

PREA Facility Audit Report: Final

Name of Facility: Copper Lake/Lincoln Hills School

Facility Type: Juvenile

Date Interim Report Submitted: 10/27/2025

Date Final Report Submitted: 12/21/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Karen d. Murray	Date of Signature: 12/21/2025

AUDITOR INFORMATION

Auditor name:	Murray, Karen
Email:	kdmconsults1@gmail.com
Start Date of On-Site Audit:	09/24/2025
End Date of On-Site Audit:	09/25/2025

FACILITY INFORMATION

Facility name:	Copper Lake/Lincoln Hills School
Facility physical address:	W4380 Copper Lake Avenue, Irma, Wisconsin - 54442
Facility mailing address:	

Primary Contact

Name:	Klint Trevino
Email Address:	klint.trevino@wisconsin.gov
Telephone Number:	715-536-8386

Superintendent/Director/Administrator

Name:	Klint Trevino
Email Address:	klint.trevino@wisconsin.gov
Telephone Number:	715-536-8386

Facility PREA Compliance Manager

Name:	Rosemary Esterholm
Email Address:	rosemary.esterholm@wisconsin.gov
Telephone Number:	715 409 9459

Facility Health Service Administrator On-Site

Name:	Julie Beeney
Email Address:	julie.beeney@wisconsin.gov
Telephone Number:	715-536-8386

Facility Characteristics

Designed facility capacity:	250
Current population of facility:	82
Average daily population for the past 12 months:	80
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

Age range of population:	14-20
Facility security levels/resident custody levels:	Low, Medium, High Risk
Number of staff currently employed at the facility who may have contact with residents:	266
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	245
Number of volunteers who have contact with residents, currently authorized to enter the facility:	12

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	Kevin Carr
Email Address:	Kevin.Carr@wisconsin.gov
Telephone Number:	(608) 240-5065

Agency-Wide PREA Coordinator Information

Name:	Leigha Weber	Email Address:	leigha.weber@wisconsin.gov
--------------	--------------	-----------------------	----------------------------

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

8

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.313 - Supervision and monitoring
- 115.318 - Upgrades to facilities and technologies
- 115.331 - Employee training
- 115.341 - Obtaining information from residents
- 115.361 - Staff and agency reporting duties
- 115.381 - Medical and mental health screenings; history of sexual abuse
- 115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers

Number of standards met:

35

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-09-24
2. End date of the onsite portion of the audit:	2025-09-25

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Haven Sexual Abuse Advocacy Agency Agency PREA Hotline Agency Third Party Reporting Entity

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	125
15. Average daily population for the past 12 months:	86
16. Number of inmate/resident/detainee housing units:	12
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	73
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	2
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	12
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	268
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

<p>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>2</p>
<p>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<h2>INTERVIEWS</h2>	
<h3>Inmate/Resident/Detainee Interviews</h3>	
<h4>Random Inmate/Resident/Detainee Interviews</h4>	
<p>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>8</p>
<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The facility provided rosters by targeted categories and housing units. Once the Auditor chose the targeted youth, random youth were chosen by housing units.</p>
<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>8</p>
<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>	
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Review of rosters and interviews with specialized staff demonstrated that this category of youth did not appear to be residing in the facility at the time of the onsite review.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Review of rosters and interviews with specialized staff demonstrated that this category of youth did not appear to be residing in the facility at the time of the onsite review.</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Review of rosters and interviews with specialized staff demonstrated that this category of youth did not appear to be residing in the facility at the time of the onsite review.</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Review of rosters and interviews with specialized staff demonstrated that this category of youth did not appear to be residing in the facility at the time of the onsite review.</p>

<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Review of rosters and interviews with specialized staff demonstrated that this category of youth did not appear to be residing in the facility at the time of the onsite review.</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>2</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>

<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The agency does not utilize restricted housing for vulnerable populations.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>13</p>
<p>63. Were you able to interview the Agency Head?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No

65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<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)

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

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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
75. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
--	--------------------------

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>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	7	0	7	0
Staff-on-inmate sexual abuse	4	0	4	0
Total	11	0	11	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	5	2
Staff-on-inmate sexual abuse	0	2	2	0
Total	0	2	8	2

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	1	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

11

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
---	--

Inmate-on-inmate sexual abuse investigation files

<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>7</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><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)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><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)</p>

Staff-on-inmate sexual abuse investigation files

<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><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)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><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)</p>
--	--

Sexual Harassment Investigation Files Selected for Review

<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>

Inmate-on-inmate sexual harassment investigation files

<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><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 harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><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 harassment investigation files)</p>

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

Non-certified Support Staff

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

Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

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

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review: <ol style="list-style-type: none">1. Copper Lake/Lincoln Hills School PAQ2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.20223. Department of Corrections - Secretary's Office Organizational Chart, dated 9.20244. Wisconsin Department of Corrections PREA Compliance Manager and Victim Services Coordinator Contacts, dated 7.14.2025
	Interviews: <ol style="list-style-type: none">1. Random Youth

2. Targeted Youth
3. Youth Counselors
4. Supervisory staff
5. PREA Compliance Manager
6. Superintendent
7. PREA Director / PREA Coordinator
8. Assistant Deputy Director / Head of Agency

Through interviews with youth and staff, as well as review of youth and staff files, it was evident that the facility interweaves PREA standards into daily protocols. Both youth and staff could describe facility PREA practices and protocols consistent with the agency's PREA policy.

Interviews with the PREA Compliance Manager and PREA Coordinator demonstrated each is well-versed in PREA implementation and that both have ample time to complete their PREA duties.

The following comments were received by youth during interviews.

- 100% state they feel sexually safe in the facility
- 100% state they have been offered mental health (regardless as to how they scored on their risk screenings)
- Searches conducted respectfully by staff
- Staff don't play with PREA here

The following comments were received by personnel during interviews.

- Treat everyone equally regardless as to how they identify
- Be accepting of all types of youth and don't upset them one way or another
- Report inappropriate behaviors immediately and in the moment
- Give youth their options on who and how they feel most comfortable reporting
- Tell youth where we will touch them during a search as staff move through the search

- Always keep conversations appropriate and never engage in anything that can go sideways
- Don't get in precarious positions – recognize, redirect and report
- Stop inappropriate behaviors in their track and make sure youth know it is unwelcome
- Try to always have a work partner especially when working in opposite gender unit
- Do not be alone with kids and if this is necessary, be sure your partner is aware and watching on camera
- Encourage victims not to wash or change after a sexual abuse incident
- We all work together as a team, and meet weekly to discuss youth needs

Site Observations:

During the tour of the facility, wooden PREA signs, PREA postings with internal, external, third-party, and advocate reporting information, and PREA audit notices on colored paper were observed at the facility entrance, at the entrance or in the Control Booth of each dorm, in the visitation area, in the school building, and in the staff dining area.

(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 4-5, 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 PIOC. 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, as appropriate, while investigating all allegation,
- The DOC provides multiple avenues to report allegations of sexual abuse and sexual harassment and, further, recognizes the right of staff members and PIOC to be free from retaliation for reporting or participating in the investigation of sexual

abuse and sexual harassment.

- The DOC trains all employees, contractors and volunteers to recognize, respond to and report sexual abuse and sexual harassment.
- The DOC provides PIOC's 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 the 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 efforts to comply with PREA standards as set forth by DOC."

The facility provided a Wisconsin Department of Corrections PREA Compliance Manager and Victim Services Coordinator Contacts. The directory demonstrates each State of Wisconsin facility has a Compliance Manager to include Lincoln Hills School/Copper Lakes School Primary and back up Compliance Manager.

Based on review of youth and staff PREA awareness, consistent postings throughout the facility, staff carrying first responder cards as part of their dress code, and the facility's use of a highly involved and well-known back-up PREA Compliance

	Manager who also serves as the Victim Coordinator, the facility exceeds compliance with this standard.
--	--

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Director / PREA Coordinator <p>During the pre-audit phase, the 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 not 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 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, "The agency does not have contracts for the confinement of youth. If\when applicable the agency has a process in place to conduct contract monitoring. Compliance visits are conducted annually except during the years in which the contracted facility is subject to a DOJ PREA audit. Attached are examples of compliance monitoring and/or federal audits."</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 5-6, section VII, states, "All new</p>

	<p>or renewed contracts for the confinement of the DOC PIOC 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>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	---

115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 3.11.2025 3. Wisconsin Department of Corrections Sexual Abuse in Confinement Staffing Plan, dated 3.11.2025 4. WIDOC PREA Coordinator 2025 PREA Staffing Plan Annual Review Log, dated 2025 5. LHS/CLS Supervisor Shift Reports 6. Photos of Mirror Placement <p>Interviews:</p> <ol style="list-style-type: none"> 1. Youth Counselors 2. PREA Compliance Manager 3. Supervising Youth Counselor II 4. PREA Compliance Manager 5. Superintendent 6. PREA Director

Interviews with Youth Counselors demonstrated that opposite-gender staff activate the blue light in the control booth upon entering and exiting each unit.

Interviews with the Supervising Youth Counselor demonstrated that unannounced rounds are conducted throughout the day using varied routes so staff are not aware of when the rounds will occur. The Supervisor stated unannounced rounds are conducted at least three times per shift in each building on campus. These rounds are documented in each building's clipboard in red ink and recorded in the shift report, which is forwarded to administration with a timestamp.

Interviews with the PREA Compliance Manager, Superintendent, and the PREA Director/Coordinator demonstrated that a staffing plan is in place, with annual reviews conducted in conjunction with the Assistant Deputy Secretary.

Site Observations:

Documentation demonstrated that unannounced rounds are consistently completed three times during each 12-hour shift. Records reviewed from January 2025 through September 2025 confirmed this practice. During the facility tour, a blind spot was observed behind the dryers. Discussion with staff indicated that installing a mirror in the corner of the room could alleviate this blind spot.

