all complaints alleging sexual abuse or sexual harassment are routed to facility leadership for review and action; the administrative complaint process stops."</p> <p data-bbox="280 1776 1458 2063">Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 12, section XV. A.-B., state, A. "A time limit shall not be imposed on when an offender may submit a complaint regarding an allegation of sexual abuse or sexual harassment though other applicable time limits may still apply to any portion of the complaint that does not allege an incident of sexual abuse or sexual harassment. All appeals shall be made in accordance with Wisconsin State statutory time limits and referred to the</p>

appropriate reviewing authority.

B. The complaint process shall not include a mandatory informal resolution requirement.”

(c) The Copper Lake/Lincoln Hills School PAQ states the agency’s policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency’s policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 12, section XV. C., states, “Each facility shall ensure that an offender who alleges sexual abuse or sexual harassment may submit a complaint without submitting it to an employee who is the subject of the complaint and that such a complaint is not referred to an employee who is the subject of the complaint. The offender may use an alternate method of filing.”

(d) The Copper Lake/Lincoln Hills School PAQ states the agency’s policy and procedures that require a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months:

- there have been two grievances filed alleging sexual abuse;
- In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was two;
- In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days was zero.

Policy compliance can be found in provision (a) of this standard.

(e) The Copper Lake/Lincoln Hills School PAQ states agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. Agency policy and procedure requires that the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident’s decision to decline. The PAQ states, “The agency does not require the alleged victim to agree to have request filed on their behalf. The agency will process the complaint regardless of the source or willingness of the alleged victim accordingly. Documenting the decision to decline is N/A.”

Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf. The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident’s decision to decline was zero.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 12, section XV. D., states, "Third parties, including fellow offenders, employees, family members, attorneys and outside advocates, shall be permitted to assist an offender in filing complaints related to allegations of sexual abuse or sexual harassment. Complaints filed shall be referred for sexual abuse and/or sexual harassment investigation."

(f) The Copper Lake/Lincoln Hills School PAQ states the facility has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The facilities policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The facilities policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was zero. The PAQ states, "The agency does not have an emergency grievance procedure. However, any reports of imminent sexual abuse are responded to within 48 hours, if applicable; a final decision is reached within 5 days."

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 12, section XV. E., states, "If an offender alleges that he or she is subject to a substantial risk of imminent sexual abuse, the offender may contact any employee who is not the subject of the allegation. Staff shall immediately forward the allegation to facility leadership for immediate corrective action. Facility leadership shall provide an initial response within 48 hours and issue a final decision within 5 calendar days. The initial response and final facility decision shall document the facility's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency complaint. Further response shall be in accordance with Employee Reporting."

(g) The Copper Lake/Lincoln Hills School PAQ states the facility has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, there have been zero grievances alleging sexual abuse to occasions where the agency demonstrated that the resident filed the grievance in bad faith.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 12, section XV. F., states, "The DOC may discipline an offender for a complaint filed alleging sexual abuse or sexual harassment only where the DOC demonstrates that the complaint was filed in bad faith."

Through such reviews, the facility meets the standard requirements.

<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li>3. Memorandum of Understanding Between Wisconsin Department of Corrections and Haven, dated 11.7.2022</li> <li>4. Wisconsin Department of Corrections Zero Tolerance Posting, not dated</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Targeted Youth</li> <li>3. Youth Counselors</li> <li>4. PREA Compliance Manager</li> <li>5. PREA Director / PREA Coordinator</li> </ol> <p>Staff and youth interviewed were aware of outside reporting agencies and spoke to the information being posted throughout the facility Units, classrooms and hallways. Youth interviewed stated they were provided brochures and resident handbooks upon intake with the rape crisis center information.</p> <p>Site Observation:</p> <p>Youth were able to demonstrate phone access to three PREA lines available to them, to the Auditor, during the tour and informal interviews. The Youth handed the phone to the Auditor after dialing the phone number to the PREA Hotline and the Auditor listened to the message directing youth the leave a message. Shortly after the completion of the call, the agency PREA Coordinator forwarded the Auditor left on the voice mail to demonstrate the line was in working order.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse.</p> <p>The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations.</p> <ul style="list-style-type: none"> <li>• The facility provides residents (by providing, posting, or otherwise making accessible) with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes.</li> <li>• The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a</li> </ul>

manner as possible.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 14, section XVI. B. 5., states, "Thereafter, the facility shall provide offenders with access to outside victim advocates, with whom the DOC shall maintain or attempt to enter into memoranda of understanding with, for emotional support services related to sexual abuse. Access includes giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible and, in advance, provide notification to offenders of the extent to which such conversations will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws."

The facility provided a Wisconsin Department of Corrections Zero Tolerance Posting. The posting states the following advocate contact information. "This community has a sexual assault service provider. Sexual assault service providers are trained to provide confidential support after sexual abuse. They will listen and provide information and education. Their services are free and not connected WI Department of Corrections. HAVEN Crisis Hotline: #999, mailing address: PO Box 32, Merrill, WI 54452"

(b) The Copper Lake/Lincoln Hills School PAQ states the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. Policy compliance can be found in provision (a) of this standard.

(c) The Copper Lake/Lincoln Hills School PAQ states the facility maintains memoranda of understanding with community service providers that are able to provide residents with emotional support services related to sexual abuse.

The facility provided a Memorandum of Understanding (MOU) between the Wisconsin Department of Corrections and Haven. Page 1, section, Purpose, states, "This MOU is intended to provide an outline of the roles and responsibilities of DOC and SASP, which shall enhance their cooperative to providing advocacy services to victims of sexual abuse in confinement settings at Lincoln Hills School and Copper Lake School." This MOU appears to be current and expires upon written communication from either party.

On 10.24.2022 at 6:03 pm, MST, this Auditor phoned Haven Inc., at 715.536.1300. After proper introductions and the reason for the call the operator explained she was the night staff and she would pass on any information from an Offender calling, to advocates, the next morning. The operator stated the advocates are timely about getting back with Offenders.

(d) The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 14, section XVI. B. 5., last sentence, states, "Juveniles shall be provided reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians."

Through such reviews, the facility meets the standard requirements.



