

# PREA Facility Audit Report: Final

**Name of Facility:** Grow Academy

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 08/18/2016

**Date Final Report Submitted:** 01/30/2017

| Auditor Certification   |                                      |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge.   | <input checked="" type="checkbox"/>  |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.   | <input checked="" type="checkbox"/>  |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/>  |
| <b>Auditor Full Name as Signed:</b> Kellie Jean Whitcomb  | <b>Date of Signature:</b> 01/30/2017 |

| AUDITOR INFORMATION                 |                       |
|-------------------------------------|-----------------------|
| <b>Auditor name:</b>                | Whitcomb, Kellie      |
| <b>Address:</b>                     |                       |
| <b>Email:</b>                       | kwhitcomb@idoc.in.gov |
| <b>Telephone number:</b>            |                       |
| <b>Start Date of On-Site Audit:</b> | July 26, 2016         |
| <b>End Date of On-Site Audit:</b>   | July 27, 2016         |

| FACILITY INFORMATION              |   |
|-----------------------------------|---|
| <b>Facility name:</b>             | Grow Academy  |
| <b>Facility physical address:</b> | 4986 County Highway M, Oregon, Wisconsin - 53575  |
| <b>Facility mailing address:</b>  |   |
| <b>The facility is:</b>           | <input type="radio"/> County<br><input type="radio"/> Municipal<br><input checked="" type="radio"/> State<br><input type="radio"/> Private for profit<br><input type="radio"/> Private not for profit |
| <b>Facility Type:</b>             | <input type="radio"/> Detention<br><input type="radio"/> Correction<br><input type="radio"/> Intake<br><input checked="" type="radio"/> Other <input type="text"/>                                    |

| Primary Contact       |                               |                          |                                       |
|-----------------------|-------------------------------|--------------------------|---------------------------------------|
| <b>Name:</b>          | Nicole (Nicki) Laudolff       | <b>Title:</b>            | Corrections Field Supervisor/Director |
| <b>Email Address:</b> | Nicole.Laudolff@wisconsin.gov | <b>Telephone Number:</b> | (608) 225-1872                        |

| Warden/Superintendent |                               |                          |                                       |
|-----------------------|-------------------------------|--------------------------|---------------------------------------|
| <b>Name:</b>          | Nicki Laudolff                | <b>Title:</b>            | Corrections Field Supervisor/Director |
| <b>Email Address:</b> | Nicole.Laudolff@wisconsin.gov | <b>Telephone Number:</b> | (608) 225-1872                        |

| Facility PREA Compliance Manager |                               |                          |                                       |
|----------------------------------|-------------------------------|--------------------------|---------------------------------------|
| <b>Name:</b>                     | Nicki Laudolff                | <b>Title:</b>            | Corrections Field Supervisor/Director |
| <b>Email Address:</b>            | Nicole.Laudolff@wisconsin.gov | <b>Telephone Number:</b> | (608) 225-1872                        |

| Facility Health Service Administrator |                           |                          |  |
|---------------------------------------|---------------------------|--------------------------|--|
| <b>Name:</b>                          | Steven Linn               | <b>Title:</b>            | Health Services<br>Nursing Coordinator |
| <b>Email Address:</b>                 | Steven/Linn@wisconsin.gov | <b>Telephone Number:</b> | (262) 638-2929                         |

| Facility Characteristics   |                                  |
|--|----------------------------------|
| <b>Designed facility capacity:</b>   | 12                               |
| <b>Current population of facility:</b>   | 6                                |
| <b>Age range of population:</b>  | 15-17                            |
| <b>Facility security level:</b>  | Community Placement (Non-Secure) |
| <b>Resident custody level:</b>   | Community Placement (Non-Secure) |
| <b>Number of staff currently employed at the facility who may have contact with residents:</b> |                                  |

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

| Agency Chief Executive Officer Information: |                            |                          |                |
|---|----------------------------|--------------------------|----------------|
| <b>Name:</b>                                | Jon Litscher               | <b>Title:</b>            | Secretary      |
| <b>Email Address:</b>                       | Jon.Litscher@wisconsin.gov | <b>Telephone Number:</b> | (608) 240-5065 |

**Agency-Wide PREA Coordinator Information**

|                       |                                 |                          |                    |
|-----------------------|---------------------------------|--------------------------|--------------------|
| <b>Name:</b>          | Christine (Chrissy) Preston     | <b>Title:</b>            | PREA Director      |
| <b>Email Address:</b> | Christine.Preston@wisconsin.gov | <b>Telephone Number:</b> | (608) 240-240-5113 |

**AUDIT FINDINGS**

**Narrative:**

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

NARRATIVE: The Wisconsin Department of Corrections, the Indiana Department of Correction, and the Michigan Department of Health and Human Services entered into an Interagency Agreement for the purpose of providing a certified PREA Auditor from each State to conduct one juvenile justice facility audit. The Wisconsin DOC's PREA Director contacted the Indiana DOC's PREA Director on April 12, 2016 to schedule an audit of the Grow Academy and on June 3, 2016 the audit date was confirmed.

The audit of the Grow Academy, located in Oregon, Wisconsin, approximately 10 miles south of Madison, was conducted on July 26 and 27, 2016 by Kellie Whitcomb, a Certified PREA Auditor from the Indiana Department of Correction. The Grow Academy is a non-secure residential program that began operations in June 2014.

Audit notices were posted in three locations of the facility in advance of the on-sited audit, the posted locations included: the resident laundry door; the resident information wall; and the control room office door. The notices explained the purpose and dates of the audit, and provided residents and staff with the auditor's contact information. Pictures of the posted notices were taken and copies were sent to the Auditor on June 22, 2016. The Pre-audit Questionnaire was successfully completed and submitted via the PREA Online Audit System (OAS) by staff from the Agency's PREA Unit on July 6, 2016. Prior to the on-site visit, the auditor conducted a review of the documents submitted by the agency, including the agency's Executive Directive #72, "Sexual Abuse and Sexual Harassment (PREA)". The auditor also reviewed information available on the agency's website. There were no facility-specific documents included in the Pre-Audit Questionnaire. Two (2) conference calls were scheduled by the auditor prior to the on-site visit. The Agency PREA Director was present on both conference calls, and a representative from the Lincoln Hills School and Coper Lake School participated on one call. No one from the Grow Academy was available to participate on either conference call.

The on-site visit at the Grow Academy occurred on July 26 and 27, 2016. An Entrance meeting was held on day one, with the following persons: Nicki Laudolff, Facility Head/PREA Compliance Manager; Chrissy Preston, Agency PREA Director; and Leigha Weber, Agency PREA Program and Policy Analyst, Advanced. Following the entrance meeting, Nicki Laudolff lead the group on a tour of the Grow Academy buildings and grounds. The remainder of day one and all of day two of the on-site visit consisted of staff and resident interviews and a review of available documents. The auditor was provided suitable accommodations and private interview space. The auditor was not limited in any way from speaking with staff or residents and had inspection access to all areas of the facility. The Grow Academy is a 12-bed non-secure facility with a population of only 5 residents during the on-site visit. The auditor interviewed all 5 residents and observed daily operations.

There have been no reports of sexual abuse or sexual harassment since the facility opened.

The Facility Head of the Grow Academy is Nichole Laudolff. Ms. Laudolff's position title is, 'Cooperations Field Supervisor'. She is responsible for oversight of the Academy and she is responsible for oversight of

the community supervision programs - north west region. The Academy's staffing structure includes: the part-time Facility Head; plus (8) full-time positions, only (5) of those positions are currently filled; (4) limited-time positions, only (3) of those positions are currently filled; and (3) contract staff. The auditor interviewed all available facility staff, for a total of (9) facility staff. Additionally, the auditor interviewed (7) agency-wide staff. Auditor interviews of staff, included:

- Facility Head/PREA Compliance Manager
- Facility Social Worker/Victim Services Coordinator
- Teacher
- Youth Counselor – Advance
- Youth Counselor 1
- Youth Counselor 2
- Youth Counselor 3
- Employment Program Coordinator
- Contract staff 1
- Agency PREA Director
- Agency PREA Program and Policy Analyst Advanced
- Administrator, Division of Juvenile Corrections
- Assistant Administrator, Division of Juvenile Corrections
- Health Services Nursing Coordinator
- Corrections Investigator, Office of Special Operations
- Human Resource Director, Division of Juvenile Corrections

An exit meeting was held on July 27, 2016 with the Facility Head and the Agency PREA Director to summarize the preliminary audit findings. The Facility Head and Agency PREA Director were asked to provide the auditor with any additional information to be considered in the Interim Report by August 15. Facility and agency administrators were extremely professional, polite, and accommodating throughout the audit process.

On August 16, 2016 the Agency PREA Director was provide a draft version of the Grow Academy's PREA Interim Report for review and comment; and the Grow Academy's PREA Interim Report was submitted on August 18, 2016.

The Grow Academy entered into a corrective action period beginning on August 19, 2016. A corrective action plan was developed between the Auditor and the State Agency's PREA Coordinator and the facility's PREA Compliance Monitor, to bring the facility into full compliance with the PREA standards. The Grow Academy successfully completed the Corrective Action Plan on January 30, 2017.

**Facility Characteristics:**

The auditor's description of the audited facility should include details about the type of the facility, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation.

**FACILITY DESCRIPTION:** The Grow Academy is a 12-bed non-secure juvenile residential program located in rural Oregon, Wisconsin and offers a community-based program for male youth ages 14 through 18. The Grow Academy offers an accredited educational program and short-term treatment model program that is 120 days in durations, and seeks to successfully reintegrate youth back into the community. The program takes place in a project-based learning environment and creates a hands on, positive learning environment for youth.

Youth are referred to the Grow Academy as a result of one of the following: a County placement via the Experiential Education Program; a correctional court order; a direct placement following a 21 day reception at the Lincoln Hills School; or a step-down from Lincoln Hills School.

The Grow Academy works with the University of Wisconsin, Cooperative Extension; the Madison-area Community Action Coalition; and the Community Groundwork to provide project-based activities for the youth, such as: Organic vegetable farming, Aqua-ponic technology for seedling growth; Horticulture therapy; Raising small farm animals; and Composting. Youth residents learn marketing and sales skills and all become ServSafe certified. Youth have many opportunities to interact in the community.

The Grow Academy grounds includes the main housing building, the school and workshop building; and an old storage building. The grounds of the facility include a large garden area, composting area, a few out-door learning areas, and a large fenced-in chicken coop.

The main housing building is a non-air-conditioned building. The main dorm room of the building includes an area where 6 bunk beds are located, a small lounge area, and a multi-purpose area with tables to be used for studying, for meals, or for group activities. There is a working kitchen and pantry where youth and staff prepare the meals and where garden vegetables are cleaned and stored. An office is located off of the main room for the Facility Head. A control room office is located between the main room and the hallway to the showers and staff offices. This control room is surrounded by windows, providing excellent monitoring capabilities. One staff office and two multipurpose rooms are located at the opposite end of the building from the main dorm room. Video cameras are located throughout the interior and exterior of the main building. Although the building is not airconditioned, open windows and fans provide a comfortable environment. The building was found to be extremely clean, orderly, and odor free – even considering the extensive outdoor work performed by the staff and youth.

The laundry, shower, and bathrooms are located in the center of the main building. Youth residence store their clothing in the laundry room and are permitted individual access to the laundry room to change their clothing. A half-door is located on the laundry room. Youth are permitted individual access the shower room and bathroom. Half-walls are located in the showers to allow staff to monitor shower activity. There are no cameras in the laundry room, the showers, or the toilet area. Cross-gender staff announce their presence when entering this area of the facility.

A large pole barn-like education and workshop building is located just down the hill from the main

building. This building contains the one-room school classroom and additional workshop space for building construction projects and for the hydro and aqua-ponic projects.