Recommendation:

1. Place a mirror behind dryers to alleviate the blind spot. Facility response: The facility provided photos demonstrating mirrors have been placed throughout the laundry room.
 - (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 64. 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 64.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 6, section IX. A. states, "Each facility shall develop, document and make its best efforts to comply with a staffing

plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect PIOC's against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall consider

1. Generally accepted correctional practices;
2. Any judicial, federal investigative and internal/external oversight agency findings of inadequacy;
3. The facility's physical plant including blind-spots or areas where staff or PIOC's may be isolated;
4. The composition of the PIOC population;
5. The number and placement of security staff;
6. Institution programs occurring on a particular shift;
7. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
8. Applicable State or local laws, regulations, standards and other relevant factors."

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

1. Youth Population
2. Physical Plant
3. Supervisory Staff
4. Programming
5. Prevalence of Sexual Abuse Incidents
6. Rounds
7. Transportation
8. Volunteer/Contractor Supervision
9. Overtime
10. Findings of Inadequacy

(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.

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's Staffing Plan documents ratios ranging from 1:2 to 1:6 during awake hours and 1:6 to 1:12 during sleeping hours.

(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 [§115.13(c), §115.313(d)]:

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 facility provided a WIDOC PREA Coordinator 2025 PREA Staffing Plan Annual Review Log demonstrating each agency facility has reviewed staffing plans at least once in the past 12 months.

	<p>The staffing plan is electronically signed by the PREA Compliance Manager and the WIDOC PREA Director.</p> <p>(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.</p> <p>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 staff sexual abuse and sexual harassment. The DOC staff are prohibited from alerting other staff that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility."</p> <p>The facility provided LHS/CLS Supervisor Shift Reports demonstrating that PREA rounds are documented in red text in each living unit, completed at least once per shift at varying times each day.</p> <p>Based on observation of six documented unannounced rounds per each 24-hour period, the facility exceeds compliance with this standard. Documentation demonstrated rounds are consistently conducted on all shifts and across all housing units, reinforcing staff accountability and supervisory presence throughout the facility.</p>
--	--

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 3. Department of Corrections Pat Search Preference Request, not dated 4. Department of Corrections Division of Management Services Lesson Plan, dated

10.2022

5. Post Audit: Wisconsin Department of Corrections Memorandum, RE: Opposite Gender Announcement/Unit Blue Light, dated 10.15.2025
6. Post Audit: Training Brief – PREA Cross Gender Announcement, not dated
7. Post Audit: Training Brief – Cross Gender Announcements / PREA Training Trivia Questions
8. Post Audit: Wisconsin Department of Corrections Memorandum, RE: Provision 115.315 (d), dated 10.15.2025

Interviews:

1. Random Youth
2. Youth Counselors
3. PREA Compliance Manager
4. Unit Manager

Interviews with youth demonstrated they are informed when opposite-gender staff are in the building by a blue light located in the control booth. However, some youth reported the light is sometimes blocked by postings, is left on continuously, is only turned on when staff remember, or that they were not aware of its purpose. All youth interviewed stated searches are conducted respectfully by staff and that they are directed to change in their rooms or in the shower to ensure privacy.

Interviews with Youth Counselors demonstrated searches consist of pat searches. Random interviews demonstrated some staff were aware a transgender or intersex youth may request an opposite-gender staff member conduct the search and the facility has a designated and approved staff member available. These cross-gender searches are documented in the search log. A portion of staff were not aware of the approval process and or transgender or intersex youth could request opposite gender staff conduct searches.

Site Observations:

During the tour the intake and search areas were observed to be under camera view; however, covered windows allow for youth privacy during the intake process from those staff in the control booth or anyone passing by the search area. Cameras were reviewed in the main Control Room and cameras in wet cells demonstrate toilets are out of view of staff monitoring cameras. During the tour restrooms in

each Unit were observed to have swinging doors at the entrance of the bathroom, dividers between toilets, swinging doors at the entrance of showers and shower curtains at each shower stall allowing for privacy for youth when in a state of undress.

During the site tour, it was observed that the blue light in the unit control booth was either covered by postings or not visible to youth. Interviews with youth indicated they were unclear about the purpose of the blue light, as well as where they were expected to change clothing in order to avoid being viewed by staff of the opposite gender.

Corrective Action Plan:

Provide documented staff training to ensure the blue light in the unit control booth remains unobstructed and free from postings or coverings.

Provide documented youth training with clear instruction on the purpose of the blue light, appropriate areas for changing clothes, and expectations regarding proper attire while in their rooms.

Appropriate facility personnel to provide a memorandum outlining a sustainable action plan that identifies the position(s) responsible for ensuring ongoing compliance with provision (d) of this standard, to include the date, author, and standard in question and is addressed to the DOJ PREA Auditor.

Upload all supporting documentation, training materials, and the memorandum into the OAS under this provision.

Post audit, the facility provided a memorandum addressed to Lincoln Hills and Copper Lake School youth, making each aware that staff, contractors and volunteers must announce their presence when entering a housing unit and that the blue light at the control booth will be turned on to further notify them that the opposite gender staff is currently in the unit. Furthermore, the memorandum instructs youth to remain behind a PREA shower curtain when changing.

Post audit, the facility provided a Training Brief providing personnel with the following information.

- Staff of the opposite gender are required to announce their presence when entering an inmate housing unit.
- This announcement is only necessary when the opposite gender staff is not currently present
- The Blue light is to be turned on when the opposite gender staff arrives and exits the housing unit.

- The Blue light is to remain unobstructed and free from coverings or postings.

Post-audit, the facility provided a Training Brief demonstrating that cross-gender announcements were explained to personnel, along with PREA Training Trivia questions for staff to complete during the sessions.

Post audit, the facility provided a memorandum from the PREA Compliance Manager, addressed to the DOJ PREA Auditor stating staff have received PREA training briefs on cross gender announcements. Ongoing compliance will be sustained through PREA training being provided on a yearly basis to include in person training, scenarios and testing to document staff understanding on the process.

The memorandum states youth have received a memo on the process for opposite gender staff when they are in the living unit and the purpose for the blue lights in each unit. Ongoing compliance will be sustained through youth being educated on this information when they arrive through the intake process.

In addition, the memorandum states the LHS/CLS Training Supervisor and PREA Compliance Manager or Back-up PREA Compliance Manager will be responsible for maintaining ongoing compliance with this provision.

Recommendation:

1. Ensure Youth Counselors receive refresher training on how transgender and intersex search accommodations are communicated and conducted. Facility response: All staff training was completed to include in person review and training brief and review of policy and procedure. Completed by 10/20/2025 Additional in person training with scenarios will take place in the future.

(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 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 7, section X. B., states, "Adult

facilities shall not permit cross-gender strip or body cavity searches of PIOC's except in exigent circumstances or when performed by medical practitioners. Exigent circumstances shall be documented."

(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.

(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 7, section X. C., states, "Juvenile facilities shall not permit cross-gender pat, strip or body cavity searches of PIOC's except in exigent circumstances. Exigent circumstances shall be documented and justified."

The facility provided a Pat Search Preference Request form demonstrating the facility documents the following information:

- Inmate Name
- DOC Number
- Facility
- Date Request Received
- Inmate Identifies As:
- Preferred Staff Gender to Conduct Pat Searches
- A Cross Gender Identity Is Present and There Are No Significant Concerns About Its Validity
- The Request Is Consistent With The Safety, Treatment and Rehabilitative Needs Of The Inmate

(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 PIOC's to shower, perform bodily functions and change clothing without nonmedical staff members of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, staff members of the opposite gender shall announce their presence when entering a PIOC 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 100% 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.

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

	<ol style="list-style-type: none"> 1. Identify reasons for conducting personal searches. 2. Identify four types of personal searches. 3. Identify the five basic rules for personal searches. 4. Demonstrate ability to conduct a proper personal (pat) search. 5. Know the proper procedure for recording and documenting personal searches. <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	---

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 3. VendorNet Contract Information, in Person Interpretation Services for American Sign Language services, dated 9.29.2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Targeted Youth 2. Social Worker <p>Interviews with one cognitively delayed youth and one youth who uses hearing aids demonstrated each was provided PREA education in a manner they could comprehend. Both stated they had received PREA education multiple times since entering the facility.</p> <p>The interview with the Social Worker demonstrated she spends extra time with disabled youth, asks questions to confirm their understanding of the PREA information presented, and ensures they know which staff members they can reach</p>

	<p>out to for help. The Social Worker stated she flags any concerns with youth and communicates those concerns to a clinician, the school principal, and the facility superintendent.</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, "PIOCs 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 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."</p> <p>The facility provided VendorNet Contract demonstrating language services are available for ASL, foreign languages, telephone interpretation services, and written translation services.</p> <p>(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.</p> <p>(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</p>
--	--

	<p>resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations was zero.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 14, section XVI. A. 4., states, "The facility shall not rely on PIOC interpreters, PIOC readers or other types of PIOC assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the PIOC's safety, the performance of first responder duties or the investigation of the PIOC's allegations. The exigent circumstances in which PIOC assistants are used shall be documented."</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	---

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. The Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 3. State of Wisconsin Background Check Procedure, dated 11.26.2018 4. Department of Corrections Background Check Authorization Form, dated 2.2021 5. Department of Corrections Non-DOC Personnel, Business & Professional Visitors Form, dated 5.2025 6. Department of Corrections Candidate Reference Check Form, dated 11.2020 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Institution Director of Human Resources Advanced <p>Interviews with the Director of Human Resources demonstrated that criminal background and child abuse history checks, including Administrative Adjudication questions, are completed after applicants pass the interview and reference check</p>

process. The Director stated that criminal history background checks are conducted at hire, upon promotion, and within five years of hire. The Director further stated that institutional reference checks are completed for all applicable applicants and are provided to employers of past employees.

Site Observations:

Review of 20 personnel files, two contractor files, and one volunteer file demonstrated that each had completed administrative adjudication questions, criminal history and child abuse registry checks at hire, upon promotion, or within five years of hire. Institutional reference checks had been completed for all applicable applicants.

(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:

- 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);
- 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 has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 5, section VI. A. 1., states, "The DOC shall not hire, promote, or enlist the services of 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 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 staff member."