<b>115.354</b>	<b>Third-party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Zero Tolerance Posting, not dated</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Targeted Youth</li> <li>3. Youth Counselors</li> <li>4. PREA Compliance Manager</li> </ol> <p>Youth and staff interviewed demonstrated their reporting knowledge of third party reporting stating that youth family members or Agents could report sexual harassment or sexual abuse allegations for them, if needed.</p> <p>Site Observation:</p> <p>During tour of visitation area, standardized PREA signage witnessed throughout the facility with third party information were also available in the visitation room.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. The agency website for third-party reporting is as follows: <a href="https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx">https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</a></p> <p>The facility provided a Wisconsin Department of Corrections Zero Tolerance Posting. The posting provides the following third-party reporting information.</p> <p>To report on behalf of an inmate:</p> <ul style="list-style-type: none"> <li>• Tell any staff person,</li> <li>• Go to <a href="http://www.doc.wi.gov">www.doc.wi.gov</a>. Click on Prison Rape Elimination Act</li> <li>• Contact local law enforcement</li> </ul> <p>On 10.24.2022 at 6:28 pm, this Auditor sent clicked on the link as directed, via the posting, and sent the following email request. “My name is Karen Murray and I am serving as the PREA Auditor for the Copper Lakes/Lincoln School. I am testing the third-party system via the link on the State of Wisconsin website. Could you can provide me with information on how reports via this link are handled?” On 10.25.2022 at 8:08 am, the following response was received from DOC SEC OSO PREA Investigations, “This is to confirm the receipt of the testing email below. Had this been a third party report of a PREA allegation a report would be entered into the PREA database (SINC) and a response sent to the initiating party.”</p> <p>Through such reviews, the facility meets the standard requirements.</p>

<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Youth Counselors</li> <li>3. PREA Compliance Manager</li> </ol> <p>Interviews with youth demonstrated each actively practices and understood the importance of immediately reporting all allegations of sexual abuse and sexual harassment.</p> <p>Staff interviewed stated they would accept allegations of sexual harassment and sexual abuse verbally, by receiving notes, grievances or through a third party. Staff stated they complete a written incident report after receipt or discovery of any allegation.</p> <p>Site Observations:</p> <p>The facility had a total of 23 total incidents in the past 12 months and each were accompanied with an incident report completed in the agency SINC database.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against Residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 11, section XIV. C. 1. a-c., states, "Employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports and immediately report:</p> <ol style="list-style-type: none"> <li>a. 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 DOC;</li> <li>b. Any incidents of retaliation against offenders or employees who reported such an incident; and/or</li> <li>c. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation." </li></ol>

(b) The Copper Lake/Lincoln Hills School PAQ states the agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 11, section XIV. C. 6., states, "If the alleged victim is under the age of 18 or considered a vulnerable adult in accordance with State or local statute, the DOC shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws."

(c) The Copper Lake/Lincoln Hills School PAQ states apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 11, section XIV. C. 5., states, "Employees shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to supervisors, investigators and designated officials. Such information shall be limited to information necessary to make treatment, investigation and other security and management decisions."

(d) The facility provided DJC Policy 300.07.07 Definition, which states, "A person who is required by Chapter 48 of the Wisconsin Statutes or Executive Order 54 to report suspected child maltreatments. The DYC expects that any position not contemplated by the statute will report suspected abuse or neglect to their supervisor."

(e) Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 11, section XIV. C. 7., states, "In addition, if the alleged victim is under the age of 18 the facility shall promptly (within 14 days) report the allegation to the alleged victim's:

- a. Parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified; or
- b. Child welfare caseworker, if the alleged victim is under the guardianship of the child welfare system; or
- c. Attorney or other legal representative, if a juvenile court has jurisdiction over the alleged victim.

(f) Practice compliance of the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators as demonstrated in §115.354.

Through such reviews, the facility meets the standard requirements.

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager</li> <li>2. Investigator</li> </ol> <p>Interviews with the PREA Compliance Manager and Investigator demonstrated the facility staff act promptly and responds properly at the discovery of any incident involving sexual harassment and sexual abuse.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse was zero. The PAQ states the facility responds immediately.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 13, section XVI, states, "When the department or facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the offender."</p> <p>Through such reviews the facility meets the standard requirements.</p>

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li>3. Wisconsin Department of Corrections Memorandum for Receiving Facility Head, Template Letter</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Superintendent</li> <li>2. Assistant Deputy Secretary</li> </ol> <p>Interviews with the facility Superintendent and Assistant Deputy Secretary demonstrated that they were aware upon receiving an allegation that a youth was sexually abused while confined at another facility, they had the responsibility to notify the head of the facility where the allegation occurred. Both staff stated they would begin an internal investigation and keep in contact with the facility in question until the investigation was completed.</p> <p>Site Observation:</p> <p>The facility had no reported allegations of sexual abuse while a youth was confined at another facility.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency. In the past 12 months, the facility has received zero allegations that a resident was abused while in confinement at another facility.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 11, section XIV. C. 8., states, "Within 72 hours of receiving an allegation that an offender was the victim of sexual abuse while confined at another facility, the information shall be reported to the head of the facility where the alleged abuse occurred. In the event the alleged victim is a juvenile, facility employees shall also notify the appropriate investigative agency."</p> <p>(b) The Copper Lake/Lincoln Hills School PAQ states agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. Policy compliance can be found in provision (a) of this standard.</p>

(c) The Copper Lake/Lincoln Hills School PAQ states the facility documents that it has provided such notification within 72 hours of receiving the allegation. The PAQ states, "Gather information; notify supervisor and compliance manager; submit an incident report; refer the allegation to the head of the facility of the alleged abuse within 72 hours; assist with investigation, as needed."

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 11, section XIV. C. 8., last sentence states, "All notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated."

The facility provided a Wisconsin Department of Corrections Memorandum for Receiving Facility Head, Template Letter. The template documents standard requirements, the notification of the allegation with offender name and DOC information and a summary of the allegation.

(d) The Copper Lake/Lincoln Hills School PAQ states facility policy requires that allegations received from other agencies or facilities investigated in accordance with the PREA standards. In the last 12 months, there have been 13 allegations of sexual abuse the facility received from other facilities. Policy compliance can be found in provision (a) of this standard.

Through such reviews, the facility meets the standard requirements.

<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li>3. Department of Corrections, Office of the Secretary, Sexual Abuse Response Checklist, dated 9.2022</li> <li>4. Sexual Abuse Incident Response, Youth Counselor, First Responder Card</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Youth Counselors</li> <li>2. PREA Compliance Manager</li> </ol> <p>Informal and formal interviews with staff demonstrated each were aware of their first responder responsibilities. Staff stated reporting information is posted throughout the facility and many had PREA cards they carried. Staff stated they would separate victims from perpetrators into areas where they were safe, not allow them to wash, drink or change clothing, call facility supervisors, medical, mental health and law enforcement, when necessary.</p> <p>Site Observation:</p> <p>Documentation of investigations reviewed which demonstrated the source of the allegations were from third parties and victims followed the requirements of first responder duties.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate, preserve, protect, collect physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. In the past 12 months, 16 allegations occurred where a resident was sexually abused.</p> <p>Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was 16. In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was 12. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime</p>

scene until appropriate steps could be taken to collect any evidence was 12. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating was 12. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured 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 was 12.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 13, section XVI. A. 1. a-d, states, "Upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to, at a minimum:

- a. Separate the alleged victim and abuser;
- b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- c. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and
- d. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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."

The facility provided a Department of Corrections, Office of the Secretary, Sexual Abuse Response Checklist. The checklist demonstrates the following is documented.