Another old storage building is located on the grounds, however access into the building is prohibited due to unsafe structural issues.

**Summary of Audit Findings:**

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

|                                      |    |
|--------------------------------------|----|
| <b>Number of standards exceeded:</b> | 1  |
| <b>Number of standards met:</b>      | 42 |
| <b>Number of standards not met:</b>  | 0  |

**INTERIM REPORT: SUMMARY OF AUDIT FINDINGS:**

Number of Standards rated Exceeds: 1

Number of Standards rated Meets: 22

Number of Standards rated Does Not Meet: 20

During the last 12 months, the Grow Academy reported that no allegations of sexual abuse or sexual harassment were received; thus there were no administrative investigations and no criminal investigations related to sexual abuse or sexual harassment at the Grow Academy.

Overall, the interviews of residents reflected that the youth felt safe at the facility and stated that they knew how to report any incidents of sexual abuse or sexual harassment. Residents recently received information about the PREA protections and the agency's zero tolerance policy. Residents acknowledged recently receiving educational materials related to sexual abuse and sexual harassment and ways to protect themselves. All the residents could describe how and to whom they would make a report of sexual abuse or sexual harassment or retaliation if necessary.

It was apparent from the reviews of the DOC's agency policies and documents, and supported by interviews with agency-wide staff that the PREA protections, training's, and education materials are in place at the agency-level, to support the agency's zero tolerance policy.

The Grow Academy facility staff interviews indicate that staff understand that they are responsible to provide youth with a safe environment and they are responsible for protecting youth from sexual abuse, sexual harassment, and from retaliation for reporting such incidents. However, the facility staff were unfamiliar with many of the basic protections provided through the PREA standards and through the agency's zero tolerance policy. The Grow Academy's facility head position is not a full-time equivalent position, yet this is the position assigned the responsibility of being the Facility PREA Compliance Manager. During the pre-audit conference calls and during the first day of the on-site visit, it was unclear who had been identified as the Facility PREA Compliance Manager. Facility staff reported completing an on-line PREA training course, however none of the staff had been trained on the PREA first responder's protocols, and staff could not describe the steps they would follow if they were the first responder to an incident of sexual abuse. As of the on-site visit, many of the facility staff had not yet read the Agency Executive Directive #72, which is the agency's policy on PREA with an effective date of January 11, 2016. As of the writing of the Interim Report, the auditor had not received acknowledgment forms from any facility staff, acknowledging that they had read and understand the policy. Additionally, it is unclear which of the facility staff have attended and completed new employee training, including the in-person training session on PREA. Facility contract staff have been given a copy of the agency's PREA brochure, but

have not been trained on the PREA policy.

The facility does not have a staffing plan per the PREA standards or the agency policy. The facility does not have a process for monitoring against retaliation in the event that a report of sexual abuse or sexual harassment is made; the assigned staff were unaware of the monitoring requirements outlined in the Standard and in the agency policy.

The facility does not have nor use a PREA screening tool for residents. Facility staff provided a one-time educational session on PREA to the current residents, however the practice of providing educational materials as a part of the intake process has not yet been established.

Facility staff and administrators present themselves as being committed to protecting the youth in their care from harm, including harm from sexual abuse and sexual harassment. Staff need to have a better understanding of the PREA standards and a better understanding of the agency's executive directive related to PREA. The facility needs to develop processes and practices required by the PREA standards and by the agency's PREA policy, Executive Directive #72.

During the on-site visit, the auditor was informed that an additional position would be added at the Grow Academy. This new position would be a supervisory level position and would be responsible for the day-to-day operations of the facility. This new position for the Grow Academy will function as the facility's PREA Compliance Manager and the current Corrections Field Supervisor will function as the Acting PREA Compliance Manager until the new position is filled.

The Grow Academy entered into a corrective action period beginning on August 19, 2016. A corrective action plan was developed between the Auditor and the State Agency's PREA Coordinator and the facility's PREA Compliance Monitor, to bring the facility into full compliance with the PREA standards. The Grow Academy successfully completed the Corrective Action Plan on January 30, 2017.

**FINAL SUMMARY OF AUDIT FINDINGS:**

Number of Standards rated Exceeds: 1

Number of Standards rated Meets: 42

Number of Standards rated Does Not Meet: 0

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

|         |   |
|---------|---|
| 115.311 | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |
|         | <p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1484 750">COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 'Sexual Abuse and Sexual Harassment in Confinement (PREA) 3.) Interviews with the Agency PREA Director; 4.) Interviews with Facility Head/PREA Compliance Manager; 5.) an Interview with the Division of Juvenile Corrections Administrator and Assistant Administrator; 5.) an Interview with the Facility Social Worker/Victim Services Coordinator; 6.) an Interview with (1) Supervisory-level staff; 7.) Interviews with (5) Direct-care staff and (1) Contract staff; 8.) Interviews with residents (specifically, all 5 residents); 9.) a Tour of the Grow Academy; 10.) a Copy of the Wisconsin DOC's Organizational Chart; 11.) a Copy of the Division of Juvenile Corrections' Organizational Chart; and 12.) a Copy of the Grow Academy's Organizational Chart.</p> <p data-bbox="252 795 1476 1220">OBSERVATIONS: The Agency's policy includes all the elements of this PREA Standard, including mandating a zero tolerance toward all forms of sexual abuse and sexual harassment, and the policy outlines the agency's approach to preventing, detecting, and responding to such conduct; additionally, the Agency has designated an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. In fact, the Agency has established a Prison Rape Elimination Act - Unit, that reports directly to the Office of the Secretary, to coordinate all PREA related duties. However, at the facility-level neither policy nor practice demonstrate that the Facility PREA Compliance Manager has sufficient time to coordinate the facility's efforts to comply with the PREA Standards.</p> <p data-bbox="252 1265 1468 1388">In fact, no one from the facility participated in the pre-site conference calls with the Auditor, in part due to confusion as to who had been assigned the duties of Facility PREA Compliance Manager.</p> <p data-bbox="252 1433 1492 1814">The position of Facility Head at the Grow Academy is not a full-time position. On the Wisconsin Division of Juvenile Corrections organizational chart, the Facility Head position at the Grow Academy is actually titled, "Corrections Field Supervisor" and the position is responsible for both field operations supervision in a portion of the State, and facility operations supervision. The Grow Academy facility organizational chart does not include the titles of 'Facility Head' or of 'Facility PREA Compliance Manager'. The position of Facility Head/PREA Compliance Manager does possess the necessary authority to perform the assigned duties, however this position clearly does not possess sufficient time nor familiarity of the PREA standards to coordinate the facility's efforts to reach compliance.</p> <p data-bbox="252 1859 1484 2116">It should be noted that the during the on-site audit, the Auditor was advised that a new full-time position was being added to the Facility's staffing plan. The plan is to have the new position function as a full-time on-site facility supervisor. The position of "Corrections Field Supervisor" will still have oversight of the facility operations. At the time of the audit, it was undetermined which position would be responsible for the duties of 'Facility PREA Compliance Manager'.</p> |

COMPLIANCE DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy does not meet this standard.

**CORRECTIVE ACTION RECOMMENDATIONS:**

1. The Agency or Facility will update the facility's organizational chart to include: a) the Facility Head position; b) the PREA Compliance Manager; and c) the new facility supervisor's position.
2. The Facility shall develop a facility specific policy/directive that describe the duties of the Facility PREA Compliance Manager position.
3. The Agency PREA Director will prepare a training curriculum for Facility PREA Compliance Manager and will ensure that the training curriculum is delivered to the Facility PREA Compliance Monitor.
4. The Grow Academy Facility Compliance Manager shall complete the training curriculum for these duties and acknowledge understanding of the content of the training curriculum.
5. The Agency PREA Director shall review the facility specific policy/directive and ensure that the duties of the Facility PREA Compliance Manager are adequately addressed.
6. The Agency PREA Director shall make monthly contact with the Facility PREA Compliance Manager to ensure the delivery of PREA protections at the Grow Academy, throughout the Corrective Action period.
6. Facility staff shall have access to and complete all agency training session on PREA. The training sessions shall be made available to staff on-site, if necessary.
7. All Facility staff shall again, review Executive Directive #72 and sign that they understand the content of the Directive.
8. All Facility staff shall review new policies, directives, or memos related to PREA within 30 days of the effective date, and sign that they understand the content of the correspondence.

FINAL DETERMINATION: The Grow Academy has added an additional management level position, titled, "Corrections Unit Supervisor/PREA Compliance Manager". The addition of this position supports the agency's effort to provide a safe and positive environment for youth placed at the facility. The facility successfully completed all Correction Action Recommendations by January 31, 2017, the facility now meets this standard.

|                |   |
|----------------|---|
| <b>115.312</b> | <b>Contracting with other entities for the confinement of residents</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) Interviews with the Agency PREA Director; 3.) Interviews with Facility Head/PREA Compliance Manager; and 4.) an Interview with the Division of Juvenile Corrections Administrator and Assistant Administrator |
|                | OBSERVATIONS: The Grow Academy does not contract services with another agency or entity for the confinement of residents.   |
|                | DETERMINATION: It was determined that this Standard is not applicable to the Facility, or that it materially meets this standard.   |

|         |  |
|---------|--|
| 115.313 | <b>Supervision and monitoring</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) Interviews with the Agency PREA Director; 3.) Interviews with Facility Head/PREA Compliance Manager; and 4.) an Interview with the Divison of Juvenile Corrections Administrator and Assistant Administrator.</p> <p>OBSERVATIONS: The Grow Academy has not developed a facility staffing plan. The facility has just recently begun the practice of conducting Unannounced Rounds.</p> <p>COMPLIANCE DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy does not meet this standard.</p> <p>CORRECTIVE ACTION RECOMMENDATIONS:</p> <ol style="list-style-type: none"> <li>1. The Facility shall complete a Staffing Plan as outlined in the PREA standard and in agency policy.</li> <li>2. The Agency PREA Director shall review the Staffing Plan for thoroughness and compliance with the Standard and with the agency policy.</li> <li>3. The Facility shall develop a process to document deviations from the Staffing Plan and shall submit copies of this document to the Auditor on a monthly basis.</li> <li>4. The Facility shall develop a facility specific policy/directive regarding Unannounced Rounds by administrative staff. Applicable staff shall read and acknowledge understanding of the policy/directive.</li> <li>5. The Facility shall submit copies of documented Unannounced Rounds to the Auditor on a monthly basis.</li> </ol> <p>FINAL DETERMINATION: The facility successfully completed all Correction Action Recommendations by January 2017, the facility now meets this standard.</p> |