The facility provided a Department of Corrections Background Check Authorization form demonstrating the following questions are asked.

- Have you ever been: Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention?
- Convicted of engaging or attempt 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?

- Civilly or administratively adjudicated to have engaged in the activity described above?
- Engaged in sexual harassment in the community or confinement setting?

The facility provided a Department of Corrections Non-DOC Personnel, Business & Professional Visitors form demonstrating the following questions are asked.

- Have you ever been engaged in sexual abuse in a prison, jail lockup, community confinement facility, juvenile facility, or other institution or place of detention?
- Have you ever been convicted of engaging or attempt to engage in sexual activity in the community facilitated by force, overt or implied, thrusts of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
- Have you ever been civilly or administratively adjudicated to have engaged in the activity described above?

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

(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 51.

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 employees and enlisting the services of any staff member who may have contact with PIOC's, the DOC shall perform a criminal background records check."

Page 4, section Processing Criminal Background Checks of the State of Wisconsin Background Check Procedure states, "Two systems will be utilized when conducting criminal background checks, Portal 100 and Wisconsin Circuit Court (CCAP). Portal 100 background checks include the following: state and federal criminal history, civil records, sex offender registries and driving record. CCAP will assist with gathering recent charges and/or convictions. Form DOC-I098D Background Check Authorization Form must be used for checks conducted by Human Resources. A wet signature is required for processing.

Any applicant that will be working within the Division of Juvenile Corrections at Lincoln Hills School, Copper Lake School or the GROW Academy will need to have an additional child abuse background check completed prior to offer of employment. PREA standards require that the agency consult applicable child abuse registries maintained by the State or location in which the employee or contractor may work. The required Department of Children and Families (DCF) child abuse registry check form is available in the reference area that corresponds to these procedures."

The facility provided a Department of Corrections Candidate Reference Check form demonstrating reference checks include the following questions.

- To your knowledge, has it been determined that the candidate has ever engaged in any incident of workplace sexual abuse or sexual harassment, while employed with your company?
- Did the candidate resign during a pending investigation of an allegation of sexual abuse or sexual harassment in the workplace before the investigation was completed?
- Provide an explanation of the circumstances for any 'YES" answers for questions 10-11.

(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 245. Policy compliance can be found in provision (c) 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

	<p>that a system is in place for otherwise capturing such information for current employees.</p> <p>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 staff members."</p> <p>(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.</p> <p>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."</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	--

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ
	<p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. PREA Director / PREA Coordinator 3. Assistant Deputy Director / Head of Agency <p>Interviews with the PREA Coordinator and the PREA Compliance Manager</p>

	<p>demonstrated cameras and staff supervision are utilized throughout the facility. The facility has not acquired a new building or made substantial modifications since the last PREA audit.</p> <p>The interview with the Head of Agency demonstrated the agency is in the process of designing a new facility. She reported working with the design firm and providing input on information technology, lighting, monitoring equipment, and staffing plans, ensuring PREA considerations are incorporated for both staff and residents.</p> <p>Site Observations:</p> <p>Multiple cameras were observed throughout the facility, including in closets, hallways, offices, housing units, education areas, dining areas, and on the exterior perimeter of each facility building and body cameras.</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 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.</p> <p>Based on the extensive use of cameras throughout the facility, including closets, hallways, offices, housing units, education areas, dining areas, and the exterior perimeter of each building, and body cameras the facility exceeds compliance with this standard. The breadth of coverage demonstrates a strong commitment to supervision, accountability, and the deterrence of sexual abuse and sexual harassment, while supporting staff in maintaining a safe environment for youth.</p>
--	---

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

1. Copper Lake/Lincoln Hills School PAQ
2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022
3. Memorandum of Understanding, Haven, dated 12.13.2019
4. Certificate of Completion: PREA: Victim Service Coordinator, dated 9.29.2022
5. Email Correspondence to Law Enforcement, dated 9.12.2025

Interviews:

1. Registered Nurse

The interview with the Registered Nurse demonstrated youth would be transported to the Marshfield Clinic Health System-Westin for forensic medical examinations. During the interview, the Registered Nurse and the Auditor discussed facility transport protocols to ensure medical staff are aware of the designated forensic exam location. Discussion also took place regarding pregnancy laws to ensure medical staff are informed of state requirements should there be a female victim of sexual abuse.

Site Observations:

The facility has an inhouse victim advocate who is well known by youth and personnel. There were no sexual abuse allegations in the past 12 months that resulted in a sexual abuse forensic exam.

Recommendation:

1. Ensure all medical staff receive refresher training on SANE facility protocols and pregnancy laws. Facility response: All HSU staff completed a refresher training on SANE protocols and pregnancy laws on 10.14 and 10.15.
 - (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 investigation, the agency investigators follow a uniform evidence protocol.

(b) The Copper Lake/Lincoln Hills School PAQ states the protocol being developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the 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 exams, SAFE/SANE exam performed in the last 12 months.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 14-15, 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 at an offsite medical facility, without financial cost, where evidentiarily 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 at an offsite medical facility by other qualified medical practitioners. The facility shall document its efforts to provide SANEs."

(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 Certificate of Completion: PREA: Victim Service Coordinator demonstrating the facility has an employee trained to provide victim advocate services.

(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 Memorandum of Understanding between Wisconsin Department of Corrections Haven. The memorandum appears to be current and does not have an expiration date. The memorandum is signed and dated by the Haven Executive Director, Wisconsin Department of Corrections PREA Director and the Wisconsin Department of Corrections Secretary.

(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 issued by the Agency PREA Coordinator. However, the documentation did not demonstrate that a response was received from law enforcement.

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

1. Copper Lake/Lincoln Hills School PAQ
2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022

Interviews:

1. Supervising Counselor II / Investigator

The interview with the Investigator demonstrated each allegation regarding sexual harassment or sexual abuse are referred for investigation, regardless of the source, and criminal investigations are referred to the Lincoln County Sheriff's Department.

Site Observations:

In the past 12 months, the facility had a total of 21 combined allegations of sexual harassment and sexual abuse referred for investigation. Of those, 13 investigations were reviewed during the pre-audit phase. The source of each allegation was a verbal report made to staff, and four of the investigations were referred to law enforcement.

(a) The Copper Lake/Lincoln Hills School PAQ states the agency ensures that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had 20 allegations of sexual abuse and sexual harassment that were received. In the past 12 months, the number of allegations resulting in administrative investigation was 20. In the past 12 months, the number of allegations referred for criminal investigation was 18.

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 investigations."

(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

	<p>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 https://doc.wi.gov/Pages/AboutDOC/PrisonRapeEliminationAct.aspx</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 16, section XVII. C., 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."</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	--

115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 3. Facility Staff Training & Support DAI Uniformed Staff Curriculum, dated 11.2022 4. PREA Refresher Training PowerPoint 2025 5. Department of Corrections, Division of Management Services Employment Statement of Acknowledgement, dated 3.2023 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Youth Counselors <p>Interviews with facility staff demonstrated they were aware of and had received initial, annual, and or refresher PREA training. When prompted, staff could describe procedures including not using youth for interpreting services and accepting youth</p>

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, and stated they would post a staff member in the alleged crime scene area until supervisors arrived to ensure evidence was preserved.

Site Observations:

Utilization of the PREA Audit – Juvenile Facilities Documentation Review Employee File/Records template demonstrated that 20 of 20 personnel files contained documentation verifying that initial, annual, and/or refresher training was provided within the past two years.

(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 spring of 2025. 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 form DOC-1558 to affirm their understanding."

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 7-8, section XI. A. 1. a-m., states, "The DOC shall train all new employees on the department's zero-tolerance policy for sexual abuse and sexual harassment. All employees shall receive training every two years; in years in which an employee 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 employee shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received.

- a. The DOC's zero tolerance policy for sexual abuse and sexual harassment;
- b. How to fulfill employee responsibilities under the DOC sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures;
- c. PIOC's right to be free from sexual abuse and sexual harassment;
- d. The right of PIOC's and staff members 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 PIOCJs;
- i. How to communicate effectively and professionally with PIOCJs, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming PIOCJs;
- 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 PIOCJs; and
- m. Instruction specific to the unique needs and attributes of juveniles.”

The facility provided a Facility Staff Training & Support DAI Uniformed Staff Curriculum. Page 14 of the manual provides learners with the following education.

- Understand the zero-tolerance policy of sexual harassment or sexual abuse in the DOC;
- Learn the origins of PREA and related definitions;
- Outline the staff responsibilities regarding reported PREA incidents;
- Discuss the dynamics of sexual abuse/harassment in confinement, including victim responses;
- Identify prevention/detection techniques related to sexual abuse/harassment; and
- Define the responding and reporting requirements related to sexual harassment or sexual abuse.
- Discuss professional expectations in the context of their roles;
- Demonstrate actions associated with the four components that make up professionalism: attitude, appearance, communication, and ethics;
- Explain the interplay between the four pillars of professionalism;
- Reference Executive Directive 43 – DOC Work Rules;
- Identify ways to report or address unethical behavior; · Develop strategies for responding to ethical issues; and
- Demonstrate ethical decision making.

(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 facility provided a 2025 PREA Refresher Training PowerPoint. The curriculum includes the following components.

- Introduction
- Objectives
- First Responder Duties – Uniform
- First Responder – Non-Uniform
- First Responder – Healthcare
- First Responder – Youth Counselor
- First Responder – Community Corrections
- Person of Influence
- Zero Tolerance
- Protect and Include
- Investigation Resources
- Honor the Individual Spirit
- Equity and Diversity Resources
- Build Bridges
- Professional Boundaries

(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.