- Facility
- PREA Compliance Manager
- Sexual Abuse Definition
- o Staff on Inmate
- o Inmate on Inmate
- Alleged Victim Name/DOC Number
- Alleged Subject Name/DOC Number or Title
- Date of Report
- Date of Incident
- Location of Incident
- Security (Uniform) directives
- Non-Security (Non-Uniform) directives
- Communication directives
- Responding Supervisor directives
- SANE Transport



- PREA Kit
- Comments

The facility provided Sexual Abuse Incident Response, Youth Counselor, First Responder Card. The first responder cards provide Youth Counselor with the following information.

- First Responder Action Steps
- Suspicion or Report of Imminent Harm
- Reports of Abuse in Another Confinement Setting
- Tips for Responding to Victims
- Notice of Confidentiality

(b) The Copper Lake/Lincoln Hills School PAQ states the facility's policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 13, section XVI. A. 2., states, "If the first staff responder is not a security staff member, the responder shall request the alleged victim not take any actions that could destroy physical evidence, and then notify security staff."

Through such reviews, the facility meets the standard requirements.

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Sexual Abuse in Confinement Coordinated Response Plan, dated 2022</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Youth Counselors</li> <li>2. PREA Compliance Manager</li> <li>3. PREA Director / PREA Coordinator</li> </ol> <p>Interviews with facility staff demonstrated the response to allegations of sexual harassment and sexual assault is written to coordinate actions taken in response to the facility coordinated response.</p> <p>Site Observation:</p> <p>Review of the agency policy for incidents demonstrates clear direction to staff to ensure first responder duties are fulfilled.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The facility provided a Wisconsin Department of Corrections Sexual Abuse in Confinement Coordinated Response Plan. The Coordinated Response Plan describes the following:</p> <ol style="list-style-type: none"> <li>I. Following a reported risk of imminent sexual abuse: <ul style="list-style-type: none"> <li>• Staff First Responder action steps</li> <li>• Security Supervisor or Security Director/Designee action steps</li> </ul> </li> <li>II. Following a suspected or alleged facility-based incident of sexual abuse: <ul style="list-style-type: none"> <li>• Non-security Staff First Responder action steps</li> <li>• Security Staff First Responder action steps</li> <li>• Security Staff actions steps</li> <li>• Security Supervisor or Security Director/Designee action steps</li> <li>• Compliance Manager action steps</li> <li>• Medical Staff action steps</li> <li>• Mental Health action steps</li> <li>• Victim Services Coordinator action steps</li> <li>• Investigator action steps</li> <li>• Appointing Authority/Designee action steps</li> <li>• Sexual Abuse Incident Review Team actions steps</li> </ul> </li> <li>III. Following a report of sexual abuse at another confinement facility</li> </ol>

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|--|---|
|  | <ul style="list-style-type: none"><li>• Staff First Responder action steps</li><li>• Medical and Mental Health staff action steps</li></ul> |
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Through such reviews, the facility meets the standard requirements.

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>1. Copper Lake/Lincoln Hills School PAQ</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states the agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency's behalf or has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 374">Document Review:</p> <ol data-bbox="280 383 1449 584" style="list-style-type: none"> <li data-bbox="280 383 839 416">1. Copper Lake/Lincoln Hills School PAQ</li> <li data-bbox="280 423 1430 499">2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li data-bbox="280 506 1449 584">3. Department of Corrections Office of the Secretary Sexual Abuse Allegation Staff Retaliation Monitoring Form, dated 6.2020</li> </ol> <p data-bbox="280 622 437 656">Interviews:</p> <ol data-bbox="280 665 1385 734" style="list-style-type: none"> <li data-bbox="280 665 1385 734">1. Psychologist Associate / Lead Victims Service Coordinator / Lead Retaliation Monitor</li> </ol> <p data-bbox="280 745 1473 1032">An interview with the Lead Retaliation Monitor demonstrated that she is notified through the SINC database when an allegation has occurred. The Lead Retaliation Monitor meets with victims, explains her role and the retaliation process and most importantly ensure each feels safe. The Lead Retaliation Monitor is a member of the SAIR team and is allowed to make recommendations. Retaliation monitoring is continued to for 90 days or as long as is necessary to include periodic checks. Monitoring is documented in the youths' mental health recorded.</p> <p data-bbox="280 1070 528 1104">Site Observation:</p> <p data-bbox="280 1113 1473 1227">Review of sexual abuse investigations demonstrated retaliation monitoring was completed upon the reporting of the allegation up to 90 days or until the victim was discharged from the program.</p> <p data-bbox="280 1265 1473 1552">(a) The Copper Lake/Lincoln Hills School PAQ states the agency has 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. The agency designates the Corrections Program Supervisor and PREA Compliance manager to monitor staff reporters for retaliation. The Psychology Associate and Victim Services Coordinator monitors inmate reporters for retaliation.</p> <p data-bbox="280 1590 1473 1792">Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 16, section XVIII. A., states, "Each facility shall designate an employee(s) to monitor retaliation to ensure that all offenders and employees involved in the reporting or investigation of sexual abuse and/or sexual harassment are protected."</p> <p data-bbox="280 1830 1414 1944">The facility provided a Department of Corrections Office of the Secretary Sexual Abuse Allegation Staff Retaliation Monitoring Form. The form documents the following information.</p> <ul data-bbox="280 1953 794 2067" style="list-style-type: none"> <li data-bbox="280 1953 794 1986">• Staff Name / Employee ID Number</li> <li data-bbox="280 1995 472 2029">• Date / Time</li> <li data-bbox="280 2038 612 2067">• Investigation Number</li> </ul>

- Date of Allegation
- Comments: (i.e. Staff Report, Review of Supporting Documentation, Remediation Actions, Follow-Up, Etc.)
- Staff Conducting the Monitor (Name and Title) / Signature / Date

(b) Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 16, section XVIII. B., states, "For at least 90 days following a report of sexual abuse, the designated facility-based employee(s) shall monitor the conduct and treatment of the offender(s) or employee(s) who reported the sexual abuse and the offender(s) who were reported to have experienced sexual abuse to determine if retaliation occurred. For offenders, such monitoring shall include periodic status checks. Employees shall act promptly to remedy any such retaliation. Monitoring beyond 90 days shall continue if the initial monitoring indicates a continuing need."

(c) The Copper Lake/Lincoln Hills School PAQ states the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The number of times an incident of retaliation occurred in the past 12 months was zero. Policy compliance can be found in provision (b) of this standard.

Through such reviews, the facility meets the standard requirements.