|         |  |
|---------|--|
| 115.315 | <b>Limits to cross-gender viewing and searches</b>   |
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 'Sexual Abuse and Sexual Harassment in Confinement (PREA)' page 6 'Cross-Gender Searches, and also from page 6 'Supervision and Monitoring', 3.) Interviews with the Facility Head/PREA Compliance Manager; 4.) an Interview with the Facility Social Worker/Facility Victim Service Coordinator; 5.) an Interview with (1) Supervisory-level staff; 6.) an Interview with (5) Direct-care staff, and (1) Contract staff; 7.) an Interview with Health Services Nursing Supervisor; 8.) Interviews with all (5) residents; and 9.) a Tour of the Grow Academy.</p> <p>OBSERVATIONS: The Pre-Audit Questionnaire and the Agency policy indicate that cross-gender strip searches, visual body-cavity searches, and pat-downs are prohibited unless there is an exigent circumstance or when performed by medical practitioners. Policy also outlines that the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Interviews conducted during the on-site audit however indicate a discrepancy in whether or not pat searches are conducted. There is an indication that cross-gender pat searches are sometimes conducted, at times when only female staff are on duty, and these searches are not documented.</p> <p>Interviews also reflect an inconsistency in staff announcing their presence when entering the area of the facility where residence may be in a state of undress. On the days of the on-site audit, staff were fairly consistent making these announcements, but it was reported that supervisory staff and direct-care staff are not usually as consistent. A sign is posted on the outside entrance to the facility, reminding all staff to announce their presence when entering the building. It is important to note: the residents reported that they felt comfortable that opposite gender staff do not view them as they shower, perform bodily functions, and change clothing.</p> <p>COMPLIANCE DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy does not consistently meet this standard.</p> <p>CORRECTIVE ACTION RECOMMENDATIONS:</p> <ol style="list-style-type: none"> <li>1. The Facility shall develop a facility specific policy/directive regarding pat searches and cross-gender pat searches. Staff shall read and acknowledge understanding of the policy/directive.</li> <li>2. If pat searches are allowed, the policy/directive should include the provision that all cross-gender pat searches must be documented.</li> <li>3. The agency shall provide a copy of the training curriculum for pat searches to the Auditor.</li> <li>4. The Facility shall develop a facility specific policy/directive addressing the need for cross-gender staff to announce themselves when entering the laundry, bathroom, and shower area of the facility. Staff shall read and acknowledge understanding of the policy/directive.</li> </ol> <p>FINAL DETERMINATION: The facility successfully completed all Correction Action Recommendations by January 2017, the facility now meets this standard.</p> |

|                |  |
|----------------|--|
| <b>115.316</b> | <b>Residents with disabilities and residents who are limited English proficient</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 'Sexual Abuse and Sexual Harassment in Confinement (PREA)' page 8 "Traing and Education" and page 13 "Initial Response and Care"; 3.) a copy of Policy #100.04.05 "Providing Limited English Proficiency Services";</p> <p>4.) Interviews with Facility Head/PREA Compliance Manager; 5.) an Interview with the Facility Social Worker/Victim Services Coordinator; 6.) Interview with residents. ( specifically, all 5 residents); 7.) an Interview with the Health Services Nursing Coordinator;</p> <p>9.) Copies of the Youth Posters in Spanish; and 10.) a Copy of the Agency contract for services with Vendor Net System for translation and interpretation services.</p> <p>OBSERVATIONS: Agency policy notes "Offenders shall not be used as interpreters or readers unless there would be an extended delay in obtaining an effective interpreter that could compromise the offender's safety, the performance of first responders, or the investigation of the offender's allegation." The Agency has services in place in order to meet the needs of residence with disabilities and/or limited English proficiency.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy meets this standard.</p> |

|         |   |
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| 115.317 | <b>Hiring and promotion decisions</b>   |
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 ‘Sexual Abuse and Sexual Harassment in Confinement (PREA)’ page 4 “Personnel: Hiring and Promotional Decisions” 3.) a copy of the “Application Supplement Background Check” form #1098D; 4.) Interviews with the Agency PREA Director; 5.) Interviews with the Facility Head/PREA Compliance Manager; and 5.) a Telephone Interview with the Division of Juvenile Corrections, Human Resource Director.</p> <p>OBSERVATIONS: Agency policy and staff interviews supports the compliance of this Standard, in that the agency will shall not hire or promote anyone who may have engaged in sexual abuse or sexual harassment of someone in a confinement facility. The same is true regarding promotions or hiring a contractor. Background checks are said to be conducted prior to hiring. Anyone who has been civilly or administrative adjudicated to have engaged in sexual abuse or sexual harassment are prohibited from employment. The policy and staff interviews also support the agency’s practice of conducting background checks once every 5 years for current employees. The State does not maintain a child abuse registry.</p> <p>However, staff personnel records, nor contract or volunteer records are not maintained at the location of the Grow Academy, therefore a records check could not be completed.</p> <p>DETERMINATION: Based on the lack of evidence as noted above, it was determined that the Grow Academy does not meet this standard.</p> <p>CORRECTIVE ACTION RECOMMENDATION:</p> <ol style="list-style-type: none"> <li>1. A document shall be provided to the auditor, acknowledging that a successful criminal background check has been completed on all current: Facility staff, contract staff and volunteers of the Grow Academy, and this document shall be signed and dated by the person or office that completed the review of criminal background check compliance.</li> <li>2. A document shall be provided to the auditor, acknowledging that a successful 5 year criminal background check has been complied on all applicable Facility staff, contract staff and volunteers of the Grow Academy, and this document shall be signed and dated by the person or office that completed the review of criminal background check compliance.</li> <li>3. All newly hired staff, contractors, and volunteers will have criminal background checks conducted prior to beginning employment, and the Auditor will be provided with verification, signed and dated by the person or office that completed the review of criminal background check for compliance, within 30 days of the new hires employment.</li> </ol> <p>FINAL DETERMINATION: The facility successfully completed all Correction Action Recommendations by January 2017, the facility now meets this standard.</p> |

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| 115.318 | <b>Upgrades to facilities and technologies</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) Interviews with Facility Head/PREA Compliance Manager; 2.) an Interview with the Divison of Juvenile Corrections Assistant Administrator; and 3.) a copy of the Agency's Program Statement and Operating Plan for the Grow Academy, dated June 10, 2014.</p> <p>OBSERVATIONS: The Grow Academy located in Oregon, Wisconsin opened in 2014. The Grow Academy residential facility occupies the grounds and buildings which previously operated as the S.P.R.I.T.E. facility. Staff interviews confirm that PREA Standards were considered during building renovations as the operation changed from SPRITE to the Grow Academy. One of the Staff interviewed were actually involved in the renovation of the Grow Academy's main building and reports that, specific considerations included: changes from 2 small sleeping rooms to 1 open dorm; placement of partial doors in certain locations; reduction of bathroom stall walls; the placement of video camera; and the location of office furniture in the control room.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy meets this standard.</p> |

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| 115.321 | <b>Evidence protocol and forensic medical examinations</b>  |
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 ‘Sexual Abuse and Sexual Harassment in Confinement (PREA)’ page 14 “Initial Response and Care”; 3.) a copy of the “Sexual Abuse and Sexual Harassment Prevention and Intervention: A Resource for Youth”; 4.) Interviews with Facility Head/PREA Compliance Manager; 5.) an Interview with the Facility Social Worker/Victim Services Coordinator; 6.) Interview with residents. ( specifically, all 5 residents); and 7.) an Interview with the Health Services Nursing Coordinator.</p> <p>OBSERVATIONS: The agency has trained Corrections Investigators who conduct all administrative investigations. Investigators have the required PREA related training. The protocols used by the Agency, are from the National Commission on Correctional Health Care – Response to Sexual Abuse (2014). According to the Health Services Nursing Coordinator, the University of Wisconsin’s Children’s Hospital has Sexual Assault Nurse Examiners (SANEs) on staff, and they are able to conduct the necessary examinations when necessary.</p> <p>Agency policy references the fact that facilities 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. Such a person shall also provide emotional support, crisis intervention, information and referrals, as requested by the victim. However, facility staff were unaware of the sexual assault service provider in the area.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy does not meet this standard.</p> <p>CORRECTIVE ACTION RECOMMENDATIONS:</p> <ol style="list-style-type: none"> <li>1. The Facility will ensure that the Facility Victim Services Coordinator receives all available training regarding the role of the Victim Service Coordinator.</li> <li>2. The Facility shall identify the sexual assault service provider in the area that will be used in the event that victim advocacy services are needed.</li> <li>3. The Facility shall make available to all staff, information regarding the local victim advocacy service provider.</li> </ol> <p>FINAL DETERMINATION: The facility successfully completed all Correction Action Recommendations by January 2017, the facility now meets this standard.</p> |

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| 115.322 | <b>Policies to ensure referrals of allegations for investigations</b>   |
|         | <p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1481 573">COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 ‘Sexual Abuse and Sexual Harassment in Confinement (PREA)’ page 15 “Investigations”; 3.) Interviews with Facility Head/PREA Compliance Manager; 4.) Interviews with the Agency PREA Coordinator; 5.) an Interview with the Agency Corrections Investigator; and 6.) review of the Agency website.</p> <p data-bbox="252 629 1449 920">OBSERVATIONS: The agency’s policy and staff interviews confirm compliance with the Standard requirements that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. At the Grow Facility, the agency utilizes Corrections Investigators from the Office of Special Operations to conduct administrative investigations. Criminal investigations are conducted by the local law enforcement agency (Fitchburg Police Department). The agency posts on its website, Executive Directive #72, which describes the responsibilities of both the agency and the investigating entity.</p> <p data-bbox="252 976 1458 1043">DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy meets this standard.</p> |

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| 115.331 | <b>Employee training</b>   |
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 ‘Sexual Abuse and Sexual Harassment in Confinement (PREA)’ pages 7 “Training and Education”; 3.) Interviews with the Agency PREA Coordinator; 4.) an Interview with the Agency PREA Program &amp; Policy Analyst, Advanced; 5.) Interviews with the Facility Head/PREA Compliance Monitor; 6.) an Interview with (1) Supervisory-level staff/First Responder; 7.) Interviews with (5) Direct-care staff/First Responders; and 8.) copies of the PREA Training curriculum for all staff.</p> <p>OBSERVATIONS: Staff interviewed noted that they did receive on-line PREA training. Interviews indicated that two (2) different training sessions on the topic of PREA are available to all staff: one training curriculum is the on-line training course, and the other training curriculum is an actual in-person training session for new employees. It was unclear if any of the facility staff interviewed had actually attended the in-person training session for newly hired staff, even though most of the staff had less than 18 months of work experience at the facility. There were no Training Records available on-site. As of the writing of this Report, only one Training Record has been provided.</p> <p>Additionally, the Agency Executive Directive #72 “Sexual Abuse and Sexual Harassment in Confinement (PREA) became effective January 11,2016. Interviews with staff indicate that not all staff had read and signed acknowledgement of understanding the Directive. All facility staff interviews reflected a significant lack of awareness and understanding of the content of Executive Directive #72.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy does not meet this standard.</p> <p>CORRECTIVE ACTION RECOMMENDATIONS:</p> <ol style="list-style-type: none"> <li>1. Facility staff shall re-review the agency’s Executive Directive #72 and acknowledge that they understanding of the content of the Directive.</li> <li>2. The Facility shall implement a process for monitoring that staff are reviewing new policies or directives related to PREA within 30 days of the effective date of the new policy or directive.</li> <li>3. A document shall be provided to the auditor, acknowledging that all facility staff, contract staff and volunteers a the Grow Academy have successfully completed all available and applicable training on PREA, and the document shall be signed and dated by the PREA Unit office or by the office providing the training. In the event a staff member can not go to the location of the in-person training session, all applicable training curriculum regarding PREA shall be provided to staff at the facility.</li> </ol> <p>FINAL DETERMINATION: The facility successfully completed all Correction Action Recommendations by January 31, 2017, the facility now meets this standard.</p> |

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| <b>115.332</b> | <b>Volunteer and contractor training</b>   |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 'Sexual Abuse and Sexual Harassment in Confinement (PREA)' pages 8 "Training and Education"; 3.) an Interview with the Facility Head/PREA Compliance Manager; 4.) an Interview with a Contract staff person; 5.) copies of the training curriculum for Contractors; and 6.) a copy of the Zero Tolerance brochure distributed to Contract staff.</p> <p>OBSERVATIONS: the Pre-Audit Questionnaire and Staff interviews reflect that Contract staff have not received training on PREA. Contract staff were provided a copy of the agency's PREA brochure.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy does not meet this standard.</p> <p>CORRECTIVE ACTION RECOMMENDATIONS:</p> <ol style="list-style-type: none"> <li>1. All facility contract staff and volunteers shall complete all available PREA training curriculum.</li> <li>2. A document shall be provided to the auditor confirming that all facility contract staff and volunteers have completed all available and applicable training, and the document shall be signed and dated by the person or office responsible for conducting the training.</li> </ol> <p>FINAL DETERMINATION: The facility successfully completed all Correction Action Recommendations by January 31, 2017, the facility now meets this standard.</p> |