	<p>The facility provided a Department of Corrections, Division of Management Services Employment Statement of Acknowledgement demonstrating employees acknowledge their understanding of the PREA training they have received.</p> <p>Based on annual and bi-annual staff PREA refresher sessions and ongoing agency policy training, the facility exceeds compliance with this standard. The consistent delivery of training ensures staff remain knowledgeable of PREA requirements, reinforces first responder responsibilities, and strengthens staff confidence in addressing sexual abuse and sexual harassment. This practice demonstrates the agency's commitment to sustaining a culture of safety and accountability beyond the minimum requirements of the standard.</p>
--	---

	<p>115.332 Volunteer and contractor training</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual 3. PREA: A Guide for Non-DOC Personnel, Business & Professional Visitors, dated 9.2023 4. Department of Corrections, Office of the Secretary, PREA Sexual Abuse and Sexual Harassment in Confinement Training Contractor Statement of Acknowledgment, dated 4.2016 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Contractors (2) 2. Volunteer / Religious <p>Interviews with contractors and volunteers demonstrated each had been made aware of the agency's zero tolerance policy before having access to youth. Each stated they were comfortable reporting any information they might hear or see to the nearest staff member or to the facility superintendent.</p>
--	--

Site Observations:

Utilization of the PREA Audit – Juvenile Facilities Documentation Review Employee File/Records template demonstrated that all three contract and volunteer files reviewed contained documentation verifying that initial and annual PREA education training had been provided during each of the past two years.

(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 245.

The facility provided a PREA: A Guide for Non-DOC Personnel, Business & Professional Visitors, The guide includes the following information.

1. The Prison Rape Elimination Act
2. All Non-DOC Service Providers Shall Immediately Report
3. Vulnerable Offenders
4. Indicators of Abuse
5. Sexual Abuse Definitions
 - a. Offender on-Offender Sexual Abuse
 - b. Staff, Contract, or Volunteer-on-Offender Sexual Abuse
6. Voyeurism
7. Sexual Harassment

(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.</p> <p>The facility provided a PREA Sexual Abuse and Sexual Harassment in Confinement Training Contractor Statement of Acknowledgment.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	--

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 3. Inmate PREA Education Facilitator Guide, dated 1.2022 4. Wisconsin Department of Corrections Division of Juvenile Corrections Sexual Abuse and Sexual Harassment Prevention and Intervention Handbook in English and Spanish, dated 7.2019 5. Youth Acknowledgment of Prison Rape Elimination Act Education, dated 3.2018 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Youth 2. Targeted Youth 3. Social Worker Senior <p>Multiple informal and 16 formal interviews with youth demonstrated their knowledge of PREA through education provided at intake and during subsequent education sessions. Youth were familiar with the agency zero tolerance policy and</p>

aware that PREA signs were posted throughout the facility, including internal and external reporting information. Youth reported they could submit a grievance, hand staff a note, report verbally to staff, report to a trusted adult in the community, or dial 777 on youth payphones.

The interview with the Social Worker demonstrated youth are educated on PREA within 72 hours of intake by viewing the State of Wisconsin juvenile PREA video, which explains rights as well as vulnerable and aggressive behaviors. Youth are then provided with information on the agency zero tolerance policy and reporting options. During this education, youth are also made aware of the “blue” light that is turned on in the unit control booth when opposite-gender staff are present. All youth sign an acknowledgement once their questions have been answered at the end of the training session.

Site Observations:

Utilization of the PREA Audit – Juvenile Facilities Documentation Review Juvenile File/Records template demonstrated that 15 of 16 youth interviewed had entered the facility within the past 12 months and each had received PREA education within 48 hours of intake. Each youth also wore a badge with PREA reporting information printed on the back of their identification card.

(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. 143 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 Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 8, section XI. B. 1-3., states, “

1. At intake, PIOCs shall receive information detailing the DOC's zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents or suspicions.
2. Within 30 days of intake at adult facilities and within 10 days at juvenile facilities, the facility shall provide comprehensive education to PIOCs either in person or through video regarding.
 - a. The DOC's zero tolerance policy, including PIOCs' right to be free of sexual abuse, sexual harassment and disclosure-related retaliation; and

b. The DOC's policies and procedures for responding to such incidents.

3. Upon transfer to another facility, PIOC's 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 an Inmate PREA Education Facilitator Guide demonstrating youth are educated on the following.

- Sexual abuse and sexual harassment prevention and intervention video
- Agency Zero Tolerance Policy
- Sexual abuse and sexual harassment of inmates by staff, volunteers, contractors and other inmates is unacceptable.
- Sexual abuse by another inmate is sexual activity that is not wanted or agreed to. It is against the law for a staff member to make sexual advances or comments, or to engage in sexual contact with an inmate or youth.
- Youth Handbook
- Cross Gender Announcements
- Victim Services Coordinator
- Internal and external reporting contact information

(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 137.

(c) The Copper Lake/Lincoln Hills School PAQ states of those who were not educated during 30 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.

(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, "PIOCs 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 PIOC education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with PIOC with disabilities."

(e) The Copper Lake/Lincoln Hills School PAQ states the facility maintains documentation of resident participation in PREA education sessions.

The facility provided a Youth Acknowledgment of Prison Rape Elimination Act Education demonstrating youth acknowledge they have received information regarding sexual abuse and sexual harassment prevention, local support services, sexual abuse and sexual harassment in confinement settings, resources regarding their rights, zero tolerance, multiple reporting options and DOC policies and procedures.

(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.

The facility provided a Wisconsin Department of Corrections Division of Juvenile Corrections Sexual Abuse and Sexual Harassment Prevention and Intervention Handbook demonstrating PREA information is available to youth in English and Spanish.

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p>
	<ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 3. State of Wisconsin Department of Corrections Sexual Abuse and Sexual Harassment Investigation Resource Guide, dated 9.2024 4. Wisconsin Department of Corrections Staff Trained to Investigate Reports of Sexual Abuse and Sexual Harassment in Confinement Directory, dated 8.2022
	<p>Interviews and on site file review:</p> <ol style="list-style-type: none"> 1. Social Worker Senior / Investigator <p>The interview with the investigator demonstrated she had completed specialized education for investigators through an in-person class with the Wisconsin Department of Corrections.</p>
	<p>Site Observations:</p> <p>The agency provided a Wisconsin Department of Corrections Staff Trained to Investigate Reports of Sexual Abuse and Sexual Harassment in Confinement directory demonstrating the facility investigator has completed specialized training for investigators.</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, "Employees who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Garrity/Oddsden warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case</p>

for administrative action or prosecutorial referral. The DOC shall maintain documentation of training completion.”

The facility provided a Sexual Abuse and Sexual Harassment Investigation Resource Guide demonstrating Investigator are educated on the following.

- PREA Office Contacts
- Definitions
- PREA Standards
- DOC Policy
- First Responder Duties
- Evidence Preservation Kits
- Report, Allegation, and Investigation Process
- Sexual Abuse and Sexual Harassment Allegation Checklist
- PREA Report Checklist
- Investigation Best Practice Checklist
- Forensic Experiential Interview Action Steps
- Communication Strategies
- De-Escalating and Diffusing Anger
- Interview Question Prompts
- Staff Suspect Documentation
- Inmate Suspect Documentation
- SANE Report
- Crime Lab Results
- Investigation Outcome Letters
- Sexual Abuse Incident Review

(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 688.

	<p>Wisconsin Department of Corrections Staff Trained to Investigate Reports of Sexual Abuse and Sexual Harassment in Confinement Directory. The directory documents the following:</p> <ul style="list-style-type: none"> · First and Last Name of Investigator · Title · Division · Location · Training Date <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	---

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 3. State of Wisconsin Department of Corrections Sexual Abuse and Sexual Harassment Investigation Resource Guide, dated 9.2024 4. Wisconsin Department of Corrections Staff Trained to Investigate Reports of Sexual Abuse and Sexual Harassment in Confinement Directory, dated 8.2022 <p>Interviews and on site file review:</p> <ol style="list-style-type: none"> 1. Social Worker Senior / Investigator <p>The interview with the investigator demonstrated she had completed specialized education for investigators through an in-person class with the Wisconsin Department of Corrections.</p>

Site Observations:

The agency provided a Wisconsin Department of Corrections Staff Trained to Investigate Reports of Sexual Abuse and Sexual Harassment in Confinement directory demonstrating the facility investigator has completed specialized training for investigators.

(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.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 8, section XI. A. 4., states, "Employees who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Garrity/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."

The facility provided a Sexual Abuse and Sexual Harassment Investigation Resource Guide demonstrating Investigator are educated on the following.

- PREA Office Contacts
- Definitions
- PREA Standards
- DOC Policy
- First Responder Duties
- Evidence Preservation Kits
- Report, Allegation, and Investigation Process
- Sexual Abuse and Sexual Harassment Allegation Checklist
- PREA Report Checklist
- Investigation Best Practice Checklist
- Forensic Experiential Interview Action Steps

- Communication Strategies
- De-escalating and Diffusing Anger
- Interview Question Prompts
- Staff Suspect Documentation
- Inmate Suspect Documentation
- SANE Report
- Crime Lab Results
- Investigation Outcome Letters
- Sexual Abuse Incident Review

(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 688.

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

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

Standard 115.335: Specialized training: Medical and mental health care

Document Review:

1. Copper Lake/Lincoln Hills School PAQ
2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022
3. PREA for Healthcare Staff Curriculum, not dated
4. PREA Staff Training Record, dated 2024 and 2025

Interviews:

1. Registered Nurse
2. Psychosocial Associate

The interview with the medical and mental health personnel demonstrated each had completed the specialized PREA training for medical and mental health staff.

Site Observations:

The facility provided medical and mental health training records demonstrating that each had completed specialized training for medical and mental health practitioners.

(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 21.

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.

- a. How to detect and assess signs of sexual abuse and sexual harassment;
- b. How to preserve physical evidence of sexual abuse;
- c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- d. How and to whom to report allegations or suspicions of sexual abuse and sexual

harassment."

The facility provided a PREA for Healthcare Staff module. The module includes the following components.

- PREA for Healthcare Staff
- First Responder Duties
- Initial Assessment
- Reporting Requirements
- Victim Consent
- Confidentiality
- Reporting Laws
- Preserve Evidence
- SANE Exam
- Provide Care
- Support Services
- Victim Advocates
- Juvenile Offenders
- Victim Services Coordinator
- Other Resources
- 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 demonstrating 21 medical and mental health practitioners have completed the required training.