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Youth</li> <li>2. Targeted Youth</li> <li>3. Specialized staff</li> <li>4. PREA Compliance Manager</li> </ol> <p>Interviews with youth and staff demonstrated youth are housed in individual cells and none interviewed had knowledge of a youth being held in protective custody for the purposes of PREA.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states the facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months was zero.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 14, section XVI. A. 5., states, "Any use of restricted status housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.43 and §115.343 as found within Placement."</p> <p>Through such reviews, the facility meets the standard requirements.</p>

<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Investigator</li> </ol> <p>Interviews with the investigator demonstrated she clearly understood and articulated processes required during an investigation, to include the notification requirements to victims, which are made by the PREA Office.</p> <p>Site Observation:</p> <p>Through review of six investigations during the onsite review demonstrated each sexual abuse allegations are referred for criminal investigation; however, none had been investigated by law enforcement.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states the agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 15, section XVII, A., states, "The DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third-parties and anonymous sources. DOC shall maintain a policy(ies) that governs the conduct of such investigation."</p> <p>(b) Policy compliance can be found in §115.334, regarding where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.</p> <p>(c) Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 15, section XVII, D., states, "Investigators shall preserve and/or collect direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator."</p> <p>(d) The Copper Lake/Lincoln Hills School PAQ states the agency does not terminate an investigation solely because the source of the allegation recants the allegation.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 15, section XVII, J., states, "The departure of an alleged abuser or victim from the employment or control of the</p>



facility or the DOC, or the recantation of the allegation, shall not provide a basis for terminating and investigation.”

(f) Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 15, section XVII, E., states, “The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person’s status as offender or employee. The DOC shall not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.”

(g) Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 15, section XVII, F., states, “Administrative investigations shall include an effort to determine whether employee actions or failures to act contributed to the abuse.”

(i) Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 15, section XVII, B., states, “Allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement. All referrals to law enforcement shall be documented. The policy describing such referrals, in addition to the investigative responsibilities of the DOC and local law enforcement, shall be published and maintained on the DOC’s website.”

(j) The Copper Lake/Lincoln Hills School PAQ states substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later was zero. The PAQ states, “Law Enforcement is responsible for referring potentially criminal conduct for prosecution.”

(k) The Copper Lake/Lincoln Hills School PAQ states the agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 15, section XVII, H., states, “Administrative and criminal investigations shall be documented in a written report to be retained for as long as the alleged abuser is incarcerated or employed by the DOC, plus ten years. Administrative investigative reports shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings.”

(m) Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 15, section XVII, J., states, “When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall work to remain informed about the progress of the investigation.”

	Through such reviews, the facility meets the standard requirements.
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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Investigator</li> </ol> <p>The interview with the facility investigator demonstrated the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 16, section XVII. G., states, "The DOC shall impose no standard higher than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated."</p> <p>Through such reviews, the facility meets the standard requirements.</p>

<b>115.373</b>	<b>Reporting to residents</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 376">Document Review:</p> <ol data-bbox="280 383 1469 748" style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li>3. Wisconsin Department of Corrections, Investigative Finding – PREA Investigation Memorandum, Resident on Resident Template, dated 3.2021 Wisconsin Department of Corrections, Investigative Finding – PREA Investigation Memorandum, Template, dated 3.2021</li> <li>4. Wisconsin Department of Corrections, Investigative Finding – PREA Investigation Memorandum, Staff on Offender Template, dated 3.2021</li> </ol> <p data-bbox="280 788 437 824">Interviews:</p> <ol data-bbox="280 831 488 866" style="list-style-type: none"> <li>1. Investigator</li> </ol> <p data-bbox="280 873 1453 1032">Interviews with the agency investigator demonstrated notification requirements to victims of sexual abuse were provided by the PREA Office. The investigator did not have a current practice in place to follow up with external agencies investigating sexual abuse allegations.</p> <p data-bbox="280 1072 528 1108">Site Observation:</p> <p data-bbox="280 1115 1342 1189">Review of the one investigation for sexual abuse was unfounded, therefore notification was not required.</p> <p data-bbox="280 1229 539 1265">Recommendation:</p> <p data-bbox="280 1272 1378 1346">The facility to follow up with law enforcement on all investigations referred to ensure outcomes are reported to victims.</p> <p data-bbox="280 1386 1469 1749">(a) The Copper Lake/Lincoln Hills School PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was eight. The PAQ states, “Facility notifies inmates who allege sexual abuse AND/OR sexual harassment. 8 Investigations pending review 10/11/22.”</p> <p data-bbox="280 1789 1461 2074">Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 16, section XVII. K., states, “Following an investigation of an allegation that an offender suffered sexual abuse in a DOC facility, the facility shall inform the alleged victim, and document such notification, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the DOC did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform</p>

the alleged victim. The DOC's obligation to report shall terminate if the alleged victim is released from custody."

(b) The Copper Lake/Lincoln Hills School PAQ states If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident as to the outcome of the investigation. In the past 12 months, there has been zero investigations of alleged resident sexual abuse. Policy compliance can be found in provision (a) of this standard.

(c) The Copper Lake/Lincoln Hills School PAQ states following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently does inform the Resident (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the Resident's unit;
- The staff member is no longer employed at the facility;
- The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility."

There has been eight substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a youth in an agency facility in the past 12 months.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 16, section XVII. L., states, "Following an offender's allegation that an employee committed sexual abuse against an offender and the findings are substantiated or unsubstantiated, the DOC shall subsequently inform the alleged victim, and document such notification, whenever the employee is no longer posted within the alleged victim's unit; the employee is no longer employed at the facility; or the DOC learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse."

The facility provided a Wisconsin Department of Corrections, Investigative Finding - PREA Investigation Memorandum, Staff on Offender template. This template provides the following notification information.

"On XXX , the Wisconsin Department of Corrections (WI DOC) began an investigation of sexual abuse or sexual harassment as defined by the Prison Rape Elimination Act (PREA).

The investigation was completed on XXX . The disposition of this case is substantiated; meaning, the allegation was investigated and determined that, more likely than not, it occurred.

During the course of this investigation all WI DOC policies and procedures were followed. The investigative process was also guided by Wisconsin Administrative

Code and laws protecting privacy and ensuring due process.

WI DOC has zero-tolerance for retaliation related to an incident of sexual abuse or sexual harassment. Please report any retaliatory actions to a staff member so that appropriate action may be taken to protect you and remedy the retaliation.

There are support services available to you, including those from outside agencies. If you are interested in receiving support from PSU, HSU, a chaplain, or community advocate, for instance, please contact the Victim Services Coordinator in this facility.

In accordance with PREA Standard §115.73(c) or §115.373(c), the following is to inform you of changes to the alleged staff suspect's work assignment or potential criminal charges.

- The alleged staff suspect is no longer posted within your assigned living unit.
- The alleged staff suspect is no longer employed at this facility.
- The alleged suspect has been indicted on a charge related to sexual abuse committed within the facility.
- The alleged suspect has been convicted on a charge related to sexual abuse committed within the facility.
- Not applicable.

If criminal prosecution is pursued, the county's victim witness program will contact you.

Finally, if you have any questions related to this investigation, please contact this facility's PREA Compliance Manager."

(d) The Copper Lake/Lincoln Hills School PAQ states following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 16, section XVII. M., states, "Following an offender's allegation that he or she has been sexually abused by another offender, the DOC shall subsequently inform the alleged victim, and document such notification, whenever the DOC learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse."