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| <b>115.333</b> | <b>Resident education</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 ‘Sexual Abuse and Sexual Harassment in Confinement (PREA)’ pages 8 “Training and Education”; 3.) an Interview with the Facility Head/PREA Compliance Manager; 4.) an Interview with the Facility Social Worker/Victim Services Coordinator; 5.) Interviews with residents (specifically all 5 residents); and 6.) a Facility tour.</p> <p>OBSERVATIONS: A one-time PREA education session has been held with the residents of the Facility, just prior to the auditor’s on-site visit. Staff and resident interviews indicate that there has not yet been a practice established of providing this information during the Intake process. Nor is there an established practice where residents receive information explaining, in an age appropriate fashion, the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment; or within 10 days of intake, the provision of comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, or regarding agency policies and procedures for responding to such incidents.</p> <p>Age appropriate informational materials are available, which describe the Agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. There is also comprehensive age-appropriate education materials available for the residents. The Facility Social Worker has provided one PREA education session and is comfortable with the process.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy does not yet meet this standard.</p> <p>CORRECTIVE ACTION RECOMMENDATIONS:</p> <ol style="list-style-type: none"> <li>1. The Facility shall develop a facility specific policy/directive to ensure that residents receive PREA information the day of Intake.</li> <li>2. The Facility shall develop a facility specific policy/directive to ensure that residents receive PREA educational materials within 10 days of arrival.</li> <li>3. The Facility shall develop a process for monitoring compliance with these two facility specific policies/directives.</li> <li>4. The Facility shall provide the auditor on a monthly basis, confirmation that new residents have received the PREA information in a timely manner,</li> </ol> <p>FINAL DETERMINATION: The facility successfully completed all Correction Action Recommendations by January 31, 2017, the facility now meets this standard.</p> |

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| 115.334 | <b>Specialized training: Investigations</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 'Sexual Abuse and Sexual Harassment in Confinement (PREA)' pages 8 "Training and Education"; 3.) an Interview with the Agency PREA Coordinator; 4.) an Interview with the Agency PREA Program &amp; Policy Analyst, Advanced; 5.) an Interview with the Office of Special Operations, Corrections Investigator &amp; Trainer; and 6.) copies of the PREA Training curriculum used with all agency staff.</p> <p>OBSERVATIONS: Agency policy and staff interviews support the facility's compliance with this Standards. The Corrections Investigator described the specialized training he has received, including interviewing juvenile sexual abuse victims, proper use of the Miranda, Garrity, and the Oddsens Warnings; evidence collection in confinement settings and the criteria and evidence reuqirest to substantitate a case for administrative action. Training records were provided.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy meets this standard.</p> |

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| 115.335 | <b>Specialized training: Medical and mental health care</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 'Sexual Abuse and Sexual Harassment in Confinement (PREA)' page 8 "Training and Education"; 3.) a Tour of the Grow Academy facility; 4.) an Interview with the Agency PREA Coordinator; 5.) an Interview with the Agency PREA Program &amp; Policy Analyst, Advanced; 5.) an Interview with the Health Services Nursing Coordinator; 6.) copies of the PREA Training curriculum for medical/mental health staff; and 7.) copies of the PREA Training curriculum for all staff.</p> <p>OBSERVATIONS: Interviews the PREA Program &amp; Policy Analyst, Advanced and with the Health Services Nursing Coordinator medical confirmed that medical/mental health professionals are required to complete both the 'all staff' PREA training curriculum and the 'medical/mental health staff PREA training curriculum. A review of the training curriculum confirms compliance with the requirements of the Standard. Medical and mental health care staff do not conduct forensic examinations at this Facility. Training records are not maintained at the Grow Academy.</p> <p>The Auditor has not yet received documents showing that all medical and mental health staff working at the Grow Academy have completed this required training.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy does not meet this standard.</p> <p>CORRECTIVE ACTION RECOMMENDATION:</p> <p>1. Provide the auditor with documentation that the medical and mental health staff working at the Grow Academy have successfully completed their required training, the documentation shall be dated and signed by the person or office responsible for providing the training.</p> <p>FINAL DETERMINATION: The facility successfully completed all Correction Action Recommendations by January 2017, the facility now meets this standard.</p> |

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| 115.341 | <b>Obtaining information from residents</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 ‘Sexual Abuse and Sexual Harassment in Confinement (PREA)’ pages 8 and 9 “Risk Assessment”; and page 10 “Placement”; 3.) a Tour of the Grow Academy facility; 4.) Interviews with the Agency PREA Coordinator; 5.) Interviews with the Facility Head/PREA Compliance Manager; 6.) an Interview with the Facility Social Worker/Victim Services Coordinator; 6.) an Interview with the Health Services Nursing Coordinator; and 7.) Interviews with residents (specifically all 5 residents).</p> <p>OBSERVATIONS: The Grow Academy does not use a risk screening instrument to inform housing, bed, work, education, or program assignments in an effort to keep residents safe and free from sexual abuse.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy does not meet this standard.</p> <p>CORRECTIVE ACTION RECOMMENDATIONS:</p> <ol style="list-style-type: none"> <li>1. The Agency will develop and authorize a PREA screening tool for juveniles that meets the 11 requirements of the Standard.</li> <li>2. The Facility will implement the use of the authorized PREA screening tool and administer the PREA screening within 72 hours of a youths arrival.</li> <li>3. The Facility shall develop a facility specific policy/direct that outlines the appropriate controls on the dissemination of information from the Screening tool, in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents.</li> <li>4. The Facility shall provide the auditor with copies of the PREA Screening tool</li> <li>5. The Facility shall provide the auditor with a copy of the Facility specific policy/directive regarding the PREA Screening and documentation that all staff have reviewed and understand the new policy/directive.</li> <li>6. The Facility will provide the auditor, on a monthly basis, documentation verifying that all new residents receive the PREA screening in a timely manner.</li> </ol> <p>FINAL DETERMINATION: The facility successfully completed all Correction Action Recommendations by January 31,2017, the facility now meets this standard.</p> |

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| 115.342 | <b>Placement of residents</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 'Sexual Abuse and Sexual Harassment in Confinement (PREA)' pages 8 and 9 "Risk Assessment"; and page 10 "Placment"; 3.) a Tour of the Grow Academy facility; 4.) Interviews with the Agency PREA Coordinator; 5.) Interviews with the Facility Head/PREA Compliance Manager; 6.) an Interview with Facility Social Worker/Victim Services Coordinator; 6.) Interviews with Medical and Mental Health staff; and 7.) Interviews with residents (specifically all 5 residents</p> <p>OBSERVATIONS: The Grow Academy does not use a risk screening instrument to inform housing, bed, work, education, or program assignments in an effort to keep residents safe and free from sexual abuse.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy does not meet this standard.</p> <p>CORRECTIVE ACTION RECOMMENDATIONS:</p> <p>1. The Facility shall provide the auditor with documentation demonstrating how it uses information from the screening tool to inform bed, work, education and programming assignments.</p> <p>FINAL DETERMINATION: The facility successfully completed all Correction Action Recommendations by January 2017, the facility now meets this standard.</p> |

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| 115.351 | <b>Resident reporting</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 ‘Sexual Abuse and Sexual Harassment in Confinement (PREA)’ page 11 “Reporting Sexual Abuse, Sexual Harassment, and Retaliation”; 3.) a Tour of the Grow Academy facility; 4.) an Interview with the Facility Head/PREA Compliance Manager; 5.) an Interview with the Facility Social Worker/Victim Services Coordinator; 6.) Interviews with agency staff and contract staff; 7.) Interviews with residents (specifically all 5 residents); 8.) Copies of youth posters; 9.) a Copy of youth handbook titled, “Sexual Abuse and Sexual Harassment Prevention and Intervention: A Resource for Youth” (English and Spanish versions); and 10.) Website information for the Wisconsin Dept of Homeland Security, related to Immigration Enforcement and Detention Facility Locator.</p> <p>OBSERVATIONS: Agency policy and Youth Resource Guides thoroughly addresses all elements of this Standard. All facility staff and residents were able to identify multiple internal ways for a youth to report privately to facility officials about sexual abuse, sexual harassment, retaliation, and staff neglect or violation of responsibilities that may have contributed to any such incidents. All of the interviewed residents noted that they would tell a staff member, tell their social work, or report to their parent or guardians.</p> <p>It should be noted, Posters with the hotline telephone numbers are posted throughout the facility, however, the facility does not have an Offender Telephone system so the hotline number printed on the Posters is not applicable to residents at the Grow Academy. Even though there is not access to the posted telephone number, all residents were confident that they would be able to access an agency, either their county-level social worker or public defender, to make a report of sexual abuse, sexual harassment, or retaliation. All staff, who were interviewed, acknowledged that they must report all verbal reports, anonymous reports, written reports, and reports from third parties regarding allegations of sexual abuse and sexual harassment.</p> <p>Residents are not detained at the Grow Academy solely for the purpose of immigration.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy meets this standard.</p> <p>NOTE: The Agency plans to install an Offender Telephone System at the Grow Academy in the near future. If this plan changes, new informational posters and updated Resource Handbooks will be created to appropriately reflect the manner in which residents can report abuse or harassment to a public or private entity or office that is not part of the agency.</p> |

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| 115.352 | <b>Exhaustion of administrative remedies</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 'Sexual Abuse and Sexual Harassment in Confinement (PREA)' pages 12 and 13 "Administrative Complaints"; 3.) a Tour of the Grow Academy facility; 4.) Interviews with the Facility Head/PREA Compliance Manager; and 5.) an Interview with the Facility Social Worker/Victim Services Coordinator.</p> <p>OBSERVATIONS: Agency Executive Directive #72 thoroughly addresses all grievance procedure requirements and staff interviews support the facility's adherence to the policy.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy meets this standard.</p> |

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| 115.353 | <b>Resident access to outside confidential support services and legal representation</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p><b>Auditor Discussion</b></p> <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 ‘Sexual Abuse and Sexual Harassment in Confinement (PREA)’ page 14 “Initial Reponse and Care (B) Treatment, Services, and Advocacy”; 3.) a Tour of the Grow Academy facility; 4.) Interviews with the Facility Head/PREA Compliance Manager; 5.) an Interview with the Facility Social Worker/Victim Services Coordinator; 6.) Interviews with residents (specifically all 5 residents); 7.) Copies of the youth handbook, (Sexual Abuse and Sexual Harassment Prevention and Intervention: A Resource for Youth); and 8.) Copies of an Agency template of a Memorandum of Understanding between the Agency and an identified agency providing Sexual Assault Services or SASP.</p> <p>OBSERVATIONS: The Agency policy and the Division of Juvenile Corrections, through its ‘Sexual Abuse and Sexual Harassment Prevention and Intervention: A Resource for Youth’ clearly states the scope of this PREA Standard and outline a plan to compile the requirements of the Standard. However, the Grow Academy facility does not meet the Standard, nor does it comply with the requirements of the Agency policy. Specifically, the facility does not have an Offender Phone System, even though residents are informed via Posters and Resource guides, that “Dialing 888 will connect you with an agency outside of the Department of Corrections”. Key facility staff were also unaware that residents would be unable to ‘Dial either 777 to report abuse or Dial 888 for outside assistance’ without there being an Offender Telephone.</p> <p>Additionally, facility staff interviews indicate a lack of familiarity with the need to provide residents with access to outside victim advocates for emotional support services related to sexual abuse. Staff indicate that they believe applicable services are available, but were uncertain of the specific service provider.</p> <p>There were no agreements currently in place to address the provisions of this Standard, nor were there documents showing attempts to enter into such agreements.</p> <p>Staff and resident interviews confirmed that residents are provided reasonable and confidential access to their attorneys or other legal representation; and that residents were provided reasonable access to their parents or legal guardian.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy does not meet this standard.</p> <p>CORRECTIVE ACTION RECOMMENDATIONS:</p> <p>1. Facility staff will become familiar with available and applicable victim advocate services available to youth at the Grow Academy who may be in need of emotional support services related to sexual abuse.</p> |

2. The access information about the Victim Advocacy Service Provider shall be made available to staff and residents.
3. The Facility shall provide the auditor with documentation regarding available victim advocate services available to the youth at the facility and will demonstrate the method this information has been made available to staff and residents.