The facility provided a PREA Staff Training Record. The record demonstrates medical and mental health staff have completed the required specialized training for

	<p>medical and mental health practitioners.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	--

115.341	Obtaining information from residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 3. Department of Corrections Office of the Secretary, PREA Screening Tool, dated 12.2015 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Youth 2. Targeted Youth 3. Social Worker Senior 4. PREA Director / PREA Coordinator <p>Interviews with youth demonstrated each was asked risk screening questions during the intake process. Youth recalled being asked about past victimization, sexual orientation, mental or physical disabilities, and whether they felt safe around their peers.</p> <p>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, and conducting the process in the privacy of her office. The Social Worker stated she reviews youth history, victimization or perpetration history, safety concerns and how they can be addressed discreetly, and how the youth identify. She further stated that youth are seen weekly and reassessment questions are asked during each session.</p>

Site Observation:

Utilization of the PREA Audit – Juvenile Facilities Documentation Review Juvenile File/Records template demonstrated that 15 of 16 youth admitted within the past 12 months had completed risk assessments within 48 hours of arrival.

(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 144.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 9, section XII. A. 1-11, states, “PIOCs shall be assessed during an intake screening within 72 hours of arrival at the facility, and again within 72 hours of transfer to another facility, for risk of being sexually abused by other PIOCs or sexually abusive towards other PIOCs. The objective screening instrument shall include, at minimum, the following criteria.

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. PIOCs perception of vulnerability.”

B. PIOC's may not be disciplined for refusing to answer or for failing to disclose information in regards to the screening questions

C. Facilities shall not consider lesbian, gay, bisexual, transgender or intersex identification or status as an indicator or likelihood of being sexually abusive

D. Juvenile Facility-Based Screening

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

Based on documentation demonstrating that 15 of 16 youth admitted within the past 12 months had completed risk assessments within 48 hours of arrival, and the practice of rescreening youth weekly during sessions with the Social Worker, the facility exceeds compliance with this standard. Completing screenings ahead of the 72-hour requirement, combined with ongoing reassessments, demonstrates a proactive and sustained commitment to identifying risk factors, addressing safety concerns, and ensuring youth needs are consistently monitored throughout their placement.

115.342 Placement of residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Copper Lake/Lincoln Hills School PAQ

2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022
3. Post Audit: Admission Screening Lincoln Hills School Tracking Sheet
4. Post Audit: Training Brief – Living Unit Roster ROA/ROV
5. Post Audit: Training Brief – First Responder Duties / PREA Training Trivia Questions
6. Post Audit: Wisconsin Department of Corrections Memorandum, RE: Standard Provision 105.342 (a), dated 10.16.2025

Interviews:

1. Targeted Youth
2. PREA Compliance Manager
3. PREA Director / PREA Coordinator

Interviews with four vulnerable youth, one LGBTI youth, and one cognitively delayed youth demonstrated each could articulate that they felt safe in the facility, were well respected by staff, and had a clear understanding they could meet with mental health staff or Youth Counselors who meet their needs on a consistent basis.

The interview with the PREA Compliance Manager demonstrated the Krueger Unit is utilized for aggressive youth, and that youth in the other existing units are separated by hallway when necessary. All staff have access to view how a youth may identify; however, only the records department, Behavioral Health, Shift Supervisors, and the PREA Compliance Manager have access to completed risk screenings.

Site Observation:

The facility does not have a system in place to identify or track youth who fall into targeted populations (e.g., LGBTQI youth, youth with disabilities, prior victimization, or other identified vulnerabilities). As a result, the facility is unable to produce an accurate listing or numbers of youth in these categories for programmatic and housing purposes.

Corrective Action Plan

- Develop a Tracking System:

Implement a secure system (manual log or electronic database) to record and track youth who are identified through the PREA risk screening process as belonging to targeted populations.

- **Assign Responsibility:**

Designate a specific facility staff position responsible for maintaining and updating the targeted youth list at intake, during transfers, and following any re-assessments.

- **Document Staff Training:**

Provide documented training to all relevant staff on the importance of identifying and tracking targeted youth, including confidentiality requirements and the impact on housing, programming, and supervision decisions.

- Appropriate facility personnel to provide a memorandum outlining a sustainable action plan that identifies the position(s) responsible for ensuring ongoing compliance with provision (a) of this standard, to include the date, author, and standard in question and is addressed to the DOJ PREA Auditor.

- Upload all supporting documentation, applicable training materials, and the memorandum into the OAS under this provision.

Post-audit, the facility provided the Admission Screening – Lincoln Hills School Tracking Workbook, which demonstrated the facility has been monitoring targeted youth since 2021. This document was not identified during the onsite review as a substitute staff member was providing coverage at the time.

Post-audit, the facility provided a Training Brief demonstrating that information regarding the Living Unit Roster and the Admission Screening – Lincoln Hills School Tracking Workbook was explained to staff.

Post-audit, the facility provided a Training Brief demonstrating the tracking of targeted youth was explained to personnel, along with PREA Training Trivia questions for staff to complete during the sessions.

Post-audit, the facility provided a memorandum from the PREA Compliance Manager, addressed to the DOJ PREA Auditor, explaining that a spreadsheet has been created to identify targeted youth.

(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 risk screening shall inform housing, bed, work, education and program assignments with the goal of keeping separate those PIOC's 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."

(a) 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"

	<p>(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.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 8, section XIII.E. 1-3 state,</p> <ol style="list-style-type: none"> 1. "Lesbian, gay, bisexual, transgender or intersex PIOCs shall not be placed in dedicated facilities, wings or units solely on the basis of such identification or status. 2. When making facility, cell/unit housing and programmatic assignments for transgender or intersex PIOCs the DOC shall consider on a case-by-case basis whether a placement would ensure the PIOC's health and safety and whether the placement would present management or security problems ,in addition to serious consideration of the PIOC's own views with respect to their own safety. 3. 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. 4. Transgender and intersex PIOCs shall be given the opportunity to shower separately from other PIOCs." <p>(e) 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.</p> <p>(h-i) The Copper Lake/Lincoln Hills School PAQ states this standard is not applicable as the facility does not utilize seclusion.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	--

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

1. Copper Lake/Lincoln Hills School PAQ
2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022
3. Wisconsin Department of Corrections Zero Tolerance Reporting Posting, English and Spanish

Interviews:

1. Random Youth
2. Targeted Youth
3. Youth Counselors

Interviews with youth demonstrated they were very comfortable reporting directly to multiple staff members in different departments throughout the facility.

Interviews with Youth Counselors demonstrated they would accept any allegation of sexual harassment or sexual abuse regardless of the source of the information.

Site Observations:

During the tour, wooden and paper signage with PREA education was observed throughout the facility, including in living units, the school building, and the dining hall. The agency PREA hotline and the external hotline was also tested from a youth phone by dialing #777. The Auditor left a message following an instructional recording, and the PREA Analyst demonstrated that the message was delivered to his email within moments.

- (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.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 11-12, section XIV. A., states, "PIOC Reporting

- A. The DOC shall provide multiple ways for PIOCs to privately report sexual abuse and sexual harassment, retaliation by other PIOCs or staff for reporting sexual abuse

and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. In addition, the DOC shall provide at least one way for PIOCs to report sexual abuse and sexual harassment to a public or private entity that is not part of the DOC."

The facility provided Wisconsin Department of Corrections Zero Tolerance Reporting Posting in both English and Spanish. The posting includes the following reporting information.

To Report Sexual Abuse and Sexual Harassment, please:

- Tell any staff person
- 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.

(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. The PAQ states, "WI DOC does not detain inmates solely for civil immigration purposes; please see attached detention locations."

(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 12, section XIV. C.1.-3.., states, “

1. Staff members 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 PIOC's or staff who reported such an incident; and/or
 - c. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
2. 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.
3. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, shall be referred for investigation.”

(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.

(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. The PAQ states, “In class room training, PREA training and refresher, Back to Basic training.”

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 3. JTracker Report, dated 2.4.2025 4. Post Audit: Wisconsin Department of Corrections Memorandum, RE: Standard Provision 115.352 (f)(2), dated 10.15.2025 	
<p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Youth 2. Targeted Youth 3. Youth Counselors 4. PREA Compliance Manager <p>Interviews with youth demonstrated their awareness of the grievance procedures and that they could obtain grievance forms by asking staff without issue.</p> <p>Interviews with Youth Counselors demonstrated youth are provided a grievance form and writing utensils upon request.</p> <p>The interview with the PREA Compliance Manager demonstrated grievance boxes are checked Monday through Friday each week.</p>	
<p>Site Observations:</p> <p>During the tour, grievance boxes were observed in each housing unit, as well as in the education building and the dining hall.</p> <p>Corrective Action Plan:</p> <p>Appropriate facility personnel to provide a memorandum outlining a sustainable</p>	

action plan that identifies the position(s) responsible for ensuring ongoing compliance with provision (f)(2) of this standard, to include the date, author, and standard in question and is addressed to the DOJ PREA Auditor.

- Upload all supporting documentation, applicable training materials, and the memorandum into the OAS under this provision.

Post audit, the facility provided a memorandum from the PREA Compliance Manager, addressed to the DOJ PREA Auditor stating the Institutional Compliant Examiner (ICE) will be responsible for completing daily facility unit rounds Monday through Friday to check all youth grievance boxes. The grievance boxes will be checked once on either Saturday or Sunday by the Administrative Duty Officer (ADO) when they complete their weekend rounds.

- (a) The Copper Lake/Lincoln Hills School PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. The PAQ states, "All inmates 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."

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 13, section XV, states, "All sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System shall be immediately referred to facility leadership for review and sexual abuse and/or sexual harassment investigation. See Investigations (section XVII.) for guidelines. PIOC shall be notified within 30 days of the initial complaint that the portion of the complaint alleging sexual abuse or sexual harassment has been referred for review and possible investigation and the Inmate Complaint Review process has concluded. Further:

A. A time limit shall not be imposed on when a PIOC 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 appropriate reviewing authority.