The facility provided a Wisconsin Department of Corrections, Investigative Finding - PREA Investigation Memorandum Offender on Offender template. The template provides the following notification information.

"On XXX , the Wisconsin Department of Corrections (WI DOC) began an investigation of sexual abuse or sexual harassment as defined by the Prison Rape Elimination Act (PREA).

The investigation was completed on XXX . The disposition of this case is unfounded; meaning, the allegation was investigated and determined not to have occurred or it did not constitute either sexual abuse or sexual harassment as defined by PREA.

During the course of this investigation all WI DOC policies and procedures were followed. The investigative process was also guided by Wisconsin Administrative Code and laws protecting privacy and ensuring due process.

Finally, if you have any questions related to this investigation, please contact this facility's PREA Compliance Manager."

(e) The Copper Lake/Lincoln Hills School PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there has been seven notifications to a resident, pursuant to this standard. Of those notifications made in the past 12 months, the number that were documented was eight. Policy compliance can be found in provision (c) and (d) of this standard.

Through such reviews, the facility meets the standard requirements.

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Superintendent</li> </ol> <p>Interview with the Superintendent stated depending on the type of allegation the employee would be retrained if allegation involved retaliation, notify staff they would be monitored, remind them they are mandated reporters until the investigation was completed. If warranted, staff would be removed from the area where the allegation was alleged to have occurred or placed in administrative leave until the outcome of the investigation was completed.</p> <p>Site Observation:</p> <p>In the last 12 months, the facility did not have any staff who were disciplined for violation of an agency sexual abuse or sexual harassment policy.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 17, section XIX. A. 1., states, "Staff members who are found to have violated the DOC sexual abuse, sexual harassment and retaliation policies shall be subject to disciplinary sanctions up to and including termination."</p> <p>(b) The Copper Lake/Lincoln Hills School PAQ states in the last 12 months, there has been zero staff from the facility that had violated agency sexual abuse or sexual harassment policies. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is zero.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 17, section XIX. A. 3., states, "Termination is the presumptive sanction for a staff member who engaged in sexual abuse. All terminations for violations of the DOC sexual abuse and sexual harassment policies, including resignations that would have resulted in termination if not for the resignation, shall be reported to any relevant licensing bodies."</p> <p>(c) The Copper Lake/Lincoln Hills School PAQ states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and</p>



circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months there has been zero staff requiring discipline for sexual abuse or sexual harassment.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 17, section XIX. A. 2., states, "Sanctions shall be commensurate with the nature and circumstances of the violation, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories."

(d) The Copper Lake/Lincoln Hills School PAQ states 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, zero staff has been terminated for sexual abuse or harassment. Policy compliance can be found in provisions (b) of this standard.

Through such reviews, the facility meets the standard requirements.

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>2. Superintendent</li> </ol> <p>The interview with the Superintendent demonstrated any volunteer or contractor who engaged in sexual abuse would follow the same protocol as is in procedures for staff, be removed from the facility and reported to law enforcement, if applicable</p> <p>Site Observation:</p> <p>During the last audit cycle, the facility did not have any volunteers or contractors subject to disciplinary action due to violating sexual abuse or sexual harassment policies.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, there have been zero contractors or volunteers reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 17, section XIX. A. 4., states, "Any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies. Appropriate remedial measures shall be taken by the facility to ensure the safety of offenders in contact with volunteers and contractors."</p> <p>(b) The Copper Lake/Lincoln Hills School PAQ states the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Superintendent</li> </ol> <p>Interviews with the Superintendent demonstrated youth would be sanctioned, possibly moved to a different living unit, a drop in letter status, loss of privileges, with follow up mental health services.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months there have been five administrative findings of resident-on-resident sexual abuse have occurred at the facility. In the past 12 months there has been zero criminal findings of guilt for resident-on-resident sexual abuse, occurring at the facility.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 17, section XIX. B. 1., first sentence states, "Offenders who have committed offender-on-offender sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process."</p> <p>(b) The Copper Lake/Lincoln Hills School PAQ states in the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 17, section XIX. B. 2., states, "Juveniles who have been removed from general population shall not be denied daily large-muscle exercise, access to educational programming or special education services and should include, to the extent possible, access to other programming and work opportunities. Juveniles who have been removed from general population shall receive daily visits from a medical or mental health clinician."</p> <p>(c) Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual</p>

Abuse and Sexual Harassment in Confinement, page 17, section XIX. B. 3., states, "The disciplinary process shall consider whether a perpetrating offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed."

(d) The Copper Lake/Lincoln Hills School PAQ states the facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. However, the facility does not require participation as a condition of access to programming or other benefits.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 17, section XIX. B. 4., states, "The facility shall consider requiring perpetrating offenders to participate in interventions, such as therapy or counseling, to address and correct underlying reasons or motivations for the abuse [§115.78(d)]. For juveniles, the DOC may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to general programming or education."

(e) The Copper Lake/Lincoln Hills School PAQ states the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 17, section XIX. B. 5., states, "An offender may only be disciplined for sexual contact with an employee upon a finding that the employee did not consent to such contact."

(f) The Copper Lake/Lincoln Hills School PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 17, section XIX. B. 6., states, "Reports of sexual abuse or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence to substantiate the allegation."

(g) The Copper Lake/Lincoln Hills School PAQ states the agency prohibits all sexual activity between residents. If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 17, section XIX. B. 7., states, "While consensual sexual activity between offenders is prohibited in the DOC facilities, the DOC may not deem consensual sexual activities as sexual abuse if it is

	<p>determined that the activity is not coerced.”</p>
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Through such reviews, the facility meets the standard requirements.

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li>3. Electronic Medical Note, Screenshot</li> <li>4. Department of Corrections Office of the Secretary, Limits of Confidentiality of Health Information, dated 6.2020.</li> <li>5. Post Audit: Wisconsin Department of Corrections Memorandum, not dated</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Health Services Manager</li> <li>2. Psych Consultant / Psych Associate</li> </ol> <p>Interviews with the Health Services Manager and the Psych Consultant / Psych Associate demonstrated youth are provided medical and mental health screenings upon receiving information of a disclosure of past abusive behaviors and victimization or upon notice a youth has been involved in a sexual abuse allegation.</p> <p>Site Observation:</p> <p>Review of youth files demonstrated three youth had not been referred to mental health after disclosing experiencing prior sexual victimization. Interviews demonstrated a system is not currently in place to refer youth to medical and mental health departments and track youth referrals to demonstrate youth meet with medical and mental health departments within 14 days of such disclosures.</p> <p>Action Plan:</p> <ul style="list-style-type: none"> <li>• The facility to design a system which informs the medical and mental health departments of youth who have disclosed experiencing past sexual victimization and or those who have previously perpetrated.</li> <li>• The facility to upload such system to the supplemental files.</li> <li>• The facility Superintendent to provide the Auditor and applicable staff with a sustainable action plan of continuing compliance, moving forward.</li> <li>• The facility to email the memorandum to the Auditor once all action plans have been completed.</li> </ul> <p>Post audit the facility provided a Wisconsin Department of Corrections Memorandum from the facility superintendent to applicable facility personnel with the following action plan.</p> <ul style="list-style-type: none"> <li>• Medical and Mental Health Screenings; History of Sexual Abuse <ul style="list-style-type: none"> <li>o At intake <ul style="list-style-type: none"> <li>◊ Any youth who reveals sexual victimization of any kind during the screening will be referred to both HSU and PSU for follow-up</li> <li>• The Case Manager or Unit Manager will contact the HSU Supervisor and/or Assistant Supervisor to make the confidential referral</li> </ul> </li> </ul> </li> </ul>