FINAL DETERMINATION: The facility successfully completed all Correction Action Recommendations by January 2017, the facility now meets this standard.

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| <b>115.354</b> | <b>Third-party reporting</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 'Sexual Abuse and Sexual Harassment in Confinement (PREA)' page 11 "Reporting Sexual Abuse, Sexual Harassment, and Retaliation"; 3.) a Tour of the Grow Academy facility; 4.) Interviews with the Facility Head/PREA Compliance Manager; 5.) an Interview with the Facility Social Worker/Victim Services Coordinator; 6.) an Interview with a Supervisor/First Responder; 7.) Interviews with Direct Care Staff/First Responder; 8.) Interviews with residents (specifically all 5 residents); 9.) Copies of the 'Zero Tolerance for sexual abuse and sexual harassment' notices posted throughout the facility (English and Spanish versions)</p> <p>OBSERVATIONS: The Agency and the Grow Academy facility has multiple means of receiving third-party reports, including phone calls and visits to the facility, and the agency's website has a process for families to report sexual abuse and sexual harassment. The Wisconsin Department of Corrections website <a href="http://www.doc.wi.gov">www.doc.wi.gov</a> allows third-party reporting of sexual abuse and sexual harassment. The website is easy to access and allows a third-party to email this address "DOCSECOSOPREAINvestigations@wisconsin.gov" with the subject line of, "Third party report from public website".</p> <p>Additionally, facility staff and residents are familiar the fact that a third-party is able to make a report on behalf of a resident of the facility.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy meets this standard.</p> |

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| 115.361 | <b>Staff and agency reporting duties</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 'Sexual Abuse and Sexual Harassment in Confinement (PREA)', pages 11 "Reporting Sexual Abuse and Sexual Harassment and Retaliation; page 12 "Reporting Sexual Abuse, Sexual Harassment and Retaliation, and page 13 "Initial Response and Care"; 3.) Interviews with the Facility Head/PREA Compliance Manager; 4.) an Interview with the Facility Social Worker/Victim Services Coordinator; 5.) an Interview with (1)Supervisor/First Responder; 6.) Interviews with (3) Direct Care Staff/First Responder; 7.) Interviews with Education and Contract staff; 8.) an Interviews with the Health Services Nursing Coordinator; and 9.) Copies of agency 'Limits of Confidentiality of Health Information' form; 'Authorization for Disclosure of non-health Confidential Information' form, and 'Authorization for Use and Disclosure of Protected Health Information (PHI)' form.</p> <p>OBSERVATIONS: Agency policy, applicable agency forms, and staff interviews reflect that all element of this Standard is met. The agency and facility require all staff to immediately report knowledge of, suspicion, or information regarding an incident of sexual abuse, sexual harassment, retaliation, and any staff neglect or violations of responsibilities that may have contributed to the incident. The agency complies with applicable mandatory child abuse reporting laws.</p> <p>Staff are prohibited from revealing any information regarding a report or investigation into sexual abuse, sexual harassment, and retaliation, except for reporting related information to a supervisor or investigative authority. Medical and mental health care staff are required to report sexual abused to their supervisors and the facility head, as well as being mandatory reports of suspected child abuse. Practitioners are required to inform the residents of their duty to report and the limits of confidentiality.</p> <p>The Facility Head is the designated authority to notify the alleged victim's parents or legal guardian, along with the court of jurisdiction and/or child welfare agency if appropriate.</p> <p>All anonymous and third-party reports of sexual abuse and sexual harassment are referred to the Agency PREA Office and to the Agency's Special Operations Division for investigation.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy meets this standard.</p> |

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| <b>115.362</b> | <b>Agency protection duties</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 ‘Sexual Abuse and Sexual Harassment in Confinement (PREA)’ page 13 “Initial Response and Care”; 3.) Interviews with the Facility Head/PREA Compliance Manager; 5.) an Interview with (1) Supervisor/First Responder; 6.) Interviews with (3) Direct Care Staff/First Responder; and 7.) Interviews with Education and Contract staff.</p> <p>OBSERVATIONS: Agency policy specifically states that, “when the facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the offender”. Staff interviews support the facility’s awareness and ability to take immediate action to protect residents of substantial risk of harm and/or sexual abuse.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy meets this standard.</p> |

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| <b>115.363</b> | <b>Reporting to other confinement facilities</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 ‘Sexual Abuse and Sexual Harassment in Confinement (PREA)’ page 11 “Reporting Sexual Abuse, Sexual Harassment and Retaliation”; 4.) an Interview with Division of Juvenile Corrections, Administrator and the Assistant Administrator; and 5.) Interviews with the Facility Head/PREA Compliance.</p> <p>OBSERVATIONS: Agency policy and staff interviews confirm that upon receiving an allegation of resident sexual abuse while confined at another facility, the facility head shall notify the appropriate office/agency where the alleged abuse occurred, as soon as possible, but no later than 72 hours after receiving the allegation. The notification is documented. In addition, if this Agency or Facility Head receives such a notification, an investigation is initiated. No such incidents have occurred during this reporting period.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy meets this standard.</p> |

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| 115.364 | <b>Staff first responder duties</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 ‘Sexual Abuse and Sexual Harassment in Confinement (PREA)’ page 13 “Initial Response and Care”; 3.) Interviews with the Agency PREA Coordinator; 4.) Interviews with the Facility Head/PREA Compliance Manager; 5.) an Interview with (1) Supervisor/First Responder; 6.) Interviews with (3) Direct Care Staff/First Responders; and 7.) an Interview with Agency Corrections Investigator.</p> <p>OBSERVATIONS: The Agency policy contains all the required elements of the Standard. However, staff interviews reflect significant lack of familiarity with the Agency’s policy, with this PREA Standard, and with the role of the First Responder and actions necessary to preserve and protect a crime scene until appropriate steps can be taken to collect any evidence.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy does not meet this standard.</p> <p>CORRECTIVE ACTION RECOMMENDATIONS:</p> <ol style="list-style-type: none"> <li>1. All applicable Facility staff shall be trained in First Responder protocols.</li> <li>2. Either the Agency PREA Director or a Corrections Investigator shall check for staff understanding of their role as a First Responder.</li> <li>3. A document shall be provided to the auditor, outlining the manner in which First Responder training information was delivered to applicable staff.</li> <li>4. A document acknowledging that all First Responders at the Facility have been trained and understand the duties of a First Responder.</li> <li>5. On a monthly basis, the auditor shall be informed of any newly hired staff and provided documentation that the new staff have been trained in First Responder duties.</li> </ol> <p>FINAL DETERMINATION: The facility successfully completed all Correction Action Recommendations by January 2017, the facility now meets this standard.</p> |

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| 115.365 | <b>Coordinated response</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) Interviews with the Agency PREA Coordinator; 3.) Interviews with the Facility Head/PREA Compliance Manager; 4.) an Interview with the Facility Social Worker/Victim Services Coordinator; 5.) an Interview with (1)Supervisor/First Responder; 6.) Interviews with (3) Direct Care Staff/First Responder; and 7.) an Interview with the Health Services Nursing Coordinator.</p> <p>OBSERVATIONS: There has not been a written Institutional Plan developed to coordinator actions to be taken in response to an incident of sexual abuse, for staff first responders, medical and mental health practitioners, investigators, and facility leadership. Also, staff interviews reflect a lack of familiarity with the steps necessary to coordinate an immediate response to an incident of sexual abuse of a resident.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy does not meet this standard.</p> <p>CORRECTIVE ACTION RECOMMENDATIONS:</p> <ol style="list-style-type: none"> <li>1. The Facility shall develop a written Institutional Response Plan</li> <li>2. The Agency PREA Director shall review and approve the Institutional Response Plan prior to submission to the auditor.</li> <li>3. The Facility staff, contractors, and volunteers shall be trained on the Written Institutional Response Plan.</li> <li>4. The Facility Head shall provide the auditor with a copy of the Written Institutional Response Plan and verification that staff have been trained and understood the training.</li> </ol> <p>FINAL DETERMINATION: The facility successfully completed all Correction Action Recommendations by January 2017, the facility now meets this standard.</p> |

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| 115.366 | <b>Preservation of ability to protect residents from contact with abusers</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) Interviews with the Division of Juvenile Corrections Administrator and the Assistant Administrator; and 3.) Interviews with the Facility Head/PREA Compliance Manager.</p> <p>OBSERVATIONS: The pre-audit questionnaire and related interviews with the Division Administrator, Assistant Administrator, and Facility Head all noted that the agency/state does not have, nor has it had, any collective bargaining agreements that were completed since August of 2012.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy meets this Standard.</p> |

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| 115.367 | <b>Agency protection against retaliation</b>   |
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 ‘Sexual Abuse and Sexual Harassment in Confinement (PREA)’ page 16 “Retaliation”; 3.) a Tour of the Grow Academy facility; 4.) Interviews with the Facility Head/PREA Compliance Manager; 5.) an Interview with the Facility Social Worker/Victim Services Coordinator; 6.) an Interview with a Supervisor/First Responder; 7.) Interviews with Direct Care Staff/First Responders; and 8.) Interviews with residents (specifically all 5 residents).</p> <p>OBSERVATIONS: The agency has established a policy to protect residents and staff who report sexual abuse or sexual harassment, and those who cooperate with related investigations from retaliation by other residents or staff. At the Grow Academy the position of Victim Services Coordinator is the staff person responsible for monitoring for retaliation. Interviews with the Facility Head/PREA Compliance Monitor and the Facility Victim Services Coordinator indicate a general understanding that victims of abuse and harassment should be protected from retaliation, however there was a significant lack of familiarity with the expectations of this PREA Standard and with the requirements of the agency’s policy related to monitoring for resident and staff retaliation.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy does not meet this Standard.</p> <p>CORRECTIVE ACTION RECOMMENDATIONS:</p> <ol style="list-style-type: none"> <li>1. The Facility Head and the Facility Victim Services Coordinator shall receive training by the Agency PREA Director on all components of the “agency protections against retaliation”.</li> <li>2. The Facility Head and the Facility Victim Services Coordinator shall then ensure that all staff receive training on ‘agency protections against retaliation”. Staff shall acknowledge that they have been trained and understand the agency's role in monitoring for retaliation.</li> <li>3. The Facility Head shall provide the auditor with verification that staff have been trained and understood the training.</li> <li>4. The Facility shall develop a facility specific policy/directive outlining the monitoring measures that will be implemented in the event that a report of sexual abuse or sexual harassment is made.</li> </ol> <p>FINAL DETERMINATION: The facility successfully completed all Correction Action Recommendations by January 2017, the facility now meets this standard.</p> |