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

C. Each facility shall ensure that a PIOC who alleges sexual abuse or sexual harassment may submit a complaint without submitting it to the staff member who is the subject of the complaint and that such a complaint is not referred to a staff

	<p>member who is the subject of the complaint. The PIOC may use an alternate method of filing.</p> <p>D. Third parties, including fellow PIOCs, staff, family members, attorneys and outside advocates, shall be permitted to assist a PIOC in filing complaints related to allegations of sexual abuse or sexual harassment. A parent or legal guardian of a juvenile shall be permitted to file a grievance regarding allegations of sexual abuse on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on their behalf. Complaints filed shall be referred for sexual abuse and/or sexual harassment investigation.</p> <p>E. If a PIOC alleges that he or she is subject to a substantial risk of imminent sexual abuse, the PIOC may contact any staff member 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 PIOC 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 Staff Reporting (section XIV. C.)</p> <p>F. The DOC may discipline a PIOC for a complaint filed alleging sexual abuse or sexual harassment only where the DOC demonstrates that the complaint was filed in bad faith."</p> <p>The facility provided a JTracker Report demonstrating one grievance regarding sexual harassment and sexual abuse was received, reviewed, responded to and completed within five days of receipt.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	---

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual

Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022

3. Memorandum of Understanding, Haven, dated 12.13.2019

4. Wisconsin Department of Corrections Zero Tolerance Posting

Interviews

1. Random Youth

2. Targeted Youth

Interviews with youth demonstrated they had been provided information on the community sexual abuse victim advocate, and their PREA postings included the advocate's address and phone number.

Site Observations:

During the tour, the community sexual abuse advocate was contacted using a youth phone. After proper introductions and an explanation of the reason for the call, the advocate stated the agency would help guide a youth reporting sexual abuse, accompany the youth through forensic exams, and provide ongoing emotional support services in person or by phone. The advocate also stated that all advocates must complete initial and ongoing training in order to work with victims of sexual abuse.

(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.

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.

- 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.
- The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 15, section XVI. B. 5., states, "Thereafter, the facility shall provide PIOC's 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 PIOC's mailing addresses and telephone numbers, including toll-free hotline numbers where available. The facility shall enable reasonable communication between PIOC's and these organizations and agencies, in as confidential a manner as possible and, in advance, provide notification to PIOC's 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 [§115.53, §115.353(a-c)]. Juveniles shall be provided reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians."

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 between Wisconsin Department of Corrections Haven. The memorandum appears to be current and does not have an expiration date. The memorandum is signed and dated by the Haven Executive Director, Wisconsin Department of Corrections PREA Director and the Wisconsin Department of Corrections Secretary.

	<p>(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. Policy compliance can be found in provision (a) of this standard.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	---

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ <p>Interviews</p> <ol style="list-style-type: none"> 1. Random Youth 2. Targeted Youth 3. Youth Counselors 4. PREA Compliance Manager <p>Interviews with youth and staff demonstrated their knowledge of third-party reporting, stating that youth family members or other trusted individuals could report sexual harassment or sexual abuse allegations on their behalf.</p> <p>Site Observations:</p> <p>During the tour of the dining hall, which also serves as the visitation area, standardized PREA signage was observed that included third-party reporting information.</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</p>

	<p>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: https://doc.wi.gov/Pages/AboutDOC/PrisonRapeElimination-Act.aspx</p> <p>On 8.31.2025 at 9:43 am, this Auditor sent clicked on the link as directed, via the posting, and sent the following email request. "Could you please tell me the steps you take when you receive a third-party allegation report through this option?" On 8.31.2025 at 9:44 am the email request for information was returned stating, "The PREA Office reviews each call and enters the information into our online tracking system (SINC) and distributes the information to the incident location PCM's for appropriate follow-up."</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	---

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022
	<p>Interviews:</p> <ol style="list-style-type: none"> 1. Youth Counselors 2. PREA Compliance Manager <p>Interviews with staff demonstrated they would accept allegations of sexual harassment and sexual abuse verbally, in writing, through grievances, or via a third party. Staff stated they complete a written incident report after receipt or discovery of any allegation.</p> <p>The interview with the PREA Compliance Manager demonstrated that notifications to</p>

parents, guardians, and/or legal counsel are made on the day a sexual abuse incident occurs.

Site Observation:

Review of sexual abuse incidents during the pre-audit phase demonstrated that in each case, parents, guardians, and/or legal counsel were notified on the day of the incident.

(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.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 12, section XIV. C. 1. a-c., states, "Staff members shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports [§115.51(c), §115.351(c)]; 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 PIOC's or staff who reported such an incident; and/or

c. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation."

(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 12, section XIV. C. 7., states, "In addition, if the alleged victim is under the age of 18 the facility shall promptly

	<p>(within 14 days) report the allegation to the alleged victim's:</p> <ol style="list-style-type: none"> 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." <p>(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.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 12, section XIV. C. 4., states, "Staff members 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."</p> <p>Based on interviews and documentation demonstrating that staff accept allegations through multiple reporting avenues and that parents, guardians, and/or legal counsel are consistently notified on the same day a sexual abuse incident occurs, the facility exceeds compliance with this standard. The practice of immediate notification reflects a strong commitment to transparency, timely communication, and ensuring youth have access to necessary outside support without delay.</p>
--	--

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:
	<ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022

	<p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent <p>The interview with the Superintendent demonstrated facility staff act promptly and respond immediately upon discovery of any incident involving sexual harassment or sexual abuse. Staff stated that victims are immediately separated from perpetrators, placed in an area where they feel safe, and that perpetrators are removed from the unit to the specialized unit classroom.</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.</p> <p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 13-14, section XVI, states, "When the department or facility learns that a PIOC is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the PIOC [§115.62, §115.362]. Each facility shall develop 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>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	---

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022

3. Wisconsin Department of Corrections Memorandum for Receiving Facility Head, Template Letter

Interviews:

1. Superintendent
2. Assistant Deputy Secretary

Interviews with the facility Superintendent and the Assistant Deputy Secretary demonstrated that they were aware of their responsibility, upon receiving an allegation that a youth was sexually abused while confined at another facility, to notify the head of the facility where the allegation occurred. Both staff stated they would begin an internal investigation and maintain contact with the facility in question until the investigation was completed.

Site Observations:

The facility provided memorandums demonstrating that seven notifications were made in response to allegations received.

(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 two allegations that a resident was abused while in confinement at another facility. The PAQ states, "Alerted the other confinement facility via head-to-head notification and offered victim services."

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 12-13, section XIV. C. 8., states, "Within 72 hours of receiving an allegation that a PIOC was the victim of sexual abuse while confined at another facility, the information shall be reported by the head, or designee, of the facility to the head, or designee, of the facility where the alleged abuse occurred. In the event the alleged victim is a juvenile, facility staff shall also notify the appropriate investigative agency. All notifications shall be documented and the appointing authority that receives such notification shall ensure that the allegation is investigated."

	<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> <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. Policy compliance can be found in provision (a) of this standard.</p> <p>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.</p> <p>(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 seven allegations of sexual abuse the facility received from other facilities. Policy compliance can be found in provision (a) of this standard.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	---

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 3. Department of Corrections, Office of the Secretary, Sexual Abuse Response Checklist, dated 8.2024 4. Sexual Abuse Incident Response, Youth Counselor, First Responder Card

5. Post Audit: Training Brief – First Responder Duties / PREA Training Trivia Questions
6. Post Audit: Signed Staff Training Memorandum
7. Post Audit: Wisconsin Department of Corrections Memorandum, RE: Standard Provision 15.364 (a), dated 10.15.2025

Interviews:

1. Youth Counselors

Interviews with random staff demonstrated that first responder steps included asking both victims and alleged perpetrators for details of the incident, having youth change clothing, and collecting evidence from the location of the incident. These practices are inconsistent with PREA first responder requirements.

Site Observations:

Documentation of investigations reviewed demonstrated that sources of the allegations were primarily reported directly to a facility staff member.

Corrective Action Plan:

- Provide documented training to Youth Counselors and Youth Counselor Advanced in proper first responder protocols.

Appropriate facility personnel to provide a memorandum outlining a sustainable action plan that identifies the position(s) responsible for ensuring ongoing compliance with this standard, to include the date, author, and standard in question and is addressed to the DOJ PREA Auditor.

- Upload all supporting documentation, training documentation, and the memorandum to the OAS under this standard.

Post-audit, the facility provided a Training Brief demonstrating that each of the first responder duties was explained to personnel, along with PREA Training Trivia questions for staff to complete during the sessions.

Post-audit, the facility provided signed staff training memorandums demonstrating all personnel had been trained on first responder duties. In follow-up discussion, the

PREA Compliance Manager explained that both security and non-security staff received the training, and each signed a separate acknowledgment. The PREA Auditor did not require the facility to upload all 300 individual training acknowledgments.

Post-audit, the facility provided a memorandum from the PREA Compliance Manager, addressed to the DOJ PREA Auditor, confirming that all staff received PREA Training Briefs on first responder duties.

(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.

Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was 18. 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 18. 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 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 14, section XVI. A. 1. a-d, states, "Upon learning of an allegation that a PIOC was sexually abused, the first security staff member to respond to the report shall, 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
 - First Responder Directives
- o Security (Uniform) directives
- o Non-Security (Non-Uniform) directives
- Communication directives

- Responding Supervisor directives
- PREA Kit
- SANE Transport
- 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 two. Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence was two. Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff was two.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 14, section XVI. A. 2., states, "If the first staff responder is not a security staff member, the responder shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff."