- o Case Manager or Unit Manager will inform the CPS of the referral
  - The Case Manager or Unit Manager will contact the PSU Clinical Supervisor or Psychological Consultant to make the confidential referral
- o Case Manager or Unit Manager will inform the CPS of the referral
  - HSU and PSU will ensure proper follow-up is completed within 14 days and is recorded in EMR
- ◊ Any youth who reveals sexual perpetration during the screening will be referred to PSU for follow-up
  - The Case Manager or Unit Manager will contact the PSU Clinical Supervisor or Psychological Consultant to make the confidential referral
- o Case Manager or Unit Manager will inform the CPS of the referral
  - PSU will ensure proper follow-up is completed within 14 days and is recorded in EMR
- o At other times
  - ◊ Any time a youth is referred for a re-assessment for any reason and reveal new victimization or perpetration, the previous steps will be followed.
- o Oversight
  - ◊ The CPS will provide general oversight in this area for compliance; the Treatment Director is the back-up
    - HSU and PSU will utilize EMR to note their involvement
    - Case Managers and Unit Managers will confidentially inform the CPS or Treatment Director
- o CPS and Treatment Director will maintain confidential records not identifying youth, but sex, DOB, and date of referral information.

(a) The Copper Lake/Lincoln Hills School PAQ states all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.3341 are offered a follow-up meeting with a medical or mental health practitioner. Follow up meetings are offered within 14 days of the intake screening. In the past 12 months three residents who disclosed prior victimization during the intake screening were offered a follow-up meeting with a medical or mental health provider. Medical and mental health staff maintain secondary materials, documenting compliance with the above required services.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 9, section XII. E., states, "If either the initial or follow-up screening indicates an offender has previously experienced prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in a community setting, employees shall ensure the offender is offered a follow-up meeting with a mental health provider within 14 days of the initial or follow-up screening."

The facility provided an electronic medical note screenshot. The screenshot documents the following information.

- Requested start date/time
- Reason for visit
- Referring provider
- Schedule to call referring service

- Special instructions
- Future order
- Order location
- Arranged by / PSU Routine/Monitoring / date and time

(b) The Copper Lake/Lincoln Hills School PAQ states all residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. In the past 12 months 100% residents who disclosed previously perpetrated sexual abuse, as indicated during the screening process. Policy compliance can be found in provision (a) of this standard.

(c) The Copper Lake/Lincoln Hills School PAQ states information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 9, section XII. F., second sentence states, "Further, any information related to sexual victimization or abusiveness occurring in an institutional setting shall be confidential and strictly limited to medical and mental health clinicians and other employees, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by law."

(d) The Copper Lake/Lincoln Hills School PAQ states medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 9, section XII. F., last sentence states, "Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18."

The facility provided a Department of Corrections Office of the Secretary, Limits of Confidentiality of Health Information consent. Item 6. c. of the consent states the following.

- "Health care providers must report otherwise confidential information to the appropriate DOC authorities if it raises concern about a threat to you, a DAI or DJC correctional facility, community corrections operations, and/or public safety. This may include the following:
  - o Reports of confinement-based sexual abuse, sexual harassment, or retaliation related to reporting either."

The consent is signed and dated by the Offender or person authorized to signed on behalf of the offender.

Through such reviews, the facility meets the standard requirements.



<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections, Division of Juvenile Corrections Policy and Procedure, Subjects: Health Services Unit Procedures in the Event of Sexual Abuse, dated 3.16.2021</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Psych Consultant / Psych Associate</li> <li>2. Health Services Manager</li> </ol> <p>Interviews with medical and mental health staff demonstrated that youth are aware of access to emergency medical and mental health services and such services have been offered and accepted in past years as soon as an allegation was referred.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis</p> <p>Wisconsin Department of Corrections, Division of Juvenile Corrections Policy and Procedure, Subjects: Health Services Unit Procedures in the Event of Sexual Abuse, page 3, section II. C. 1-3, states, "The HSU Manager or designee is responsible for the medical response including arranging for an immediate assessment and care by an ACP or RN if ACP is not on site. This shall include:</p> <ol style="list-style-type: none"> <li>1. An initial assessment of the youth to determine any life-threatening emergency medical care that needs to be addressed immediately.</li> <li>2. All youth involved shall be offered access to forensic medical examinations where evidentiary or medically appropriate.</li> <li>3. It may be necessary to arrange for an assessment, evaluation, treatment, and gathering of evidence at a community facility by a SANE. Consult verbally as needed with SANE for further care planning."</li> </ol> <p>(b) Wisconsin Department of Corrections, Division of Juvenile Corrections Policy and Procedure, Subjects: Health Services Unit Procedures in the Event of Sexual Abuse, page 3, section II.A., states, "The first staff member to receive information regarding an incident of sexual abuse or sexual contact shall notify a Supervisor and the HSU Manager or designee."</p>

(c) The Copper Lake/Lincoln Hills School PAQ states resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Wisconsin Department of Corrections, Division of Juvenile Corrections Policy and Procedure, Subjects: Health Services Unit Procedures in the Event of Sexual Abuse, page 3, section II.B. 3., states, “. Timely transport alleged involved youth of sexual abuse to the ER for SANE evaluation. Alleged involved youth may not refuse to go to the ER, but may refuse to be evaluated once at the ER.”

(d) The Copper Lake/Lincoln Hills School PAQ states treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 14, section XVI. B. 2., states, “Victims of sexual abuse shall be offered tests for sexually transmitted infections. Victims of All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care.”

Through such reviews, the facility meets the standard requirements.