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| 115.368 | <b>Post-allegation protective custody</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 'Sexual Abuse and Sexual Harassment in Confinement (PREA)' page 14 "Initial Response and Care"; 3.) a Tour of the Grow Academy facility; 4.) Interviews with the Facility Head/PREA Compliance Manager; 5.) an Interview with the Facility Social Worker/Victim Services Coordinator; 6.) an Interview with a Supervisor/First Responder; and 7.) Interviews with Direct Care Staff/First Responder.</p> <p>OBSERVATIONS: The Grow Academy does not have isolation cells or segregated housing. The facility and staff interviews confirmed the prohibited use of segregated housing for this purpose</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy meets this Standard.</p> |

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| 115.371 | <b>Criminal and administrative agency investigations</b>  |
|         | <p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 ‘Sexual Abuse and Sexual Harassment in Confinement (PREA)’ page 15 “Investigations”; 3.) Interviews with Facility Head/PREA Compliance Manager; 4.) Interviews with the Agency PREA Coordinator; 5.) an Interview with the agency PREA Program &amp; Policy Analyst, Advanced; and 6.) an Interview with the Agency Corrections Investigator.</p> <p>OBSERVATIONS: Executive Directive #72 appropriately addresses all components of this Standard. Training materials have been newly created to address the most current information related to investigating allegations of sexual abuse and sexual harassment. The DOC and the Grow Academy cooperate with outside investigators.</p> <p>Wisconsin DOC facilities, including the Grow Academy conduct administrative investigation using specially trained Corrections Investigators from the Department’s Office of Special Operations. Parallel criminal investigations are conducted by local law enforcement agencies when allegations involve potentially criminal behavior, including sexual abuse and sexual harassment. Administrative investigations conducted by the agency are performed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The two-day training for Correctional Investigators is titled, “Sexual Abuse &amp; Sexual Harassment Investigations and Interviewing Techniques” was updated in 2015 through the support and assistance of a Bureau of Justice Assistance (BJA) PREA grant. Resources involved in the development of the new training curriculum for Investigators included: The Moss Group; Elizabeth Layman, Consultant; the American Jail Association; the Maryland Coalition Against Sexual Assault; and the National PREA Resource Center. A few of the training modules included: PREA and PREA audits; Vulnerable Populations; Youth in Custody; Effects of Trauma; and Evidence Protocol and Collection. In addition, during the interviews with the Facility Head/PREA Compliance Manager and with the Corrections Investigator, both staff went into detail explaining ways they maintain a close working relationship with the local law enforcement agency, the Fitchburg Police Department, even though there have been no reported incidents of sexual abuse or sexual harassment. The Facility has hosted meet-n-greet events with the Fitchburg Police Department to inform the officers about the Grow Academy and about the youth they serve.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy exceeds this Standard.</p> |

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| 115.372 | <b>Evidentiary standard for administrative investigations</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 'Sexual Abuse and Sexual Harassment in Confinement (PREA)' page 16 "Investigations"; and 3.) an Interview with the agency's Corrections Investigator.</p> <p>OBSERVATIONS: The interview with the agency Investigator indicated that the standard of "preponderance of evidence" is used in determining whether allegations of sexual abuse or sexual harassment are substantiated. Further, Executive Directive #72 notes that the agency shall impose no higher standard than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy meets this Standard.</p> |

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| 115.373 | <b>Reporting to residents</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 'Sexual Abuse and Sexual Harassment in Confinement (PREA)' page 16 "Investigations"; 3.) Interviews with the Facility Head/PREA Compliance Manager; 4.) an Interview with the Facility Social Worker/Victim Services Coordinator; 5.) an Interview with the agency Corrections Investigator; and 6.) a Sample letter on agency letterhead, subject line: 'Investigative Finding – PREA Investigation' for Substantiated cases ; 7.) a Sample letter on agency letterhead, subject line: 'Investigative Finding – PREA Investigation' for Unsubstantiated cases; 8.) a Sample letter on agency letterhead, subject line: 'Investigative Finding – PREA Investigation' for Unfounded cases; and 9.) a Sample letter on agency letterhead, subject line: 'Investigative Finding – PREA Investigation' for cases determined to not constitute either sexual abuse or sexual harassment, as defined by PREA.</p> <p>OBSERVATIONS: Executive Directive #72 meets all the requirements of this Standard, including that notifications is made to an alleged victim of sexual abuse and sexual harassment, whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Sample-blank letters of PREA Investigation Findings for substantiate, unsubstantiated, and unfounded investigations were provided, along with a Sample-blank letter for PREA Investigation Findings for investigations resulting in the conclusion that the incidents do not meet the PREA definition of sexual abuse or sexual harassment. However, interviews with the Facility Head/PREA Compliance Manager and the Facility Social Worker/Victim Services Coordinator indicated a lack of familiarity with the notification requirements of this Standard and the requirements of Executive Directive #72; additionally, there were no practices in place to ensure the necessary victim notification, or to ensure compliance with the Standard.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy does not meet this Standard.</p> <p>CORRECTIVE ACTION RECOMMENDATIONS:</p> <ol style="list-style-type: none"> <li>1. The Facility shall develop a facility specific policy/direct to address this Standard, outlining the notification requirements and what facility position will be responsible for ensuring that notifications occur.</li> <li>2. The Facility shall develop a tracking document, to ensure compliance with the Standard.</li> </ol> <p>FINAL DETERMINATION: The facility successfully completed all Correction Action Recommendations by January 2017, the facility now meets this standard.</p> |

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| 115.376 | <b>Disciplinary sanctions for staff</b>  |
|         | <p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1469 573">COMPLIANCE EVIDENCE: The facility provided this Auditor: 1) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 ‘Sexual Abuse and Sexual Harassment in Confinement (PREA)’ page 17 “Administrative Sanctions”; 3.) Interviews with the Facility Head/PREA Compliance Manager; 4.) an Interview with an Agency Corrections Investigator; and 5.) a Telephone Interview with the agency Human Resource Department representative.</p> <p data-bbox="252 629 1485 1043">OBSERVATIONS: Executive Directive #72 meets the expectations of the Standard, noting that violations of the sexual abuse and sexual harassment policy will result in disciplinary action, up to and including termination; that the sanctions shall be commensurate with the violation, the staff’s disciplinary history, and sanctions imposed for comparable offenses; and that termination of employment is the presumption discipline imposed. Staff interviews support compliance with the Standard, including referrals to law enforcement and relevant licensing bodies, of staff who have violated the policy or who resigned but would have been terminated for violating the policy. The Facility Head reports that there have not been any incidents of staff discipline at the Grow Academy as a result of violations of the sexual abuse and/or sexual harassment policy.</p> <p data-bbox="252 1099 1458 1178">DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy meets this Standard.</p> |

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| 115.377 | <b>Corrective action for contractors and volunteers</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 ‘Sexual Abuse and Sexual Harassment in Confinement (PREA)’ page 15 “Investigations” and page 17 “Administrative Sanctions”; 3.) Interviews with the Facility Head/PREA Compliance Manager; and 4.) an Interview with a Contract employee.</p> <p>OBSERVATIONS: Executive Directive #72 addresses this Standard and notes that, “allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred to law enforcement for investigation” and “any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with the residents and shall be reported to the relevant licensing body” and “appropriate remedial measures shall be taken by the facility to ensure the safety of the resident from contact with the volunteer or contractor”. Additionally, staff interviews support compliance with the Standard and a clear understanding of the agency policy. According to the Facility Head, there have been no incidents of either volunteers or contractors accused of sexual abuse; the Facility Head would ensure that remedial measures including prohibiting further contact with the resident and prohibiting future entry into the facility.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy meets this Standard.</p> |

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| 115.378 | <b>Interventions and disciplinary sanctions for residents</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 'Sexual Abuse and Sexual Harassment in Confinement (PREA)' page 17 "Administrative Sanctions"; 3.) Interviews with the Facility Head/PREA Compliance Manager; and 4.) an Interview with the Facility Social Worker/Victim Services Coordinator.</p> <p>OBSERVATIONS: The agency-wide policy outlines the necessary components of this Standard as it relates to residents being subject to disciplinary sanctions pursuant to a formal disciplinary process. However interviews with the Facility Head/PREA Compliance Manager and the Facility Social Worker/Victim Services Coordinator indicated that the Grow Academy doesn't follow typical disciplinary procedures and that the Grow Academy's behavior management program is based upon a positive rewards &amp; level system. The legal commitment of youth placed at the Grow Academy vary, among a few different options. The staff interviews indicated a lack of familiarity with this Standard and the related agency policy; it also indicated uncertainty regarding the manner in which the requirements of this Standard would be met and the requirements of agency Executive Directive #72 would be implemented.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy does not meet this Standard.</p> <p>CORRECTIVE ACTION RECOMMENDATIONS:</p> <p>1. The Facility will develop a facility specific policy/directive that address the components of this Standard and will describe the manner in which disciplinary action may be imposed.</p> <p>FINAL DETERMINATION: The facility successfully completed all Correction Action Recommendations by January 2017, the facility now meets this standard.</p> |

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| 115.381 | <b>Medical and mental health screenings; history of sexual abuse</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 ‘Sexual Abuse and Sexual Harassment in Confinement (PREA)’ pages 8 &amp; 9; 3.) Interviews with the Division Administrator and the Division Assistant Administrator; 4.) Interviews with the Facility Head/PREA Compliance Manager; 5.) Interviews with the Agency PREA Coordinator; 6.) an Interview with the Facility Victim Services Coordinator; 7.) an Interview with Health Services Nursing Coordinator; 8.) a copy of #DOC – 1923 “Limits of Confidentiality of Health Information” form; 9.) a copy of #DOC-1163 “Authorization for Disclosure of Non-Health Confidentiality Information” form; and 10.) a copy of #DOC-1163A “Authorization for Use and Disclosure of Protected Health Information (PHI) form.</p> <p>OBSERVATIONS: As of your the date of the on-site audit, the Grow Academy does not screen residents for prior sexual victimization and therefore, no follow-up meetings are provided by medical or mental health care staff. The staff interviews all indicate that the agency and facility are able to provide the required services outlined in the standard and policy, once the screening process is initiated.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy does not meet this Standard.</p> <p>CORRECTIVE ACTION RECOMMENDATIONS:</p> <ol style="list-style-type: none"> <li>1. The Facility shall implement a PREA Screening tool.</li> <li>2. The Facility shall develop a facility specific policy/directive to ensure the appropriate referrals are made per the Standard.</li> <li>3. The Facility shall develop a tracking mechanism to monitor the timely compliance with referrals for services.</li> </ol> <p>FINAL DETERMINATION: The facility successfully completed all Correction Action Recommendations by January 2017, the facility now meets this standard.</p> |

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| 115.382 | <b>Access to emergency medical and mental health services</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 'Sexual Abuse and Sexual Harassment in Confinement (PREA)' page 14; 3.) Interviews with the Facility Head/PREA Compliance Manager; 4.) an Interview with the Facility Victim Services Coordinator; 5.) an Interview with a Supervisory Staff/First Responder and 6.) an Interview with the Health Services Nursing Coordinator.</p> <p>OBSERVATIONS: Executive Directive #72 supports the components of this standard. The Grow Academy has not needed to implement the provisions outlined in this standard, however the interviews with the Facility Head, the Facility Victim Services Coordinator, and a Supervisory Staff/First Responder supports the facilities knowledge and ability to meet the components of this standard, including providing unimpeded access to emergency medical treatment and taking preliminary steps to protect the victim while notifying appropriate medical and mental health practitioners. Additionally, the interview with the HS Nursing Coordinator fully supports the agencies ability, willingness, and experience in compliance with all components of this standard, including providing unimpeded access to emergency medical care, timely information and access to sexually transmitted infections prophylaxis, and treatment consistent with community level of care at no cost regardless of whether the victim cooperates with any investigations.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy meets this Standard.</p> |