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Sexual Abuse in Confinement Coordinated Response Plan, dated 4.2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent <p>The interview with the Superintendent demonstrated the coordinated response is maintained in the facility's shared drive to ensure all staff have access to the document and understand it must be completed in its entirety upon receipt of a sexual harassment or sexual abuse allegation.</p> <p>Site Observations:</p> <p>Review of the agency policy for incidents demonstrated 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> <p>I. Following a reported risk of imminent sexual abuse:</p> <ul style="list-style-type: none"> · Staff First Responder action steps · Security Supervisor or Security Director/Designee action steps

	<p>II. Following a suspected or alleged facility-based incident of sexual abuse:</p> <ul style="list-style-type: none"> · Non-security Staff First Responder · Security Staff First Responder · Security Staff · Security Supervisor or Security Director/Designee · Compliance Manager · Medical Staff · Mental Health · Victim Services Coordinator · Investigator · Appointing Authority/Designee · Sexual Abuse Incident Review Team <p>III. Following a report of sexual abuse at another confinement facility</p> <ul style="list-style-type: none"> · Staff First Responder · Security Supervisor or Security Director/Designee · Appointing Authority <p>IV. Following a Report of Sexual Abuse in the Community</p> <ul style="list-style-type: none"> · Staff First Responder · Medical and Mental Health Staff <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	--

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ <p>Interview:</p> <ol style="list-style-type: none"> 1. Assistant Deputy Director <p>The interview with the Assistant Deputy Director demonstrated the agency is not responsible for collective bargaining as it had been eliminated in 2011.</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>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	--

	<p>115.367 Agency protection against retaliation</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 3. Department of Corrections Office of the Secretary Sexual Abuse Allegation Staff Retaliation Monitoring Form, dated 8.2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Psychological Associate
--	---

The interview with the Psychological Associate demonstrated that she is notified of allegations of sexual abuse through the SINC database as it comes to her immediately upon an incident report being entered. The Psychological Associate stated she meets with the victim within one to two days of a sexual abuse incident, explains the retaliation and investigation processes and related terminology, and ensures youth know they can confidentially speak with her, a peer, or staff about any concerns during retaliation monitoring. She further stated she monitors all types of allegations, including those related to food, rent, incident reports, job access, or programming issues. The Psychological Associate reported that she documents retaliation monitoring through email communications and clinical notes for a minimum of three months and records periodic checks in both the SINC database and her contact notes.

Site Observations:

Review of sexual abuse investigations demonstrated that retaliation monitoring was completed beginning with the report of the allegation and continued for up to 90 days, or until the victim was discharged from the program.

(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 PREA Compliance Manager, the Psychological Associate the Victim Services Coordinator to monitor staff reporters for retaliation.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 17, section XVIII. A., states, "Each facility shall designate a staff member(s) to monitor retaliation to ensure that all PIOC's and staff involved in the reporting or investigation of sexual abuse and/or sexual harassment are protected."

The facility provided a Department of Corrections Office of the Secretary Sexual Abuse Allegation Staff Retaliation Monitoring Form. The form documents the following information.

- Inmate / Youth Last Name / First Name / DOC # / Case #
- Date of Initial Report / Referred From / Date of Referral
- Task / Complete / Date Completed / Responsible (initials) / Comments / Follow-up

	<ul style="list-style-type: none"> · Ongoing Monitoring Notes <p>(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. The PAQ states, "Through monthly VSC appointments with either of the two staff members listed above and through living unit team or staff team discussions surrounding any potential concerns." "The VSC monitors for 90 days at minimum - as long as the PREA related case is ongoing or not considered "unfounded"."</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	---

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent <p>The interview with the Superintendent demonstrated perpetrators would be housed in the specialized housing unit until the outcome of an investigation was completed and would continue to be separated from the victim throughout their time in the facility.</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</p>

	<p>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 a PIOC who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.43 and §115.343 as found within Placement (section XIII.)"</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	--

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 3. (12) PREA Investigations Reviewed 4. Post Audit: Training Brief, §115.371 5. Post Audit: Training Class Record – PREA Investigator Training – dated 10.24.2025 6. Post Audit: Wisconsin Department of Corrections Memorandum, RE: Standard Provision 15.371 (d)(e)(f), dated 10.15.2025 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Supervising Youth Counselor / Investigator <p>The interview with the investigator demonstrated she clearly understood and articulated the processes required during an investigation. These included ensuring the victim and the perpetrator are separated, evidence is preserved, interviewing the victim and witnesses first and the perpetrator last, and reviewing video footage,</p>

written reports, and prior complaints. Any investigation that appears to be criminal is referred to Child Protective Services and the Lincoln County Sheriff's Department.

Site Observation

Review of 13 investigations during the pre-audit phase demonstrated that sexual abuse allegations were referred for criminal investigation. Review of investigative files did not demonstrate consistent documentation of credibility assessments, nor did the reports consistently outline supporting facts and investigative findings. The absence of these elements is not consistent with PREA Standard 115.71 requirements for thorough, objective, and evidence-based investigations.

Corrective Action Plan:

Investigator Training:

Provide documented training to all staff assigned investigative responsibilities on: How to assess and document credibility.

How to structure investigative reports with clear statements of facts and findings.

PREA Standard 115.71 requirements for criminal and administrative investigations.

Appropriate facility personnel to provide a memorandum outlining a sustainable action plan that identifies the position(s) responsible for ensuring ongoing compliance with this standard, to include the date, author, and standard in question and is addressed to the DOJ PREA Auditor.

- Upload all supporting documentation, training documentation, and the memorandum to the OAS under this standard.

Post audit, the facility provided a Training Brief with consideration to all provisions within §115.371.

Post audit, the facility provided a Training Class Record demonstrating the three facility investigators completed refresher training for Investigators.

Post audit, the facility provided a memorandum from the PREA Compliance Manager, addressed to the DOJ PREA Auditor stating that investigators were provided refresher training and a training brief. The memorandum goes on to state In addition to the yearly training for staff on the PREA process they will need to demonstrate their understanding through scenario and written exams. All training will be documented and filed in their training records. Each PREA investigation will be reviewed by PREA Compliance Manager and Safety Director or designee. During the review the entirety of the investigation will be reviewed to ensure all facts are

included in the summary and the summary is clear and concise. After the review each investigation will be given a disposition with clear comments that justify the conclusion for the disposition. All staff will be required to complete this mandatory training. LHS\CLS Training Supervisor and PREA Compliance Manager or Back up PREA Compliance Manager will be responsible for maintaining ongoing compliance with this provision.

(a) The Copper Lake/Lincoln Hills School PAQ states the agency/facility has a policy related to criminal and administrative agency investigations.

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 investigations."

(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.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 16, section XVII, J., states, "The departure of an alleged abuser or victim from the employment or control of the facility or the DOC, or the recantation of the allegation, shall not provide a basis for terminating an investigation."

(i) 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 two.

(j) 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.

	<p>Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 16, section XVII, I., 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."</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	---

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Supervising Counselor II / Investigator <p>The interview with the facility investigator demonstrated the facility imposes 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. H., 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>

	Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.
--	---

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 3. Wisconsin Department of Corrections, Investigative Finding – PREA Investigation Memorandum, Template, dated 6.2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigator <p>Interviews with the investigator demonstrated notifications are forwarded to youth by the agency PREA Office.</p> <p>Site Observations:</p> <p>Review of the 13 investigations reviewed during the pre-audit phase; each sexual harassment and sexual abuse each included a notification of the investigation finding.</p> <p>(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 18. Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation was 18.</p>

The PAQ states, "Facility notifies inmates who allege sexual abuse AND/OR sexual harassment."

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 16-17, section XVII. L., states, "Following an investigation of an allegation that a PIOC 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 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 18 investigations of alleged resident sexual abuse. Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was 18. 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."

The facility provided a Wisconsin Department of Corrections, Investigative Finding - PREA Investigation Memorandum template and completed notifications to victims.

(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 17, section XVII. M., states, "Following a substantiated or unsubstantiated allegation of staff-on-PIOC sexual abuse the DOC shall inform the alleged victim, and document such notification, whenever the staff member is no longer posted within the alleged victim's unit; the staff member is no longer employed at the facility; or the DOC learns that the staff member has been indicted or convicted on a charge related to the initial allegation of sexual abuse."

(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 18 notifications to a resident, pursuant to this standard. Of those notifications made in the past 12 months, the number that were documented was 18. Policy compliance can be found in provision (c) and (d) of this standard.

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: <ol style="list-style-type: none">1. Copper Lake/Lincoln Hills School PAQ2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022
	Interviews:

1. Superintendent

The interview with the Superintendent demonstrated that if a staff member was alleged to have been involved in sexual abuse with a youth, law enforcement would be notified, and the staff member would be placed on administrative leave or assigned to fence patrol until the outcome of the investigation. If the investigation was substantiated, the staff member would be terminated, and any applicable licensing authorities would be notified.

Site Observations:

In the last 12 months, the facility did not have any staff disciplined for violation of the agency's sexual abuse or sexual harassment policy.

(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. The PAQ states, "There were zero cases of staff that were terminated from the facility who were found to have violated agency sexual abuse or sexual harassment policies."

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 17-18, section XIX. A. 1-2., states, "

1. Employees 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 [115.76(a), §115.376(a)].
2. 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."

(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.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 18, section XIX. A. 3., states, "Termination is the presumptive sanction for an employee who engaged in sexual

	<p>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 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.</p> <p>(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.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	---

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent <p>The interview with the Superintendent demonstrated that if a volunteer or</p>

contractor was alleged to have been involved in sexual abuse with a youth, law enforcement and the associated agency would be notified. The volunteer or contractor would not be allowed in the facility or have contact with youth until the outcome of the investigation. If the investigation was substantiated, the volunteer or contractor would no longer be permitted in the facility and any applicable licensing authorities would be notified.

Site Observation:

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.

(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.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 18, section XIX. A. 4., states, "Any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with PIOC's and shall be reported to relevant licensing bodies. Appropriate remedial measures shall be taken by the facility to ensure the safety of PIOC's in contact with volunteers and contractors."

(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.