<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li>3. Wisconsin Department of Corrections, Division of Juvenile Corrections Policy and Procedure, Subjects: Health Services Unit Procedures in the Event of Sexual Abuse, dated 3.16.2021</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Psych Consultant / Psych Associate</li> <li>2. Health Services Manager</li> </ol> <p>Interviews with the medical and mental health staff demonstrated that ongoing treatment designated by hospital personnel would be followed as instructed. Continuity of care would be continued as described by hospital and advocacy staff members after an evaluation for services was completed by both departments.</p> <p>(a) The Copper Lake/Lincoln Hills School PAQ states the facility 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.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 15, section XVI. B. 6., states, "The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any confinement setting. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody."</p> <p>(b) Wisconsin Department of Corrections, Division of Juvenile Corrections Policy and Procedure, Subjects: Health Services Unit Procedures in the Event of Sexual Abuse page 3, section II. C. 1-3, states, "The HSU Manager or designee is responsible for the medical response including arranging for an immediate assessment and care by an ACP or RN if ACP is not on site. This shall include:</p> <ol style="list-style-type: none"> <li>1. An initial assessment of the youth to determine any life-threatening emergency medical care that needs to be addressed immediately.</li> <li>2. All youth involved shall be offered access to forensic medical examinations where evidentiary or medically appropriate.</li> <li>3. It may be necessary to arrange for an assessment, evaluation, treatment, and gathering of evidence at a community facility by a SANE. Consult verbally as needed with SANE for further care planning."</li> </ol>

(c) Wisconsin Department of Corrections, Division of Juvenile Corrections Policy and Procedure, Subjects: Health Services Unit Procedures in the Event of Sexual Abuse #2, states, "All medical and mental health services shall be provided to the victim without financial cost, regardless of whether the victim name the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care."

(d-e) The Copper Lake/Lincoln Hills School PAQ states female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 15, section XVI. B. 7., states, "Victims of sexual abuse shall be offered tests for sexually transmitted infections. Victims of sexually abusive vaginal penetration shall be offered pregnancy tests, in addition to timely and comprehensive information about and timely access to lawful pregnancy-related medical services."

(f) The Copper Lake/Lincoln Hills School PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Policy compliance can be found in provision (d) of this standard.

(g) The Copper Lake/Lincoln Hills School PAQ states treatment services are 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.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 14, section XVI. B. 2., states, "Victims of sexual abuse shall be offered tests for sexually transmitted infections. Victims of All medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident, and in a manner consistent with the community level of care."

(h) The Copper Lake/Lincoln Hills School PAQ states if the facility is a prison, it attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 15, section XVI. B. 8., states, "Further, facilities shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners."

Through such reviews, the facility meets the standard requirements.

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<p data-bbox="280 188 1038 224"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 376">Document Review:</p> <ol data-bbox="280 383 1461 622" style="list-style-type: none"> <li data-bbox="280 383 900 418">1. The Copper Lake/Lincoln Hills School PAQ</li> <li data-bbox="280 425 1461 539">2. Wisconsin Department of Corrections Division of Juvenile Corrections, Policy and Procedure Subject: Managing Allegations of Youth on Youth Sexual Misconduct, dated 12.16.2019</li> <li data-bbox="280 546 1461 622">3. Department of Corrections Office of the Secretary, Sexual Abuse Incident Review (SAIR) Form-PREA, dated 10.2020</li> </ol> <p data-bbox="280 663 437 698">Interviews:</p> <ol data-bbox="280 705 791 864" style="list-style-type: none"> <li data-bbox="280 705 699 741">1. PREA Compliance Manager</li> <li data-bbox="280 748 488 784">2. Investigator</li> <li data-bbox="280 790 539 826">3. Superintendent</li> <li data-bbox="280 833 791 869">4. PREA Director / PREA Coordinator</li> </ol> <p data-bbox="280 875 1477 1072">The interview with the agency administrative staff demonstrated each are aware of the requirements to document and safeguard investigations. The investigator stated she has a system in place to speak with victims, witnesses and suspects within 24 hours of the reported allegation. Investigations referred for criminal investigations are handled by Lincoln County Child Protective Services.</p> <p data-bbox="280 1113 1437 1189">Interviews with the incident review team demonstrated reviews are completed by the facility within 30 days of the completion of investigations.</p> <p data-bbox="280 1229 528 1265">Site Observation:</p> <p data-bbox="280 1272 1430 1348">Reviews of four investigations during the onsite review demonstrated each investigation was reviewed within 30 days of the completion of the investigation.</p> <p data-bbox="280 1386 1469 1583">(a) The Copper Lake/Lincoln Hills School PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there has been eight administrative investigations of alleged sexual abuse completed at the facility,</p> <p data-bbox="280 1624 1477 1821">Wisconsin Department of Corrections Division of Juvenile Corrections, Policy and Procedure Subject: Managing Allegations of Youth on Youth Sexual Misconduct, page 7, section C.1., states, "All DJC facilities shall conduct a review within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded."</p> <p data-bbox="280 1861 1422 1977">The facility provided a Department of Corrections Office of the Secretary, Sexual Abuse Incident Review (SAIR) Form-PREA. The SAIR documents the following information.</p> <ul data-bbox="280 1984 616 2060" style="list-style-type: none"> <li data-bbox="280 1984 405 2020">• Facility</li> <li data-bbox="280 2027 616 2063">• Investigation Number</li> </ul>

- Date of Incident
- Disposition
- Date Investigation Approved by PREA Office
- Date of SAIR
- Date CPS Notified
- Date Parent/Guardian Notified
- Date Law Enforcement Notified
- Review Team Names and Titles
- Victim Name / DOC Number
- Date Rescreened for Risk / Risk / SPN
- Suspect Name / DOC Number / Employee ID
- Risk / Date Rescreened for Risk
- If Substantiated, Date Referred for PSU Evaluation
- If Substantiated, Date Licensing Body Notified
- Staff Suspect / Date facility provided the victim with written notification of the suspects move, charge, or conviction / Written notification uploaded to SINC
- Staff Suspect
- Inmate Suspect / Date

Considerations and Responses to Each Element Below

1. Describe the area of facility where incident allegedly occurred:
2. Are there physical barriers in the area that may enable abuse?
3. Is there monitoring technology in this area? If yes, was it operable?
4. Were there adequate levels of staffing in the area during the time of the alleged incident? If no, explain. Describe any recommended alterations to staffing in the area during different shifts.
5. Was the incident or allegation motivated by any of the following? Check all that apply:
  - a. Race, Gang Affiliation, Intersex Condition, Transgender Identification, Ethnicity, Group Dynamics at Facility, Lesbian/Gay/Bisexual/Gender on-Conforming Identification/Perception, None, Other.
  - b. If yes to any of the above, explain.

Final Report

1. Were departmental and facility policies and procedures followed in response to this allegation? If no, explain.
2. Does this allegation or result of this investigation indicate a need to change a policy or procedure to better prevent, detect or respond to sexual abuse? If yes, explain:
3. Describe recommendations for improvement.
4. What changes, if any, were made as a response to this allegation?

The SAIR is signed and dated by the PREA Compliance Manager or alternate

(b) The Copper Lake/Lincoln Hills School PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded"

incidents was eight. Policy compliance can be found in provision (a) of this standard.

(c) The Copper Lake/Lincoln Hills School PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. Practice compliance is demonstrated in provision (a) by reference of the SAIR form.

(d) The Copper Lake/Lincoln Hills School PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and Operations Lead / PREA Compliance Manager. Practice compliance is demonstrated in provision (a) by reference of the SAIR form.