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| 115.383 | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 'Sexual Abuse and Sexual Harassment in Confinement (PREA)' page 15; 3.) Interviews with the Facility Head/PREA Compliance Manager; 4.) an Interview with the Facility Victim Services Coordinator; and 5.) an Interview with the Health Services Nursing Coordinator</p> <p>OBSERVATIONS: Executive Directive #72 supports the components of this standard. The Grow Academy has not needed to implement the provisions outlined in this standard, however the interview with the HS Nursing Coordinator fully supports the agencies ability, willingness, and experience in compliance with all components of this standard.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy meets this Standard.</p> |

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| 115.386 | <b>Sexual abuse incident reviews</b>   |
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>EVIDENCE OF COMPLIANCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 'Sexual Abuse and Sexual Harassment in Confinement (PREA)' page 18; 3.) Interviews with the Agency PREA Coordinator, and 4.) Interviews with the Facility Head/PREA Compliance Manager.</p> <p>OBSERVATIONS: The agency-wide policy outlined the necessary components of a Sexual Abuse Incident Review, however the Facility Head/PREA Compliance Manager was unfamiliar with the related sections of the policy, was unfamiliar with this PREA Standard, and was unable to describe key requirements of a Sexual Abuse Incident Review team, including that the Team shall meet to: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy does not meet this Standard.</p> <p><b>CORRECTIVE ACTION RECOMMENDATION</b></p> <ol style="list-style-type: none"> <li>1. The Facility Head/PREA Compliance Manager shall develop a facility specific policy/directive that describes the duties of a Sexual Abuse Incident Review.</li> <li>2. The Facility Head/PREA Compliance Manager shall train key facility staff in the policy/directive on Sexual Abuse Incident Review and verify that staff understood the training.</li> <li>3. The Facility Head/ PREA Compliance will attend at least one Sexual Abuse Incident Review meeting held at another Wisconsin DOC facility.</li> <li>4. Following the observation of a Sexual Abuse Incident Review, the Facility Head shall conduct a Desk Top training with key facility staff, discussing this PREA Standard and ways the facility will ensure compliance with the Standard.</li> </ol> <p>FINAL DETERMINATION: The facility successfully completed all Correction Action Recommendations by January 2017, the facility now meets this standard.</p> |

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| <b>115.387</b> | <b>Data collection</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 'Sexual Abuse and Sexual Harassment in Confinement (PREA)' page 18; 3.) Interviews with the Agency PREA Coordinator; and 4.) a copy of the PREA Juvenile Facilities Annual Report for 2014.</p> <p>OBSERVATIONS: Interview with the PREA Coordinator, indicated that incident-based and aggregated data were securely retained. Data from the Wisconsin DOC website at <a href="http://doc.wi.gov/About/DOC-Overview/Office-of-the-Secretary/Prison-Rape-Elimination-Act-Unit">http://doc.wi.gov/About/DOC-Overview/Office-of-the-Secretary/Prison-Rape-Elimination-Act-Unit</a> notes that aggregated data is presented and this is compliant with agency policy. The PREA Coordinator also noted that the agency recently received updated 2015 data and will be compiling the PREA 2015 Annual Report.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy meets this Standard.</p> |

|                |   |
|----------------|---|
| <b>115.388</b> | <b>Data review for corrective action</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) Interviews with the Agency PREA Coordinator, and 3.) a copy of the PREA Juvenile Facilities Annual Report for 2014.</p> <p>OBSERVATIONS: An annual report is posted on the agency website at <a href="http://doc.wi.gov/About/DOC-Overview/Office-of-the-Secretary/Prison-Rape-Elimination-Act-Unit">http://doc.wi.gov/About/DOC-Overview/Office-of-the-Secretary/Prison-Rape-Elimination-Act-Unit</a>.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy meets this Standard.</p> |

|         |   |
|---------|---|
| 115.389 | <b>Data storage, publication, and destruction</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>COMPLIANCE EVIDENCE: The facility provided this Auditor: 1.) the Pre-Audit Questionnaire; 2.) the Wisconsin Department of Corrections (DOC), Executive Directive #72 'Sexual Abuse and Sexual Harassment in Confinement (PREA)' page 18 &amp; 19; 3.) Interviews with the Agency PREA Coordinator; and 4.) a copy of the PREA Juvenile Facilities Annual Report for 2014.</p> <p>OBSERVATIONS: Interview with the PREA Coordinator, indicated that incident-based and aggregated data were securely retained. Data from the Wisconsin DOC website at <a href="http://doc.wi.gov/About/DOC-Overview/Office-of-the-Secretary/Prison-Rape-Elimination-Act-Unit">http://doc.wi.gov/About/DOC-Overview/Office-of-the-Secretary/Prison-Rape-Elimination-Act-Unit</a> notes that aggregated data is presented and this is compliant with agency policy. Further, interviews with the PREA Coordinator indicated that sexual abuse data is collected and maintained for 10 years.</p> <p>DETERMINATION: Based on the evidence and observations noted above, it was determined that the Grow Academy meets this standard.</p> |

|                |   |
|----------------|---|
| <b>115.401</b> | <b>Frequency and scope of audits</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>KEY EVIDENCE: The facility provided the auditor: 1.) the Pre-audit Questionnaire; 2.) Copies of relevant policies and agency directives; 3.) A tour of the Grow Academy and complete access to the grounds and buildings ; 4.) Suitable accommodations and private interview space; the auditor was not limited in any way from speaking with staff or residents; 6.) access to PREA Audit Reports posed on the agency's website; 7.) access to the Agency's Annual PREA Report; 6) Opportunity to observe the day-to-day operations of the facility; and 7.) Interviews with agency-level staff and facility-level staff.</p> <p>OBSERVATIONS: The agency has ensured that each facility operated by the agency or by a private organization on behalf of the agency, is audited at least once prior to August 20, 2016. During the on-site visit, the auditor was unable to view personnel records and training records. The auditor was informed that those records were not kept at the facility, but were kept at another location. As of the date the writing of the Interim Report, the auditor has not received copies of, or verification information related to the completion of criminal background checks or verification information related to the training records for facility staff, contractors, or volunteers.</p> <p>DETERMINATION: Based on the information provided above, the Grow Academy is found not meet this standard.</p> <p>CORRECTIVE ACTION PLAN:</p> <ol style="list-style-type: none"> <li>1. The Facility shall provide the auditor with information regarding staff, contractors, and volunteers criminal background checks.</li> <li>2. The Facility shall provide the auditor with information regarding staff, contractors, and volunteers training records.</li> </ol> <p>FINAL DETERMINATION: The facility successfully completed all Correction Action Recommendations by January 2017, the facility now meets this standard.</p> |

|                |   |
|----------------|---|
| <b>115.403</b> | <b>Audit contents and findings</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>KEY EVIDENCE: The Agency website contains copies of PREA Audit reports and the reports have been posted within 90 days of issuance by the auditor. The Grow Academy has not previously undergone a PREA Audit, therefore no prior report exists for this facility.</p> <p>DETERMINATION: The Grow Academy meets this standard.</p> |



## Appendix: Provision Findings

| 115.311 (a) | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|-------------|---|-----|
|             | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?                | yes |
|             | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |

| 115.311 (b) | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>  |     |
|-------------|--|-----|
|             | Has the agency employed or designated an agency-wide PREA Coordinator?   | yes |
|             | Is the PREA Coordinator position in the upper-level of the agency hierarchy?   | yes |
|             | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |

| 115.311 (c) | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|-------------|---|-----|
|             | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)                                     | yes |
|             | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |

| 115.312 (a) | <b>Contracting with other entities for the confinement of residents</b>   |     |
|-------------|---|-----|
|             | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | yes |

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

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

|  |  |     |
|--|--|-----|
|  | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" 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 |

|                    |  |     |
|--------------------|--|-----|
| <b>115.313 (b)</b> | <b>Supervision and monitoring</b>  |     |
|                    | Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  | yes |
|                    | In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.) | yes |

| 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 functions of the facility? (N/A for non-secure facilities ) | yes |

| 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? (N/A for facilities with less than 50 inmates ) | na |

| 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) | <b>Limits to cross-gender viewing and searches</b>  |     |
|-------------|---|-----|
|             | Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?            | yes |
|             | Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  | yes |
|             | In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) | yes |

| 115.315 (e) | <b>Limits to cross-gender viewing and searches</b>  |     |
|-------------|---|-----|
|             | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  | yes |
|             | If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |

| 115.315 (f) | <b>Limits to cross-gender viewing and searches</b>  |     |
|-------------|---|-----|
|             | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?                 | yes |
|             | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.316 (a) | <b>Residents with disabilities and residents who are limited English proficient</b>   |     |
|-------------|---|-----|
|             | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all | yes |

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

|  |   |  |
|--|---|--|
|  | through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? |  |
|--|---|--|

| <b>115.316 (b)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>   |     |
|--------------------|---|-----|
|                    | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
|                    | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  | yes |

| <b>115.316 (c)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>  |     |
|--------------------|--|-----|
|                    | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? | yes |

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

| 115.317 (b) | <b>Hiring and promotion decisions</b>   |     |
|-------------|---|-----|
|             | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? | yes |

| 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 maintained by the State or locality in which the employee would work?   | no  |
|             | 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 |

|                    |   |     |
|--------------------|---|-----|
| <b>115.317 (f)</b> | <b>Hiring and promotion decisions</b>   |     |
|                    | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?                                  | yes |
|                    | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
|                    | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.317 (g)</b> | <b>Hiring and promotion decisions</b>   |     |
|                    | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.317 (h)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.318 (a)</b> | <b>Upgrades to facilities and technologies</b>  |     |
|                    | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.318 (b)</b> | <b>Upgrades to facilities and technologies</b>  |     |
|                    | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.321 (a)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.321 (b)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  | yes |
|                    | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. ) | yes |

| 115.321 (c) | <b>Evidence protocol and forensic medical examinations</b>  |     |
|-------------|---|-----|
|             | Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
|             | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  | yes |
|             | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?                    | yes |
|             | Has the agency documented its efforts to provide SAFEs or SANEs?  | yes |

| 115.321 (d) | <b>Evidence protocol and forensic medical examinations</b>   |     |
|-------------|--|-----|
|             | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?   | yes |
|             | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
|             | Has the agency documented its efforts to secure services from rape crisis centers?   | yes |

| 115.321 (e) | <b>Evidence protocol and forensic medical examinations</b>  |     |
|-------------|---|-----|
|             | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
|             | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  | yes |

| 115.321 (f) | <b>Evidence protocol and forensic medical examinations</b>   |     |
|-------------|--|-----|
|             | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.) | yes |

| 115.321 (h) | <b>Evidence protocol and forensic medical examinations</b>  |    |
|-------------|---|----|
|             | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.) | na |

| 115.322 (a) | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|-------------|---|-----|
|             | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?      | yes |
|             | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |

| 115.322 (b) | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|-------------|---|-----|
|             | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
|             | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?   | yes |
|             | Does the agency document all such referrals?  | yes |

| 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 |
|             | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?         | yes |
|             | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?   | yes |
|             | Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  | yes |

| 115.331 (b) | <b>Employee training</b>  |     |
|-------------|---|-----|
|             | Is such training tailored to the unique needs and attributes of residents of juvenile facilities?   | yes |
|             | Is such training tailored to the gender of the residents at the employee's facility?  | yes |
|             | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |

| 115.331 (c) | <b>Employee training</b>   |     |
|-------------|--|-----|
|             | Have all current employees who may have contact with residents received such training?   | yes |
|             | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
|             | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?                         | yes |

| 115.331 (d) | <b>Employee training</b>  |     |
|-------------|---|-----|
|             | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |

| 115.332 (a) | <b>Volunteer and contractor training</b>  |     |
|-------------|---|-----|
|             | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.332 (b)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.332 (c)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.333 (a)</b> | <b>Resident education</b>   |     |
|                    | During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
|                    | During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?      | yes |
|                    | Is this information presented in an age-appropriate fashion?  | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.333 (b)</b> | <b>Resident education</b>  |     |
|                    | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?       | yes |
|                    | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
|                    | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?       | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.333 (c)</b> | <b>Resident education</b>  |     |
|                    | Have all residents received such education?  | yes |
|                    | Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.333 (d)</b> | <b>Resident education</b>  |     |
|                    | Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? | yes |
|                    | Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?                       | yes |
|                    | Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?          | no  |
|                    | Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?         | yes |
|                    | Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?    | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.333 (e)</b> | <b>Resident education</b>   |     |
|                    | Does the agency maintain documentation of resident participation in these education sessions? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.333 (f)</b> | <b>Resident education</b>   |     |
|                    | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.334 (a)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.334 (b)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)   | yes |
|                    | Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  | yes |
|                    | Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  | yes |
|                    | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.334 (c)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

| 115.335 (a) | <b>Specialized training: Medical and mental health care</b>  |     |
|-------------|--|-----|
|             | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?                                    | yes |
|             | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?   | yes |
|             | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? | 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?               | yes |

| 115.335 (b) | <b>Specialized training: Medical and mental health care</b>  |     |
|-------------|--|-----|
|             | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) | yes |

| 115.335 (c) | <b>Specialized training: Medical and mental health care</b>   |     |
|-------------|---|-----|
|             | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? | yes |

| 115.335 (d) | <b>Specialized training: Medical and mental health care</b>  |     |
|-------------|--|-----|
|             | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?   | yes |
|             | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.341 (a)</b> | <b>Obtaining information from residents</b>   |     |
|                    | Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? | yes |
|                    | Does the agency also obtain this information periodically throughout a resident's confinement?  | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.341 (b)</b> | <b>Obtaining information from residents</b>   |     |
|                    | Are all PREA screening assessments conducted using an objective screening instrument? | yes |

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

| 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   |     |
|-------------|--|-----|
|             | Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
|             | Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?                | yes |
|             | Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?                   | yes |
|             | Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?       | yes |

| 115.342 (d) | Placement of residents   |     |
|-------------|--|-----|
|             | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
|             | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?   | yes |

| 115.342 (e) | Placement of residents   |     |
|-------------|--|-----|
|             | Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? | yes |

| 115.342 (f) | Placement of residents  |     |
|-------------|---|-----|
|             | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |

| 115.342 (g) | Placement of residents  |     |
|-------------|---|-----|
|             | Are transgender and intersex residents given the opportunity to shower separately from other residents? | 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 |

|                    |  |     |
|--------------------|--|-----|
| <b>115.342 (i)</b> | <b>Placement of residents</b>  |     |
|                    | In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.351 (a)</b> | <b>Resident reporting</b>  |     |
|                    | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  | yes |
|                    | Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
|                    | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.351 (b)</b> | <b>Resident reporting</b>   |     |
|                    | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?   | yes |
|                    | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  | yes |
|                    | Does that private entity or office allow the resident to remain anonymous upon request?   | yes |
|                    | Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? | yes |

| 115.351 (c) | <b>Resident reporting</b>   |     |
|-------------|---|-----|
|             | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
|             | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  | yes |

| 115.351 (d) | <b>Resident reporting</b>  |     |
|-------------|--|-----|
|             | Does the facility provide residents with access to tools necessary to make a written report? | yes |

| 115.351 (e) | <b>Resident reporting</b>   |     |
|-------------|---|-----|
|             | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |

| 115.352 (a) | <b>Exhaustion of administrative remedies</b>  |    |
|-------------|---|----|
|             | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |

| 115.352 (b) | <b>Exhaustion of administrative remedies</b>  |     |
|-------------|---|-----|
|             | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
|             | Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  | yes |

| 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.) | yes |
|             | 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.)   | yes |

| 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 standard.)   | yes |
|             | If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
|             | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)   | yes |

| 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.)   | yes |
|             | Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
|             | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  | yes |
|             | Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)   | yes |
|             | If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)   | yes |

| 115.352 (f) | Exhaustion of administrative remedies   |     |
|-------------|---|-----|
|             | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
|             | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
|             | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  | yes |
|             | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)   | yes |
|             | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)   | yes |
|             | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)   | yes |
|             | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  | yes |

| 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.) | yes |

| 115.353 (a) | <b>Resident access to outside confidential support services and legal representation</b>  |     |
|-------------|---|-----|
|             | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
|             | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?   | yes |
|             | Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  | yes |

| 115.353 (b) | <b>Resident access to outside confidential support services and legal representation</b>   |     |
|-------------|--|-----|
|             | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |

| 115.353 (c) | <b>Resident access to outside confidential support services and legal representation</b>   |     |
|-------------|--|-----|
|             | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
|             | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?   | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.353 (d)</b> | <b>Resident access to outside confidential support services and legal representation</b>                                      |     |
|                    | Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? | yes |
|                    | Does the facility provide residents with reasonable access to parents or legal guardians?                                     | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.354 (a)</b> | <b>Third-party reporting</b>   |     |
|                    | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?                    | yes |
|                    | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.361 (a)</b> | <b>Staff and agency reporting duties</b>  |     |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?                           | yes |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  | yes |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.361 (b)</b> | <b>Staff and agency reporting duties</b>  |     |
|                    | Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? | yes |

| 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 |

|                    |  |     |
|--------------------|--|-----|
| <b>115.361 (f)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.362 (a)</b> | <b>Agency protection duties</b>  |     |
|                    | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.363 (a)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                    | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
|                    | Does the head of the facility that received the allegation also notify the appropriate investigative agency?  | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.363 (b)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                    | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.363 (c)</b> | <b>Reporting to other confinement facilities</b>                 |     |
|                    | Does the agency document that it has provided such notification? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.363 (d)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                    | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |

| 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) | <b>Preservation of ability to protect residents from contact with abusers</b>  |    |
|-------------|--|----|
|             | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | no |

| 115.367 (a) | <b>Agency protection against retaliation</b>   |     |
|-------------|--|-----|
|             | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
|             | Has the agency designated which staff members or departments are charged with monitoring retaliation?  | yes |

| 115.367 (b) | <b>Agency protection against retaliation</b>  |     |
|-------------|---|-----|
|             | Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? | yes |

| 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 |

|                    |   |     |
|--------------------|---|-----|
| <b>115.367 (e)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.368 (a)</b> | <b>Post-allegation protective custody</b>   |     |
|                    | Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.371 (a)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |
|                    | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)  | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.371 (b)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.371 (c)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
|                    | Do investigators interview alleged victims, suspected perpetrators, and witnesses?   | yes |
|                    | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.371 (d)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.371 (e)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.371 (f)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?                          | yes |
|                    | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.371 (g)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  | yes |
|                    | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.371 (h)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.371 (i)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.371 (j)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.371 (k)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.371 (m)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.372 (a)</b> | <b>Evidentiary standard for administrative investigations</b>  |     |
|                    | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.373 (a)</b> | <b>Reporting to residents</b>  |     |
|                    | Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |

| 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 responsible for conducting administrative and criminal investigations.) | yes |

| 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 within the facility? | yes |

| 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) | <b>Disciplinary sanctions for staff</b>  |     |
|-------------|--|-----|
|             | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
|             | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  | yes |

| 115.377 (a) | <b>Corrective action for contractors and volunteers</b>  |     |
|-------------|--|-----|
|             | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?   | yes |
|             | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
|             | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?   | yes |

| 115.377 (b) | <b>Corrective action for contractors and volunteers</b>  |     |
|-------------|--|-----|
|             | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |

| 115.378 (a) | <b>Interventions and disciplinary sanctions for residents</b>  |     |
|-------------|--|-----|
|             | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? | yes |

| 115.378 (b) | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|-------------|---|-----|
|             | Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
|             | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?   | yes |
|             | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?                | yes |
|             | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  | yes |
|             | In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  | yes |

| 115.378 (c) | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|-------------|---|-----|
|             | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? | yes |

| 115.378 (d) | <b>Interventions and disciplinary sanctions for residents</b>  |     |
|-------------|--|-----|
|             | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?                                    | yes |
|             | If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.378 (e)</b> | <b>Interventions and disciplinary sanctions for residents</b>  |     |
|                    | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.378 (f)</b> | <b>Interventions and disciplinary sanctions for residents</b>  |     |
|                    | For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.378 (g)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.381 (a)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                    | If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.381 (b)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                    | If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? | yes |

| 115.381 (c) | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|-------------|---|-----|
|             | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |

| 115.381 (d) | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|-------------|---|-----|
|             | Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? | yes |

| 115.382 (a) | <b>Access to emergency medical and mental health services</b>   |     |
|-------------|---|-----|
|             | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |

| 115.382 (b) | <b>Access to emergency medical and mental health services</b>   |     |
|-------------|---|-----|
|             | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? | yes |
|             | Do staff first responders immediately notify the appropriate medical and mental health practitioners?   | yes |

| 115.382 (c) | <b>Access to emergency medical and mental health services</b>  |     |
|-------------|--|-----|
|             | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.382 (d)</b> | <b>Access to emergency medical and mental health services</b>  |     |
|                    | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.383 (a)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.383 (b)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.383 (c)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |

|                    |  |    |
|--------------------|--|----|
| <b>115.383 (d)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |    |
|                    | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) | na |

|                    |   |    |
|--------------------|---|----|
| <b>115.383 (e)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |    |
|                    | If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) | na |

|                    |   |     |
|--------------------|---|-----|
| <b>115.383 (f)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.383 (g)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.383 (h)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.386 (a)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.386 (b)</b> | <b>Sexual abuse incident reviews</b>   |     |
|                    | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.386 (c)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |

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

|                    |  |     |
|--------------------|--|-----|
| <b>115.386 (e)</b> | <b>Sexual abuse incident reviews</b>   |     |
|                    | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.387 (a)</b> | <b>Data collection</b>   |     |
|                    | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.387 (b)</b> | <b>Data collection</b>  |     |
|                    | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.387 (c)</b> | <b>Data collection</b>   |     |
|                    | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.387 (d)</b> | <b>Data collection</b>   |     |
|                    | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.387 (e)</b> | <b>Data collection</b>   |     |
|                    | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.387 (f)</b> | <b>Data collection</b>   |     |
|                    | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |

| <b>115.388 (a) Data review for corrective action</b> |   |     |
|--|---|-----|
|  | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?   | yes |
|  | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  | yes |
|  | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |

| <b>115.388 (b) Data review for corrective action</b> |   |     |
|--|---|-----|
|  | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |

| <b>115.388 (c) Data review for corrective action</b> |  |     |
|--|--|-----|
|  | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |

| <b>115.388 (d) Data review for corrective action</b> |   |     |
|--|---|-----|
|  | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |

| <b>115.389 (a) Data storage, publication, and destruction</b> |   |     |
|---|---|-----|
|   | Does the agency ensure that data collected pursuant to § 115.387 are securely retained? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.389 (b)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.389 (c)</b> | <b>Data storage, publication, and destruction</b>  |     |
|                    | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.389 (d)</b> | <b>Data storage, publication, and destruction</b>  |     |
|                    | Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.401 (a)</b> | <b>Frequency and scope of audits</b>   |     |
|                    | During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (N/A before August 20, 2016.) | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.401 (b)</b> | <b>Frequency and scope of audits</b>   |     |
|                    | During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.401 (h)</b> | <b>Frequency and scope of audits</b>   |     |
|                    | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |

|                    |  |     |
|--------------------|--|-----|
| <b>115.401 (i)</b> | <b>Frequency and scope of audits</b>   |     |
|                    | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.401 (m)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.401 (n)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.403 (f)</b> | <b>Audit contents and findings</b>  |     |
|                    | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) | yes |