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.378	Interventions and disciplinary sanctions for residents
----------------	---

	Auditor Overall Determination: Meets Standard
--	--

Auditor Discussion	
<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent <p>The interview with the Superintendent demonstrated that youth perpetrators would never be allowed in the same area as the victim. Law enforcement would be contacted for possible charges, violation reports would be completed, and a treatment component would begin. The perpetrator would be transferred, and if transfer could not take place, the youth would reside in the specialty unit.</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 guild for resident-on-resident sexual abuse. In the past 12 months there have been two 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 18, section XIX. B. 1., states, "PIOCs who have committed PIOC-on-PIOC sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process [§115.78(a), §115.378(a)]. Sanctions shall be commensurate with the nature and circumstances of the violation, the PIOC's disciplinary history and the sanctions imposed for comparable offenses by other PIOCs with similar histories."</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</p>	

medical or mental health care clinician. In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse was zero.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 18, 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 practitioner."

(c) Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 18, section XIX. B. 3., states, "The disciplinary process shall consider whether a perpetrating PIOC's mental disabilities or mental illness contributed to their 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 18, section XIX. B. 4., states, "The facility shall consider requiring perpetrating PIQCs 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 18, section XIX. B. 5., states, "A PIOC may only be disciplined for sexual contact with a staff member upon a finding that the staff member 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 18, 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 18, section XIX. B. 7., states, "While consensual sexual activity between PIocs is prohibited in the DOC facilities, the DOC may not deem consensual sexual activities as sexual abuse if it is determined that the activity is not coerced."

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review: 1. Copper Lake/Lincoln Hills School PAQ

2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022
3. PSU PREA Follow-Up Note, dated 12.2023
4. Department of Corrections Limits of Confidentiality of Health Information Form, dated 6.2020

Interviews:

1. Registered Nurse
2. Psychological Associate

Interviews with medical and mental health practitioners demonstrated youth are provided medical and mental health services upon disclosure of past abusive behaviors or victimization, or upon notice that a youth has been involved in a sexual abuse allegation. Practitioners reported that sessions take place within 24 hours of staff being notified of the disclosure, aggressiveness, or an on-site incident.

Site Observation

Review of youth files demonstrated that each of the nine targeted and random youth interviewed who disclosed prior abuse, scored as a potential aggressor, or identified as LGBTI+ had documentation verifying they received follow-up medical and/or mental health services within 24 hours.

(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 zero residents disclosed prior victimization during the intake screening were offered a follow-up meeting with a medical or mental health provider.

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement, page 10, section XII. E., 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."

The facility provided a PSU PREA Follow-Up Note demonstrating mental health practitioners document client reports of PREA-related concerns.

(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 10, section XII. G., states, "Appropriate controls shall be placed on the dissemination of information gathered from the screenings to ensure that sensitive information is not exploited to the PIOC's detriment by staff or other PIOC's [§115.41(i), §115.341(e)]. 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 practitioners and other staff members, 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. Medical and mental health practitioners shall obtain informed consent from PIOC's before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the PIOC is under the age of 18."

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

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.

	<ul style="list-style-type: none"> · “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: <ul style="list-style-type: none"> o Reports of confinement-based sexual abuse, sexual harassment, or retaliation related to reporting either.” <p>The consent is signed and dated by the Offender or person authorized to signed on behalf of the offender.</p> <p>Based on interviews and documentation demonstrating that all identified youth were referred for medical and mental health services within 24 hours of disclosure, screening, or incident, the facility exceeds compliance with this standard. The practice of immediate referral and follow-up ensures timely support, promotes safety and well-being, and reflects the facility’s proactive commitment to addressing the needs of vulnerable youth.</p>
--	---

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Registered Nurse 2. Psychological Associate <p>Interviews with medical and mental health staff demonstrated that youth are aware emergency medical and mental health services are made available immediately upon notification of a sexual abuse incident and upon a victim’s return from a forensic exam. Staff further stated that perpetrators are also provided with medical and mental health services once the victim has been attended to.</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

Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), page 15, section XVI. B., 1-2., state,

1. "Victims of sexual abuse shall 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. In the event that no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioner(s).
2. 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."

(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 Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), page 15, 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 at an offsite medical facility, without financial cost, where evidentiarily 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 at an offsite medical facility by other

	<p>qualified medical practitioners. The facility shall document its efforts to provide SANEs."</p> <p>(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.</p> <p>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."</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	--

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Registered Nurse 2. Psychological Associate <p>Interviews with medical and mental health staff demonstrated that ongoing treatment designated by hospital personnel is followed as instructed. Staff further stated that facility medical and mental health practitioners complete an evaluation for continuum of care within hours of a victim's return from a forensic exam or</p>

immediately following a sexual abuse incident. This process ensures coordination with hospital and advocacy staff, so services continue seamlessly and support is maintained.

Site Observation

Review of documentation demonstrated that continuum of care evaluations was consistently completed within on the same day of a sexual abuse incident.

(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.

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 PIOC's 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."

(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 16, 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.

	<p>(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. Policy compliance can be found in provision (a) of this standard.</p> <p>(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.</p> <p>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 PIOC on- PIOC abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners."</p> <p>Based on interviews and documentation demonstrating that facility medical and mental health staff complete continuum of care evaluations within hours of a forensic exam or sexual abuse incident, the facility exceeds compliance with this standard. This practice ensures victims receive immediate follow-up services, promotes continuity of care in collaboration with outside providers, and demonstrates the facility's commitment to supporting victims beyond the minimum requirements of the standard.</p>
--	---

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. The Copper Lake/Lincoln Hills School PAQ 2. Department of Corrections Office of the Secretary, Sexual Abuse Incident Review (SAIR) Form-PREA, dated 10.2020
	<p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent

The interview with the Superintendent demonstrated that the sexual abuse incident review team is comprised of himself, the Deputy Superintendent, the Health Services Manager, Psychological Services Unit, the Victim Coordinator, and the PREA Compliance Manager. The team reviews what occurred, what was handled well, how to prevent a similar incident in the future, any physical barriers, whether responses were handled correctly, possible training components, group dynamics, classification decisions, and serious threat groups. The Superintendent stated that he and the PREA Compliance Manager oversee the implementation and sustainment of recommendations resulting from sexual abuse incident reviews.

Site Observations:

Review of investigations during the pre-audit phase demonstrated that each investigation was reviewed within 30 days of its completion.

(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 14 administrative investigations of alleged sexual abuse completed at the facility,

The facility provided a Department of Corrections Office of the Secretary, Sexual Abuse Incident Review (SAIR) Form-PREA. The SAIR documents the following information.

- Facility
- Investigation Number
- 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 suspect's 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 Non-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 14.

(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.

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Copper Lake/Lincoln Hills School PAQ

(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.

(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

(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.

(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.

(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.

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: <ol style="list-style-type: none"> 1. The Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Prison Rape Elimination Act 2024 Annual Report

(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:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- 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.

The facility provided Wisconsin Department of Corrections Prison Rape Elimination Act Annual Report for 2023. The Annual Report gathers the following information:

- Introduction
- Definitions
- Agency and Facility Achievements
- Annual Comparison Data
- 2024 Sexual Abuse and Sexual Harassment Data
- Contract Facility Sexual Abuse and Sexual Harassment Data
- Looking forward

(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.

(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)

(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.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	--

115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. The Copper Lake/Lincoln Hills School PAQ 2. Wisconsin Department of Corrections Executive Directive #72, Subject: Sexual Abuse and Sexual Harassment in Confinement (PREA), dated 8.2.2022 <p>(a) The Copper Lake/Lincoln Hills School PAQ states the agency ensures that incident-based and aggregate data are securely retained.</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 PIOC's, 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>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
--	---

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 fifth audit cycle.</p> <p>(h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility.</p> <p>(e) 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>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>

115.403 Audit contents and findings	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(b) The agency has posted the current 2022 PREA audit report, on their website. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

Appendix: Provision Findings

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

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

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	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" or areas where staff or residents may be isolated)?	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 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
115.313 (b)	Supervision and monitoring	
	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
115.313 (c)	Supervision and monitoring	
	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?	yes
115.313 (d)	Supervision and monitoring	
	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
115.313 (e)	Supervision and monitoring	
	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	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	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
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	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
115.315 (d)	Limits to cross-gender viewing and searches	
	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
115.315 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes

115.315 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective	yes

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

	abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	
	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
115.317 (b)	Hiring and promotion decisions	
	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
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry	yes

	maintained by the State or locality in which the employee would work?	
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	

	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	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
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	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.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321	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
115.321 (c)	Evidence protocol and forensic medical examinations	
	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
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321	Evidence protocol and forensic medical examinations	

(e)		
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (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
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in 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

	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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
115.331 (b)	Employee training	
	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
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who	yes

	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?	
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	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	yes

	video regarding: Agency policies and procedures for responding to such incidents?	
115.333 (c)	Resident education	
	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
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	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	yes

	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).)	
115.334 (b)	Specialized training: Investigations	
	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
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and	yes

	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.)	
	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
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (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	yes

	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.)	
115.341 (a)	Obtaining information from residents	
	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
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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
115.341 (d)	Obtaining information from residents	
	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
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	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
115.342 (b)	Placement of residents	
	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
115.342 (c)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes

115.342 (d)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.342 (e)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.342 (f)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.342 (g)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.342 (h)	Placement of residents	
	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
115.342 (i)	Placement of residents	
	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?	yes
115.351	Resident reporting	

(a)		
	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
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	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
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this	na

	standard.)	
	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.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, 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.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	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.)	na
	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.)	na
115.352	Exhaustion of administrative remedies	

(f)		
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.353 (a)	Resident access to outside confidential support services and legal representation	
	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	yes

	numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	
	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?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	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
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information 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
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	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
115.361 (d)	Staff and agency reporting duties	
	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

115.361 (e)	Staff and agency reporting duties	
	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
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

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

	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	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
115.367 (c)	Agency protection against retaliation	

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

	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	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
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency 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
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be	yes

	criminal referred for prosecution?	
115.371 (j)	Criminal and administrative agency investigations	
	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
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	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
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is	yes

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

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

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

(c)		
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to 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
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	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	yes

	the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate	yes

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

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

	investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	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
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in	yes

	addressing sexual abuse?	
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once?	yes

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

	<p>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.)</p>	
--	--	--