(e) The Copper Lake/Lincoln Hills School PAQ states, the facility implements the recommendations for improvement or documents its reasons for not doing so.

Through such reviews of the in-depth incident review form the agency exceeds the standard requirements.

<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. The Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> <li>3. Survey of Sexual Victimization, 2016, 2017, 2018, 2019, and 2020</li> </ol> <p>(a)/(c) The Copper Lake/Lincoln Hills School PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 18, section A. 1., states, "The DOC shall collect accurate, uniform data from incident-based documents such as reports, investigation files and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of offenders, using a standardized instrument and set of definitions. The extracted data, at minimum, shall include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization. This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC's website annually."</p> <p>(b) The Copper Lake/Lincoln Hills School PAQ states the agency aggregates the incident-based sexual abuse data at least annually. Practice compliance can be found in §115.388 through the agency PREA Annual Report</p> <p>(d) The Copper Lake/Lincoln Hills School PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Policy compliance can be found in provision (a) of this standard.</p> <p>(e) The Copper Lake/Lincoln Hills School PAQ states this provision is not applicable as the agency does not have private facilities with which it contacts for the confinement of its residents.</p> <p>(f) The Copper Lake/Lincoln Hills School PAQ states the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. The agency provided the Department of Justice with data in years 2016 through 2020.</p> <p>Through such reviews, the facility meets the standard requirements.</p>



<b>115.388</b>	<b>Data review for corrective action</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 376">Document Review:</p> <ol data-bbox="280 383 1430 667" style="list-style-type: none"> <li>1. The Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Prison Rape Elimination Act 2018 Annual Report</li> <li>3. Wisconsin Department of Corrections Prison Rape Elimination Act 2019 Annual Report</li> <li>4. Wisconsin Department of Corrections Prison Rape Elimination Act 2020 Annual Report</li> </ol> <p data-bbox="280 703 1457 864">(a) The Copper Lake/Lincoln Hills School PAQ states the agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:</p> <ul data-bbox="280 875 1457 1032" style="list-style-type: none"> <li>• Identifying problem areas;</li> <li>• Taking corrective action on an ongoing basis; and</li> <li>• Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</li> </ul> <p data-bbox="280 1068 1449 1184">The facility provided Wisconsin Department of Corrections Prison Rape Elimination Act Annual Reports for years 2018-2020. The 2020 Annual Report gathers the following information:</p> <ul data-bbox="280 1196 1158 1518" style="list-style-type: none"> <li>• Introduction</li> <li>• Definitions</li> <li>• Agency and Facility Achievements</li> <li>• Annual Comparison Data</li> <li>• 2020 Sexual Abuse and Sexual Harassment Data</li> <li>• Sexual Abuse and Sexual Harassment Allegations by Facility</li> <li>• Contract Facility Sexual Abuse and Sexual Harassment Data</li> <li>• Forward</li> </ul> <p data-bbox="280 1554 1461 1760">(b) The Copper Lake/Lincoln Hills School PAQ states the annual report includes a comparison of the current year’s data and corrective actions to those from prior years. The annual report provides an assessment of the agency’s progress in addressing sexual abuse. Practice compliance is demonstrated through the agency annual reports.</p> <p data-bbox="280 1796 1474 1957">(c) The Copper Lake/Lincoln Hills School PAQ states the agency makes its annual report readily available to the public, at least annually, through its website. Annual reports are approved by the agency head. The following is the agency website where the annual reports will be located is DOC Prison Rape Elimination Act (wi.gov)</p> <p data-bbox="280 1993 1469 2074">(d) The Copper Lake/Lincoln Hills School PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific</p>

materials where publication would present a clear and specific threat to the safety and security of the facility. Practice compliance is demonstrated through the agency annual reports.

Through such reviews, the facility meets the standard requirements.

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. The Copper Lake/Lincoln Hills School PAQ</li> <li>2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 1.8.2016</li> </ol> <p>(a) The Copper Lake/Lincoln Hills School PAQ states the agency ensures that incident-based and aggregate data are securely retained. The facility states, "All allegations of sexual abuse or sexual harassment, and all related documents, are entered or uploaded electronically into the WI DOC's Sensitive Information Network Communication (SINC) system. Staff members may only access information if applicable to their official job duties, all other access is blocked by the system. The system is also only accessible to those provided appropriate training for use of the system based on their specific duties related to the allegation. Any information related to a staff subject is specifically blocked from access, other than the PREA Office and Internal Affairs Office, as needed. All data is maintained in this secure system and only accessible by the PREA Office."</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 19, section XXI. A. 3., states, "All data shall be securely retained and maintained for at least 10 years after the date of initial collection."</p> <p>(b) The Copper Lake/Lincoln Hills School PAQ states agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 19, section XXI. A. 1., states, "The DOC shall collect accurate, uniform data from incident-based documents such as reports, investigation files and sexual abuse incident reviews for every allegation of sexual abuse within facilities, including facilities with which it contracts for the confinement of offenders, using a standardized instrument and set of definitions. The extracted data, at minimum, shall include the information to answer all questions from the most recent version of the Department of Justice Survey of Sexual Victimization. This data shall be aggregated annually, reported to the Department of Justice as requested and, with personal identifiers removed, posted publicly to the DOC's website annually."</p> <p>(c) The Copper Lake/Lincoln Hills School PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Policy compliance can be found in provision (a) of this standard.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.401	Frequency and scope of audits
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) During the prior three-year audit period, the agency ensured that each facility operated was audited, once.</p> <p>(b) This is the third audit cycle for the Copper Lake/Lincoln Hills School PAQ and the first year of the fourth audit cycle.</p> <p>(h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility.</p> <p>(g) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p>a. The Auditor was permitted to conduct private interviews with residents.</p> <p>b. Offenders were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p>Through such reviews, the facility meets the standards requirements.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	(b) The agency has posted the current 2019 PREA audit report, on their website. Through such reviews, the facility meets the standards requirements.

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots"	yes



	or areas where staff or residents may be isolated)?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na

<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities )	yes
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical 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 require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, 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? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with residents with disabilities including residents who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of 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 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 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 bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes



<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	no

<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility 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, whichever is later.)	yes
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A 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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes

<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes

<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with 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 juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	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 and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes



<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(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 administrative or criminal sexual abuse investigations. See 115.321(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 administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile 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.)	yes
	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.)	yes
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (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.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
<b>115.342 (c)</b>	<b>Placement of residents</b>	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

<b>115.342 (d)</b>	<b>Placement of residents</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes



<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	no
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	no
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	<p>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.</p>	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	<p>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.)</p>	yes
	<p>Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)</p>	yes
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	<p>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.)</p>	yes
	<p>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.)</p>	yes

<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	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 of time to respond is 70 days per 115.352(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.)	yes
	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.)	yes

<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	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.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible 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 provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive 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 they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes



<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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?	yes

<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: 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: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes



<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary 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
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes



<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 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 § 115.387 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 § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes