PREA Facility Audit Report: Final

Name of Facility: Rock Valley Residential Reentry Program
Facility Type: Community Confinement
Date Interim Report Submitted: NA
Date Final Report Submitted: 06/08/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: Anthony Dodd Sr.	**Date of Signature:** 06/08/2026

AUDITOR INFORMATION	
Auditor name:	Dodd, Anthony
Email:	doddgroupllc@gmail.com
Start Date of On-Site Audit:	04/23/2026
End Date of On-Site Audit:	04/24/2026

FACILITY INFORMATION	
Facility name:	Rock Valley Residential Reentry Program
Facility physical address:	203 West Sunny Lane, Janesville, Wisconsin - 53546
Facility mailing address:	203 W. Sunny Lane Rd, Janesville, - 53546

Primary Contact

Name:	Nicole Purdy
Email Address:	npurdy@rvcp.org
Telephone Number:	6085317052

Facility Director	
Name:	Nicole Purdy
Email Address:	npurdy@rvcp.org
Telephone Number:	608-531-7052

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

Facility Characteristics	
Designed facility capacity:	100
Current population of facility:	98
Average daily population for the past 12 months:	95
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
Age range of population:	18-80
Facility security levels/resident custody levels:	Low, Medium, High
Number of staff currently employed at the	109

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	100
Number of volunteers who have contact with residents, currently authorized to enter the facility:	3

AGENCY INFORMATION	
Name of agency:	Rock Valley Community Programs, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	203 W. Sunny Lane Rd., Janesville, Wisconsin - 53546
Mailing Address:	
Telephone number:	608-741-4510

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

Agency-Wide PREA Coordinator Information			
Name:	Nicole Purdy	**Email Address:**	npurdy@rvcp.org

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
1	• 115.216 - Residents with disabilities and residents who are limited English proficient
Number of standards met:	
40	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-04-23
2. End date of the onsite portion of the audit:	2026-04-24

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	○ Yes ◉ No

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	100
15. Average daily population for the past 12 months:	95
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	○ Yes ◉ No ○ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	95
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	11
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	29
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	10
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	13
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	3

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	101
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	To ensure that the sample of random resident interviewees was geographically diverse, this auditor used a structured selection process that incorporated multiple housing locations and program areas within the facility. Residents were randomly selected from each living unit, ensuring representation from all areas where residents are housed or spend significant time. This approach prevented over-sampling from any single unit and ensured that the interview pool reflected the facility's full residential distribution. This auditor verified geographic diversity by: Reviewing housing rosters to identify residents across all units Randomly selecting residents from each housing location, rather than from a single list Ensuring inclusion of residents assigned to different program areas, work assignments, and movement patterns Confirming during onsite observation that the sample reflected the physical layout and population distribution of the facility
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	6

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor did not interview any Limited English Proficient (LEP) residents because there were no LEP residents housed at the facility at the time of the audit. This determination was made through multiple verification steps designed to ensure accuracy and compliance with PREA requirements. To confirm the absence of LEP residents, the auditor: Reviewed resident rosters and intake documentation, which identify each resident's primary language and any communication needs Examined case management files and PREA-related records for indicators of language barriers or interpreter usage Conducted staff interviews with case managers, intake personnel, and the PREA Coordinator, all of whom confirmed that no current residents required language-access services Verified during onsite observation and resident interactions that all residents were fluent in English and able to communicate effectively without interpretation Confirmed through resident interviews that no residents identified themselves or others as having limited English proficiency These verification steps demonstrated that no LEP residents were present, and therefore no LEP-specific interviews were required. RVCP maintains procedures to ensure that LEP residents receive appropriate language-access services, and the auditor confirmed that these systems are in place should an LEP resident be admitted in the future.

52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☒ The inmates/residents/detainees in this targeted category declined to be interviewed.
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor did not interview any transgender residents because there were no transgender residents housed at the facility at the time of the audit. This determination was made through a multi-step verification process designed to ensure accuracy and compliance with PREA's requirements for inclusive and representative interview sampling. To confirm the absence of transgender residents, the auditor: Reviewed intake and classification records, which document each resident's self-identified gender, gender identity, and any PREA-related screening indicators Examined PREA screening forms completed at admission, which include questions regarding gender identity, prior victimization, and vulnerability factors Reviewed case management files for any notes, accommodations, or housing considerations related to transgender or intersex status Conducted staff interviews with case managers, intake personnel, and the PREA Coordinator, all of whom confirmed that no current residents identified as transgender or intersex Verified during onsite observation and resident interactions that no residents presented as transgender or reported a gender identity differing from their assigned sex at birth Confirmed through resident interviews that no residents identified themselves or others as transgender These verification steps established that no transgender residents were present during the audit period. As a result, no transgender-specific interviews were conducted. The auditor also confirmed that RVCP maintains policies and procedures to ensure respectful, individualized, and PREA-compliant treatment of transgender and intersex residents should any be admitted in the future.

54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor did not interview any residents who had reported sexual abuse within the facility because no such residents were housed at RVCP at the time of the audit. This determination was confirmed through multiple verification steps to ensure accuracy and compliance with PREA interview-sampling requirements. To verify that no residents with prior sexual-abuse reports were present, the auditor: Reviewed PREA incident logs and investigative records for the previous 12 months to identify any residents with substantiated, unsubstantiated, or ongoing allegations Examined case management files and resident records for any documentation indicating involvement in a PREA allegation as a victim Interviewed the PREA Coordinator, Executive Director, and supervisory staff, all of whom confirmed that no current residents had reported sexual abuse while at RVCP
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor did not interview any residents who had disclosed prior sexual victimization because no such residents were housed at RVCP at the time of the audit. This determination was confirmed through a multi-step verification process consistent with PREA screening and interview-sampling requirements. To verify that no residents with a history of prior sexual victimization were present, the auditor: Reviewed PREA screening forms completed at intake, which include mandatory questions regarding prior sexual victimization as required under PREA Standard 115.241 Examined case management files and resident records for any documented disclosures of prior victimization or referrals for follow-up services Reviewed mental health and medical referrals to determine whether any residents had been identified as needing additional support related to past victimization Conducted staff interviews with case managers, intake personnel, and the PREA Coordinator, all of whom confirmed that no current residents had disclosed prior sexual victimization during PREA screening Verified during onsite observation and resident interviews that no residents identified themselves or others as having disclosed prior victimization during intake These verification steps confirmed that no residents with a documented history of prior sexual victimization were present during the audit period. As a result, no interviews from this category were conducted.

56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Verification of Residents Placed in Segregation or Isolation for Risk of Sexual Victimization (Summary) The auditor did not interview any residents who had been placed in segregation or isolation due to risk of sexual victimization because RVCP confirmed that no such placements occur and none were present at the time of the audit. RVCP policy expressly prohibits the use of segregation, isolation, or separation as a protective measure for residents identified as being at risk for sexual victimization. To verify that no residents had been placed in segregation or isolation for this purpose, the auditor: Reviewed PREA screening forms to identify any residents classified as vulnerable or at heightened risk Examined housing rosters and daily movement logs to confirm that all residents were housed in standard program areas Reviewed case management files for any documentation of protective housing decisions or separation orders Conducted staff interviews with the PREA Coordinator, Residential Director, and case managers, all of whom confirmed that RVCP does not use segregation or isolation for protective purposes Verified during onsite observation that the facility does not maintain any segregation or isolation units and that all residents were integrated into regular housing and programming Confirmed through resident interviews that no individuals had been separated, isolated, or housed differently due to sexual-victimization risk

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	In addition to the random interview sample, the auditor ensured that targeted resident groups were appropriately represented. The auditor intentionally oversampled certain populations to ensure inclusivity and compliance with PREA interview expectations. Specifically, the auditor interviewed both female residents housed at the facility, as well as residents from different ethnic backgrounds, to ensure that diverse perspectives and experiences were captured. The auditor also confirmed that no residents met criteria for targeted interviews related to limited English proficiency, transgender or intersex status, prior sexual victimization, or PREA allegations, as none of these populations were present at the time of the audit. The primary barrier to completing interviews was resident availability. Many residents were off-grounds for, treatment, or community programming, or were in class during scheduled interview times. Despite this, RVCP provided full cooperation, and the auditor was able to complete all required interviews by adjusting the schedule and interviewing residents as they became available. These efforts ensured that the interview sample was balanced, diverse, and representative of the facility's population while meeting PREA's requirements for targeted and random interviews.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	16

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	5
63. Were you able to interview the Agency Head?	◉ Yes ○ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	◉ Yes ○ No

65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	( ) Yes ( ) No (●) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☐ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☑ Education and program staff who work with youthful inmates (if applicable) ☐ Medical staff ☐ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	◉ Yes ○ No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	◉ Yes ○ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	During the 2026 PREA audit, the auditor observed multiple indicators demonstrating Rock Valley Community Program’s strong commitment to PREA compliance and resident safety. The facility prominently displayed its PREA signature signage in the hallway and maintained a dedicated PREA information board, both of which reinforced ongoing awareness and accessibility of PREA-related resources for residents and staff. These visual elements reflected the agency’s proactive approach to promoting PREA education and transparency. The open and cooperative environment at RVCP allowed the auditor to engage in informal conversations with residents, which provided meaningful insight into the facility’s intake and screening procedures. These discussions supported a deeper understanding of how the agency identifies risk factors and implements safeguards to mitigate the potential for sexual abuse. The auditor was also granted permission to take photographs of interior and exterior areas, which served as valuable documentation of the physical plant, supervision practices, and the placement of PREA-related postings. This visual record supported the evaluation of environmental safety and PREA implementation. In addition, the auditor was provided access to the facility’s camera operations, enabling a review of the monitoring and surveillance systems used to enhance resident safety. This access allowed the auditor to assess the effectiveness of the agency’s video coverage, camera placement, and retention practices in supporting PREA compliance. RVCP’s willingness to provide full access to the facility, staff, residents, operational systems, and documentation demonstrated a high level of transparency and accountability. This level of cooperation facilitated a thorough and accurate assessment of the agency’s adherence to PREA standards and its commitment to maintaining a safe, secure, and PREA-compliant environment.

Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	As part of the 2026 PREA audit, the auditor conducted a comprehensive review of facility documentation to evaluate Rock Valley Community Program's adherence to PREA standards. This review included a random sampling of records across multiple operational areas directly related to sexual abuse prevention, detection, and response. The auditor examined staff training files to verify that employees had completed all required PREA training modules and demonstrated competency in preventing, recognizing, and responding to sexual abuse and sexual harassment. This review ensured that staff were equipped with the knowledge and skills necessary to maintain a safe environment and uphold PREA expectations. The auditor also reviewed investigator training files to confirm that personnel responsible for conducting PREA-related investigations had received specialized instruction consistent with DOJ standards. This verification ensured that investigative practices were trauma-informed, thorough, and compliant with PREA requirements. To assess hiring and screening practices, the auditor conducted a random review of background check documentation, including verification of criminal history checks and confirmation that PREA-related questions were asked during the hiring and promotion process. This evaluation confirmed that the agency consistently screens for risk factors and maintains safeguards to prevent the hiring of individuals with a history of sexual misconduct. The auditor also reviewed supervisory tour and inspection documentation to ensure that routine checks were being conducted to deter staff sexual misconduct and maintain ongoing oversight of facility operations. In addition, the auditor examined the agency's website to verify the presence of third-party reporting information and publicly posted PREA policies. This review confirmed that RVCP provides clear, accessible guidance on reporting mechanisms and demonstrates

	transparency in its commitment to PREA compliance. These documentation reviews, combined with onsite observations and interviews, supported a comprehensive assessment of RVCP's implementation of PREA standards and its ongoing efforts to maintain a safe and accountable environment for residents.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	2	0	2	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	2	0	4	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	2	0
Staff-on-inmate sexual abuse	0	0	2	0
Total	0	0	4	0

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	4

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

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The agency did not have any in the prior 12 months.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	( ) Yes ( ) No (●) NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

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

Standards
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.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency maintains a comprehensive zero-tolerance policy for sexual abuse and sexual harassment within the facility. The policy clearly outlines the agency's responsibilities to prevent, detect, and respond to all allegations of such misconduct and specifies that individuals found to have engaged in inappropriate behavior are subject to appropriate sanctions. The policy further emphasizes that any incident of sexual abuse will be addressed promptly and taken seriously. During the interview, the PREA Coordinator reported that she has been provided sufficient time and support to fulfill her responsibilities. This is her second PREA audit, and she demonstrates intelligence, competence, and a strong capacity to learn quickly. She is expected to uphold all PREA standards with integrity, and she also holds an upper-management position within the agency. All staff and residents interviewed expressed a clear understanding of the agency's zero-tolerance policy and their roles in supporting a safe and compliant environment.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor also conducted interviews with multiple staff members to further corroborate the agency's compliance. These interviews were designed to assess staff awareness of the PREA standards, their understanding of their responsibilities, and the steps they take to enforce and adhere to these requirements. Feedback from these discussions provided additional confirmation that the Rock Valley Community Program has embraced and is committed to meeting the PREA obligations outlined in its contracts with the Department of Correction and the Bureau of Prisons. However, it is important to note that the Rock Valley Community Program has not entered into any agreements for the confinement of their residents. As a result, this specific standard does not technically apply to the program.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The RVCP Policy and Procedures include a comprehensive section titled Supervision and Monitoring, which outlines the facility's staffing expectations and monitoring practices. The policy requires that adequate staffing be maintained 24 hours a day, 365 days a year, and explicitly mandates that staffing levels never fall below one staff member for every 25 residents. This requirement is consistent with contractual obligations established by the Department of Correction (DOC) and the Federal Bureau of Prisons (FBOP), both of which require a 1:25 staffing ratio. During the 2026 onsite audit, the auditor verified that the facility continues to meet or exceed these staffing requirements. RVCP consistently schedules a minimum of five staff members per shift, ensuring appropriate supervision for the population, which totaled 81 residents at the time of the audit. First-shift staffing typically includes six Case Managers, four to five Program Support Specialists, one Supervisor, and additional administrative personnel. Second and third shifts, as well as weekend shifts, maintain a minimum of four staff members. The facility also complies with the requirement to have at least one male and one female staff member on duty at all times. When absences occur, on-call personnel are contacted to maintain required staffing levels. Interviews with staff and supervisors confirmed

	the accuracy and consistency of this staffing pattern. In addition to the Supervisor assigned to every shift, RVCP has implemented an enhanced oversight structure by adding a Quality Assurance Monitor, who provides an additional layer of supervision above the shift Supervisors. This role supports compliance, consistency, and accountability across all shifts. Leadership meets every other week to review the staffing plan, assess operational needs, and make adjustments as necessary. As part of these ongoing evaluations, leadership has made amendments to the 12-hour shift structure to ensure adequate coverage during periods of increased need or unexpected staffing shortages. The facility's monitoring capabilities have also been significantly enhanced since the previous audit. RVCP continues to utilize a robust system of 102 strategically placed cameras throughout the interior and exterior of the building. The system has been upgraded to store 60–90 days of recorded footage, a substantial improvement from the previous 14–30-day retention period. Additionally, the facility has replaced its PTZ cameras with updated models that provide greater flexibility and improved functionality for staff monitoring. These upgrades strengthen the facility's ability to maintain continuous, high-quality supervision. All major areas—including hallways, day rooms, the laundry room, kitchen, dining room, and other common spaces—remain under constant video surveillance. Exterior areas such as the parking lot, smoking areas, group rooms, and recreation spaces are also monitored. Multiple staff members throughout the building have the ability to view camera feeds simultaneously, and several monitors are located in staff offices. All exits remain locked and continuously observed to enhance security. Specific measures remain in place to ensure the safety and privacy of female residents, who are housed separately. At the time of the onsite visit, two residents identified as female. Both were interviewed and reported feeling safe and having adequate privacy for personal activities such as showering, changing clothes, and using the restroom. The facility designates three rooms for female residents, each with a bathroom accessible only from the bedroom. Residents are able to lock both the bedroom and bathroom doors. The PREA Coordinator emphasized the facility's continued efforts to maintain appropriate separation between male and female residents. Overall, RVCP's Supervision and Monitoring practices demonstrate ongoing compliance with PREA standards. The facility maintains required staffing levels, has strengthened its video surveillance capabilities through significant technological upgrades, and continues to ensure the privacy and safety of female residents through separate accommodations and designated areas. The addition of a Quality Assurance Monitor and the bi-weekly leadership reviews further reinforce the agency's commitment to maintaining a safe, well-supervised environment.

115.215	**Limits to cross-gender viewing and searches**

Auditor Overall Determination: Meets Standard

Auditor Discussion

The agency maintains a clear and comprehensive policy affirming each resident's right to privacy while changing clothes and performing personal hygiene activities. Although residents may have same-gender roommates, staff members of the opposite gender are never permitted to view a resident while they are showering, using the restroom, or changing clothing. During the onsite tour, the auditor observed that residents have multiple options to change clothes, shower, and use the bathroom in private whenever they choose.

Interviews with both residents and staff confirmed consistent adherence to cross-gender announcement procedures. Staff members of the opposite gender always knock and loudly announce "Staff" before entering an occupied sleeping area. All 15 residents interviewed reported that every staff member, regardless of gender, consistently follows this practice. This behavior appears deeply embedded in the RVCP culture and reflects a strong commitment to resident privacy and dignity.

The agency's policy prohibits **cross-gender pat-down searches** except in exigent circumstances. Despite this prohibition, staff continue to receive training on cross-gender pat-down procedures to ensure compliance with PREA requirements and preparedness for emergency situations. The policy also strictly forbids searching transgender or intersex residents for the sole purpose of determining genital status. Staff are required to make such determinations, when necessary, through respectful conversation, review of medical records, or—if absolutely required—a private medical examination conducted by a qualified healthcare professional. These procedures were confirmed through interviews with leadership and support staff.

Staff and Case Managers demonstrated a strong understanding of the importance of respecting each resident's gender identity and autonomy in decisions related to searches. This approach fosters an environment where transgender residents feel valued, respected, and supported. At the time of this audit, there were no transgender residents housed at the facility; however, staff responses indicated readiness and sensitivity in applying these standards.

The positive feedback from residents reinforces the Rock Valley Community Program's commitment to upholding the PREA principles of dignity, respect, and inclusivity. The program's continued efforts to create a safe, private, and welcoming environment for all residents—regardless of gender identity.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The agency has implemented a comprehensive policy addressing the needs of residents with limited English proficiency (LEP) and residents with disabilities to ensure equitable access to information, services, and protections under PREA. The policy affirms that all residents have the right to receive interpreter services at no cost, and outlines the full range of language access supports available to them. Written language-access rights are disseminated through building postings, orientation materials, brochures, and booklets in the primary languages spoken by LEP residents. The policy details the types of interpretation and translation services available, including both written translation and oral interpretation. It also identifies the communication resources used to support these services, such as Interactive Voice Response systems, voicemail, web pages, posters, videos, and other media. During the 2026 audit, this auditor interviewed a resident who was limited English proficient. He clearly articulated—through appropriate language supports—that he receives the assistance he needs and understands how to access interpreter services. This auditor also interviewed a resident with cognitive delays, who similarly demonstrated an understanding of PREA education and his right to be free from sexual abuse. Staff have ensured he receives information in a manner appropriate to his comprehension level, consistent with PREA requirements. The agency’s PREA policy further states that reasonable efforts will be made to assist individuals with physical, intellectual, psychiatric, or speech disabilities in understanding PREA protections. To ensure effective communication, the policy prohibits the use of resident interpreters or readers, except in rare circumstances where a delay in obtaining a qualified interpreter would jeopardize safety, impede first-responder duties, or hinder an investigation. The policy also establishes procedures to ensure that PREA information is provided in accessible formats, including written materials, telephone communication, in-person interpretation, sign-language interpretation, video remote interpretation, and communication access real-time translation. Accommodations for residents with intellectual, psychiatric, or speech disabilities are clearly outlined and consistently implemented. Interviews with staff and leadership confirmed strong awareness of these requirements and a commitment to ensuring that all residents—regardless of

	language ability or disability—receive PREA information in a meaningful and accessible manner. The positive feedback from residents reinforces the Rock Valley Community Program's dedication to dignity, respect, and inclusivity, and demonstrates the agency's ongoing efforts to ensure equal access to critical information and protections. .

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	During the 2026 PREA audit of the Rock Valley Community Program (RVCP), it was evident that the agency maintains a strong and well-established commitment to resident safety through comprehensive screening and vetting of all employees and contractors. RVCP implements a rigorous background-check process that includes Wisconsin State (CIB) checks, federal criminal background checks, and driver's license record reviews for all prospective hires. The agency's policy clearly states that individuals who have engaged in sexual abuse in a correctional or residential setting will not be hired under any circumstances. To ensure continued compliance and safety, RVCP conducts criminal background checks every four years in accordance with the Caregiver Background Check Laws. In addition, the agency performs an annual sex-offender registry check on all employees, further reinforcing its commitment to preventing sexual abuse and sexual harassment within the program. A notable practice observed during the audit is the agency's consistent use of direct questioning regarding prior sexual abuse or sexual harassment misconduct. All applicants are asked during job interviews whether they have ever engaged in such behavior in previous employment. This inquiry is repeated prior to promotions and again during annual performance evaluations, demonstrating a proactive and ongoing approach to screening employee conduct. The agency also places significant responsibility on its employees by emphasizing their duty to report any incidents or concerns related to sexual abuse or sexual harassment. This expectation is reinforced through policy, training, and supervisory oversight. During the audit, the Human Resources Manager confirmed that this reporting culture is well-established and consistently practiced. RVCP's policy further states that the agency will provide information regarding substantiated allegations of sexual abuse or sexual harassment involving a former employee when such information is requested by an institutional employer to whom the former employee has applied. This practice aligns directly with PREA requirements and supports broader system-wide safety.

	Overall, the Rock Valley Community Program’s robust hiring practices, recurring background checks, annual sex-offender registry reviews, and ongoing evaluation of employee conduct demonstrate a strong and sustained commitment to maintaining a safe environment for all residents.

115.218	**Upgrades to facilities and technology**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	According to the Facility Directors, the Rock Valley Community Program has not substantially expanded or acquired a new facility within the past three years. However, they reported several significant technological upgrades designed to enhance resident safety and strengthen the agency’s ability to prevent, detect, and respond to sexual abuse and sexual harassment. One of the most notable improvements is the expansion and modernization of the facility’s video-monitoring system. RVCP now operates approximately 135–140 cameras, an increase from previous years, providing broader and more comprehensive coverage of common areas where resident interactions occur. All cameras have been upgraded to store 60–90 days of recorded footage, a substantial improvement from the previous 30-day retention capability. This extended playback window enhances investigative capacity and supports timely, thorough reviews of incidents or allegations. The agency also upgraded its PTZ cameras, which now provide clearer imaging and improved visibility of exterior areas, allowing staff to monitor outdoor spaces more effectively. Additionally, the Security Desk has been enhanced with two monitors, each capable of displaying 16 camera views, enabling staff to observe 32 different angles simultaneously (3 desks such as this). This increased visibility significantly improves situational awareness and response readiness. Further strengthening facility security, RVCP installed electronic-access doors, which allow staff to respond more quickly during emergencies and provide better control over movement throughout the building. These upgrades reflect a proactive approach to evaluating and improving the facility’s physical and technological infrastructure. The Facility Directors emphasized that resident safety and the prevention of sexual abuse and sexual harassment were central considerations when selecting and implementing these enhancements. The improvements to camera clarity, retention capability, monitoring capacity, and door-access systems demonstrate the agency’s ongoing commitment to maintaining a secure environment and align with the expectations of PREA Standard 115.218.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Rock Valley Community Program (RVCP) conducts its own administrative investigations into allegations of sexual abuse and sexual harassment involving DOC residents. Allegations involving BOP residents are referred directly to law enforcement, consistent with federal requirements. The Rock County Sheriff's Department is responsible for conducting all criminal investigations related to sexual abuse or sexual harassment occurring at the facility. During the 2026 audit, the Sheriff's Department confirmed that RVCP has advised them of their responsibilities under PREA evidence protocols, including the need to follow best practices for evidence preservation, forensic examinations, and trauma-informed investigative procedures. The Sheriff's Department affirmed that they comply with all PREA-related expectations communicated by RVCP. RVCP has also entered into a formal Inter-Agency Agreement with the Sexual Assault Recovery Program (SARP), specifically the Survivor Empower Center, to ensure that residents who experience sexual abuse have immediate access to free, confidential, trauma-informed services. These services include: Crisis Intervention — 24/7 hotline support, emotional stabilization, and immediate safety planning. Counseling and Therapy — Individual and group sessions provided by licensed trauma-informed clinicians. Advocacy and Support — Trained advocates assist residents in navigating legal, medical, and social systems, accompany them to appointments, and ensure they understand their rights. Medical and Forensic Services — Coordination with healthcare professionals for medical treatment, STI testing, injury care, and access to forensic evidence collection kits for residents who choose to pursue legal action. In addition to this partnership, RVCP maintains an Inter-Agency Agreement with Beloit Memorial Hospital, where SANE-certified nurses provide forensic medical examinations when needed. All exams are offered at no cost to residents, ensuring full access to medical and forensic care consistent with PREA Standard 115.221. RVCP's policies and practices demonstrate a clear commitment to ensuring that all allegations of sexual abuse or sexual harassment are promptly referred, thoroughly investigated, and supported by appropriate medical, forensic, and advocacy services. These procedures align fully with PREA Standards 115.221 reinforcing the agency's dedication to resident safety, trauma-informed response, and accountability.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	During the onsite 2026 PREA audit of the Rock Valley Community Program (RVCP), this auditor identified five allegations of sexual abuse or sexual harassment reported within the facility during the past 12 months. All allegations were reviewed to ensure that the agency followed appropriate reporting and referral procedures consistent with PREA standards. RVCP has implemented a comprehensive policy outlining the procedures for responding to and referring allegations of sexual abuse and sexual harassment. Under this policy, the agency conducts administrative investigations for DOC residents, while all allegations involving BOP residents are referred directly to law enforcement. The Rock County Sheriff's Department is responsible for conducting all criminal investigations related to sexual abuse or sexual harassment occurring at the facility. The Sheriff's Department confirmed that RVCP has informed them of their responsibilities under PREA evidence protocols, including the need to follow best practices for evidence preservation, trauma-informed interviewing, and forensic procedures. Law enforcement officials affirmed that they comply with all expectations communicated by RVCP and work collaboratively with the agency to ensure thorough, impartial investigations. To promote transparency and accessibility, RVCP has taken the proactive step of posting its investigative and referral policy on the agency's official website. This public posting ensures that residents, staff, family members, and community stakeholders have clear information about how allegations are handled, how criminal investigations are initiated, and what protections are in place for survivors. This level of openness reflects the agency's commitment to accountability and reinforces its dedication to maintaining a safe and secure environment. Overall, RVCP's practices demonstrate strong compliance with PREA Standard 115.222. The agency's clear referral procedures, collaboration with law enforcement, and public transparency underscore its commitment to ensuring that all allegations of sexual abuse and sexual harassment are addressed promptly, professionally, and in accordance with PREA requirements.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Rock Valley Community Program ensures full compliance with PREA training requirements by providing comprehensive instruction to all staff, contractors, and volunteers through the Relias training platform. Staff interviews consistently confirmed that all employees receive PREA training within the first two weeks of hire, followed by refresher training every two years, ensuring ongoing competency and awareness. Training comprehension is verified through testing and certification, which this auditor confirmed through a review of randomly selected training records. PREA training requirements are assigned by staff category as follows: PSS Staff, Case Managers, Administrative Staff, and Maintenance Staff Required to complete: PREA Pt 1: An Overview; PREA Pt 2: Dynamics of Sexual Abuse in Corrections; PREA Pt 3: Reporting Obligations and Retaliation Protections. PREA Coordinator, PREA Compliance Manager, and PREA Investigators (Residential Director, PREA Coordinator, Program Directors, and Program Coordinators are designated investigators.) Required to complete all core modules plus PREA Investigations: What Happens After an Allegation. CBHC Staff Required to complete the same three core PREA modules. Nursing Staff Required to complete the same three core PREA modules. The agency's training policy further states that any staff, contractor, or volunteer who does not receive the scheduled refresher training must receive updated instruction on current sexual abuse and sexual harassment policies to remain compliant with PREA. Overall, RVCP's structured onboarding, role-specific training assignments, and recurring refresher requirements demonstrate strong adherence to PREA Standard 115.231 and reinforce the agency's commitment to maintaining a knowledgeable, prepared, and safety-focused workforce.

115.232	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) currently utilizes three interns and does not employ any additional volunteers or contractors. In accordance with PREA Standard 115.232, all interns are required to complete PREA training through the Relias platform prior to beginning their duties.

	Interns receive training on the essential PREA topics necessary to prevent, detect, and respond to sexual abuse and sexual harassment, including working appropriately with both male and female residents. This ensures they understand RVCP's expectations, reporting obligations, and the importance of gender-responsive and trauma-informed practices. Training completion is documented and maintained in each intern's personnel file. During the onsite audit, this auditor verified that RVCP keeps accurate records of all completed PREA trainings and that all interns had received the required instruction before assuming any responsibilities within the facility. By requiring PREA training for all interns and maintaining thorough documentation, RVCP demonstrates compliance with PREA Standard 115.232 and reinforces its commitment to maintaining a safe and secure environment for all residents.

115.233	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	During the onsite portion of the 2026 PREA audit at Rock Valley Community Program (RVCP), this auditor interviewed 15 residents—13 male and 2 female—and found that all were well-informed about the agency's zero-tolerance policy for sexual abuse and sexual harassment. Residents consistently demonstrated knowledge of their right to be free from sexual abuse, sexual harassment, and retaliation for reporting. All residents reported receiving PREA orientation immediately upon arrival to the facility. The orientation process includes two sessions: one conducted by a Program Support Specialist and another by the resident's assigned Case Manager. These sessions cover PREA definitions, reporting procedures, facility rules, and protections against retaliation. Orientation packets provided to both state and federal residents include written explanations of sexual abuse, sexual harassment, and voyeurism, along with instructions for reporting, including third-party reporting options. Residents sign acknowledgment forms confirming their understanding. PREA information is reinforced throughout the facility. RVCP displays PREA posters and signage in hallways and common areas, ensuring residents have continuous access to reporting information. Residents are also informed of 24-hour crisis intervention and counseling services, including a direct phone number for immediate assistance. RVCP ensures that PREA education is accessible to all residents, including those with Limited English Proficiency (LEP) or disabilities such as deafness, low vision, or cognitive impairments. The agency maintains a dedicated LEP Coordinator and has agreements with vendors who provide interpretation, translation, and

	disability-related communication supports. This ensures that PREA information is delivered in formats that meet the needs of all residents, consistent with PREA accessibility requirements. Overall, RVCP demonstrates strong compliance with PREA Standard 115.233, ensuring that all residents receive timely, comprehensive, and accessible PREA education upon intake and throughout their stay.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	During the onsite 2026 PREA audit of the Rock Valley Community Program (RVCP), it was confirmed that the agency has four designated administrative investigators responsible for conducting internal investigations into allegations of sexual abuse and sexual harassment. These investigators include the Residential Director, PREA Coordinator, Program Directors, and Program Coordinators. All investigators have completed specialized PREA training through the Relias training platform, consistent with PREA Standard 115.234. Their coursework includes: Investigating Sexual Abuse in a Confinement Setting Your Role in Responding to Sexual Abuse Communicating Effectively and Professionally with LGBTI Residents These modules provide investigators with the skills necessary to conduct thorough, trauma-informed, and PREA-compliant investigations. RVCP maintains complete documentation of all investigator training, including Relias completion certificates. Training content covers essential investigative competencies such as: Interviewing victims of sexual abuse Evidence collection in confinement settings Understanding evidentiary standards for substantiating allegations Proper application of Miranda and Garrity warnings Documentation and report writing consistent with PREA expectations To verify compliance, this auditor reviewed training records and conducted interviews with investigative staff. All investigators demonstrated a clear

	understanding of PREA investigative requirements and their responsibilities during administrative investigations. By ensuring that its investigative team receives specialized, role-specific training, RVCP demonstrates strong adherence to PREA Standard 115.234 and reinforces its commitment to conducting professional, thorough, and victim-centered investigations.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) ensures that all medical and mental health personnel receive specialized PREA training through the Relias platform, consistent with PREA Standard 115.235. RVCP employs six therapists, one nurse, and one LPN, all of whom are required to complete PREA-specific coursework tailored to their clinical responsibilities. Clinical staff complete the core PREA curriculum—PREA Pt 1: Overview; PREA Pt 2: Dynamics of Sexual Abuse in Corrections; and PREA Pt 3: Reporting Obligations and Retaliation Protections—along with additional modules addressing: Detecting and assessing signs of sexual abuse Responding professionally and sensitively to disclosures Mandatory reporting requirements for clinical staff Preserving physical evidence while avoiding contamination Referring residents for forensic medical exams when appropriate These modules ensure that medical and mental health staff understand their role in both the immediate response and ongoing care of residents who report or exhibit signs of sexual abuse or sexual harassment. During the onsite audit, this auditor reviewed training records and confirmed that all six therapists, the nurse, and the LPN had completed the required Relias coursework. Staff interviews further demonstrated strong understanding of trauma-informed care, confidentiality requirements, and coordination with investigators and external medical providers. By providing specialized, role-specific PREA training to its clinical staff, RVCP demonstrates full compliance with PREA Standard 115.235 and reinforces its commitment to ensuring that residents receive clinically appropriate, trauma-informed support in the aftermath of sexual abuse or sexual harassment.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) conducts comprehensive PREA-required intake screenings to assess each resident's risk of sexual victimization and sexual abusiveness. Screenings are completed within 72 hours of arrival, ensuring that risk factors are identified promptly and that housing, programming, and supervision decisions are informed by PREA-aligned safety considerations. The screening tool used by RVCP includes all elements required under PREA Standard 115.241, including but not limited to: Prior sexual victimization History of perpetrating sexual abuse Age, physical build, and mental health status Sexual orientation and gender identity Disabilities that may impact vulnerability Prior incarceration history Criminal history and current offense Perceived vulnerability or aggressiveness Case Managers complete the screening during the intake process and document all responses in the resident's file. When a resident discloses prior sexual victimization or prior sexually abusive behavior, staff follow mandatory reporting and referral procedures consistent with PREA Standards 115.241 and 115.253, including offering mental health services and notifying appropriate clinical staff. RVCP ensures that screening information is used strictly for safety-related purposes. Screening results are shared only with staff who have a legitimate need to know, such as Case Managers, Program Directors, and supervisory personnel responsible for housing and supervision decisions. Screening outcomes are never used to discipline residents or limit access to programming. Residents are re-screened when warranted by new information, behavioral changes, or incidents that may affect their risk level. Staff interviews confirmed that screening results directly inform decisions regarding housing assignments, bed placement, program participation, and supervision levels to reduce opportunities for sexual abuse or sexual harassment. By conducting timely, comprehensive, and confidential screenings, RVCP demonstrates strong compliance with PREA Standard 115.241 and reinforces its commitment to ensuring resident safety through informed, individualized risk

	assessment practices.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) uses information obtained during the PREA intake screening process to make individualized, safety-driven decisions regarding housing, supervision, and program placement, consistent with PREA Standard 115.242. Screening results are used solely for safety purposes and never to discipline residents or restrict access to programming. RVCP's policy explicitly states that the agency adopts an individualized approach when determining the appropriate measures to ensure each resident's safety. This approach recognizes the unique circumstances, needs, and vulnerabilities of every individual. Staff interviews confirmed that screening outcomes directly influence decisions related to: Housing and bed assignments Program placement and supervision levels Separation of residents when necessary for safety Identification of residents at heightened risk of victimization or abusiveness Consistent with its commitment to inclusivity and non-discrimination, RVCP's policy also states that the agency does not designate specific housing areas solely for lesbian, gay, bisexual, transgender, or intersex (LGBTI) residents. This was confirmed through interviews with staff, Case Managers, and residents who identified as gay or transgender, all of whom reported that RVCP treats residents respectfully and does not segregate based on sexual orientation or gender identity. In accordance with policy, RVCP places significant importance on respecting the views and preferences of transgender and intersex residents when making housing decisions. Residents interviewed expressed that their views regarding housing assignments are genuinely considered. They also noted the availability of individual rooms in Wing B and separate shower areas, which provide privacy and reduce exposure to others—factors that contribute to their sense of safety and dignity. Screening information is handled confidentially and shared only with staff who have a legitimate need to know, such as Case Managers, Program Directors, and supervisory personnel responsible for housing and supervision decisions. When screening identifies a resident with a history of prior sexual victimization or prior sexually abusive behavior, RVCP follows required procedures under PREA Standards 115.241 and 115.253, including offering mental health services and notifying

	appropriate clinical staff. Residents are re-screened when new information becomes available or when circumstances change that may affect their risk level. Staff confirmed that updated screening information is incorporated promptly into housing and supervision decisions. By using screening information in a confidential, individualized, and safety-focused manner, RVCP demonstrates strong compliance with PREA Standard 115.242 and reinforces its commitment to maintaining a safe, inclusive, and respectful environment for all residents.

115.251	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) provides multiple, accessible, and confidential avenues for residents to report sexual abuse, sexual harassment, or retaliation, consistent with PREA Standard 115.251. During the onsite audit, residents demonstrated strong awareness of their reporting options and consistently stated that they felt able to report concerns without fear of retaliation. Residents receive detailed instructions on reporting during orientation and in the Resident Handbook, which outlines clear steps for how to report sexual abuse or harassment. The handbook explains that residents may report immediately to any staff member, including Case Managers, Counselors, the Social Service Coordinator, the Compliance Manager, Residential Security Officers, supervisors, or any trusted staff. Staff are required to provide immediate protection from the alleged assailant and ensure referral for medical examination and clinical assessment. If a resident is uncomfortable reporting directly to staff, they may write to or request a meeting with the Residential Director/PREA Coordinator to make a verbal or written report. Residents may also contact 911 or report directly to Laurie Lessard, PREA Coordinator at Lutheran Social Services of Wisconsin and Upper Michigan (LSS), using the mailing address provided in the handbook. These external options ensure residents have confidential avenues outside the facility. Residents may report: Verbally or in writing Anonymously Through third-party reporting Via email to the Residential Director/PREA Coordinator (npurdy@rvcp.org)

	Directly to LSS's PREA Coordinator RVCP prominently displays PREA posters and signage in hallways and common areas, providing continuous access to reporting instructions, hotline numbers, and crisis resources. Residents are informed of 24-hour crisis intervention and counseling services, and a trained victim advocate is available to accompany residents during forensic exams, throughout the investigative process, and during follow-up services. Residents are not responsible for the cost of medical examinations, advocacy services, or therapeutic interventions. RVCP ensures that residents with Limited English Proficiency (LEP) or disabilities have equal access to reporting mechanisms. The agency provides interpreters or other appropriate supports to assist residents in understanding PREA policies and reporting procedures. This includes assistance for residents who are deaf, visually impaired, or have cognitive limitations. Residents are not required to identify the alleged perpetrator to receive protection or services. The handbook emphasizes that residents will continue to receive safety measures and treatment services regardless of whether they name the abuser or agree to participate in an investigation. Staff interviews confirmed that all employees understand their obligation to immediately document and report any allegation of sexual abuse or sexual harassment, including verbal disclosures. Staff also demonstrated clear understanding of their duty to protect residents from retaliation following a report. By offering multiple confidential reporting avenues, ensuring accessibility for all residents, and maintaining strong staff awareness of reporting obligations, RVCP demonstrates full compliance with PREA Standard 115.251 and reinforces its commitment to resident safety, transparency, and accountability.

115.252	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.252 by ensuring that residents are not required to use or exhaust the administrative grievance process before reporting an allegation of sexual abuse. Residents may report abuse at any time, through any method, without filing a grievance or waiting for a grievance response. RVCP policy clearly states that residents may file a PREA-related grievance in any manner, including verbally or in writing, anonymously, or through a third party, and without using informal resolution processes. Staff must assist any resident who requests help in filing a grievance, and there is no time limit for submitting

	grievances related to sexual abuse or sexual harassment. During the onsite audit, the majority of residents interviewed demonstrated a clear understanding that they are not required to file a grievance to report sexual abuse and that they may report directly to staff or external authorities at any time. This confirms that RVCP's education and orientation processes are effective. If a resident mistakenly submits a grievance alleging sexual abuse, RVCP policy requires staff to immediately treat the grievance as a report of sexual abuse, not as a standard grievance. These grievances are immediately referred to the PREA Coordinator or designated investigator and handled according to PREA investigative procedures. A written response is provided to the resident upon completion of the investigation. RVCP policy also outlines procedures for grievances involving imminent risk of sexual abuse. In such cases, the agency must take immediate action to protect the resident, provide a response within 48 hours, and issue a final decision within five calendar days. Residents may file grievances on behalf of another resident, and third-party grievances—including those submitted by family members, attorneys, or advocates—are accepted. The alleged victim must agree to the grievance unless they are unable to consent. Anonymous grievances are accepted and investigated to the fullest extent possible. RVCP ensures confidentiality by limiting access to PREA-related grievance information to staff with a legitimate need to know. Residents are informed that they will not face retaliation for reporting sexual abuse or harassment. The agency monitors for retaliation for at least 90 days following a report, consistent with PREA requirements. Residents may appeal the outcome of a PREA grievance within 10 days of receiving the response. Appeals are reviewed by a higher authority not involved in the initial decision, ensuring fairness and impartiality. Staff interviews confirmed that all employees understand their responsibilities as mandated reporters, including the requirement to immediately report any knowledge, suspicion, or information regarding sexual abuse or harassment. Staff are prohibited from requiring residents to use the grievance system before reporting. By ensuring that residents are not required to exhaust administrative remedies, providing multiple accessible reporting options, and maintaining clear protections against retaliation, RVCP demonstrates full compliance with PREA Standard 115.252 and reinforces its commitment to a safe, responsive, and resident-centered reporting environment.

115.253	**Resident access to outside confidential support services**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	RVCP provides residents with confidential access to outside victim advocacy and medical services in accordance with PREA Standard 115.253. Residents receive contact information for advocacy and rape crisis organizations, including mailing addresses and telephone numbers, and staff ensure residents can communicate with these providers privately. RVCP maintains an Inter-Agency Agreement with the Sexual Assault Recovery Program (SARP), which offers confidential emotional support, crisis intervention, mental health services, accompaniment during forensic exams and interviews, and follow-up referrals at no cost to residents. Residents are informed that SARP only shares information with RVCP when a Release of Information is signed, and that SARP staff are mandatory reporters. RVCP also maintains an Inter-Agency Agreement with Beloit Memorial Hospital, ensuring residents have access to SANE-conducted forensic medical exams, emergency medical treatment, STI prophylaxis, emergency contraception, and follow-up care. Services are provided regardless of whether the resident names the abuser or cooperates with an investigation, and RVCP assumes responsibility for all associated fees. PREA postings throughout the facility provide residents with continuous access to hotline numbers and external support contacts. Residents with disabilities or Limited English Proficiency receive interpreter or communication assistance to ensure equal access to outside services. This auditor verified all elements of this standard through resident and staff interviews, review of documentation (including Inter-Agency Agreements), and direct confirmation with SARP and Beloit Memorial Hospital. These verification steps confirmed that RVCP’s partnerships and procedures are active, accessible, and consistent with PREA requirements.

115.254	**Third party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.254 by providing multiple, accessible avenues for third-party reporting of sexual abuse and sexual harassment on behalf of a resident. RVCP policy states that the agency will receive third-party reports verbally (in person or by phone), in writing, anonymously, via email, and through external partners.

	RVCP publicly distributes information on how to report sexual abuse or harassment on behalf of a resident. This information is posted on the agency's website, included in the Resident Handbook, displayed on bulletin boards in the visiting area, and available by phone upon request. Publicly listed reporting options include: RVCP PREA Coordinator: (608) 531-7052 Confidential PREA email: PREA@RVCP.ORG Lutheran Social Services of Wisconsin and Upper Michigan: (715) 456-5735 Law Enforcement: 911 Third-party reports may also be submitted through Social Services of Wisconsin and Upper Michigan, providing an additional external avenue for reporting. All third-party allegations are treated as immediate PREA reports, not grievances, and are referred without delay to the PREA Coordinator or designated investigator. Reports are handled confidentially and shared only with staff who have a legitimate need to know. During the onsite audit, residents demonstrated clear understanding of how to report sexual abuse for themselves and on behalf of others. They also understood that RVCP maintains third-party reporting mechanisms. Staff interviews confirmed that employees understood their responsibilities in receiving and responding to third-party allegations of sexual abuse. By publicly posting reporting instructions, accepting reports through multiple internal and external channels, and ensuring that both residents and staff understand these procedures, RVCP demonstrates full compliance with PREA Standard 115.254 and reinforces its commitment to ensuring that all allegations can be reported safely and without barriers.

115.261	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.261 by requiring all staff to immediately report any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, or retaliation. RVCP's policy clearly states that staff must also report any retaliation against residents or staff who report such incidents, as well as any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff are mandated reporters and must promptly notify supervisory staff and the PREA Coordinator. Staff are prohibited from conducting their own investigations and

	must follow agency reporting protocols to ensure timely referral to trained investigators and, when required, law enforcement. RVCP policy further states that staff will not reveal information related to a sexual abuse report except to the extent necessary to make treatment, investigation, security, or management decisions. This confidentiality requirement is reinforced during staff training and is consistently understood across the agency. During this audit, the PREA Coordinator, CEO, and staff responsible for administrative investigations all demonstrated a clear understanding of these reporting and confidentiality requirements. Staff articulated their duty not only to protect the resident but also to protect the integrity of the investigation, consistent with PREA best practices. Residents are informed during orientation and through the Resident Handbook that staff cannot keep allegations confidential and must report them immediately. Staff are trained to explain these limits of confidentiality in a trauma-informed manner when receiving a disclosure. RVCP also ensures that reports involving residents with Limited English Proficiency (LEP) or disabilities are handled appropriately by providing interpreters or communication supports to ensure accurate reporting and understanding. By maintaining clear reporting procedures, enforcing confidentiality protections, and ensuring staff fully understand their responsibilities, RVCP demonstrates full compliance with PREA Standard 115.261 and reinforces its commitment to resident safety, transparency, and accountability.

115.262	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.262 by taking immediate action to protect any resident who is at substantial risk of imminent sexual abuse. RVCP policy requires staff to respond without delay when they learn that a resident may be in danger, and to implement appropriate protective measures to ensure the resident’s safety. When staff become aware of a substantial risk, they must immediately notify supervisory staff and the PREA Coordinator so that protective steps can be taken. These measures may include increased supervision, housing adjustments, separation from potential aggressors, or other interventions necessary to reduce the risk of harm. Staff are prohibited from taking any action that would place the resident at further risk or discourage reporting.

	RVCP’s procedures emphasize that protection duties apply regardless of how the information is received—whether through a direct report, third-party report, anonymous disclosure, or staff observation. Staff must treat all such information as credible until assessed by appropriate personnel. During the onsite audit, staff demonstrated a clear understanding of their responsibilities under this standard. Interviews confirmed that employees knew they must act immediately when a resident is at risk and that they understood the range of protective measures available. Staff also articulated their obligation to notify supervisory personnel and ensure that the PREA Coordinator is informed promptly. By requiring immediate action, ensuring staff understand their protective responsibilities, and maintaining procedures that prioritize resident safety, RVCP demonstrates full compliance with PREA Standard 115.262 and reinforces its commitment to preventing sexual abuse and safeguarding vulnerable individuals.

115.263	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.263 by ensuring that any allegation of sexual abuse or sexual harassment occurring at another confinement facility is promptly reported to the appropriate agency. RVCP policy requires that when a resident reports abuse that occurred while housed in another prison, jail, lockup, juvenile facility, or community-based residential program, the PREA Coordinator or designee must notify the head of that facility—or its designated PREA contact—within 72 hours of receiving the allegation. RVCP does not investigate allegations that occurred elsewhere but ensures that the responsible agency is informed so it may fulfill its investigative obligations. All notifications are documented by the PREA Coordinator, ensuring accountability and confirmation that the receiving agency is aware of its duty to investigate. RVCP continues to provide the resident with appropriate support services regardless of where the abuse occurred. During this audit, the PREA Coordinator and Executive Director demonstrated a comprehensive understanding of these reporting requirements. Both clearly articulated the 72-hour notification rule, the documentation process, and RVCP’s responsibility to support the resident while the receiving agency conducts its investigation. Their responses reflected strong policy knowledge and consistent implementation. Over the past 12 months, RVCP reported no allegations of sexual abuse or sexual harassment occurring at another confinement facility involving RVCP residents. While no incidents required notification, the absence of such reports—combined

	with staff's demonstrated understanding of the policy—indicates RVCP's commitment to resident safety and its readiness to comply fully with PREA requirements should such an allegation arise. By maintaining clear procedures, ensuring staff competency, and documenting all required notifications, RVCP demonstrates full compliance with PREA Standard 115.263 and reinforces its commitment to transparency, accountability, and resident protection across facility boundaries.

115.264	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.264 by ensuring that all staff understand and carry out their required actions when responding to an allegation or discovery of sexual abuse. RVCP policy requires that the first staff member to learn of an allegation immediately: Separates the alleged victim and abuser to ensure safety Preserves and protects the crime scene, including instructing the resident not to shower, brush teeth, eat, drink, or change clothes Notifies supervisory staff and the PREA Coordinator without delay Ensures medical attention is provided when needed If the first responder is not a security staff member, they must request that security or supervisory staff take these protective steps. RVCP's procedures emphasize that first responders must treat all allegations as credible until assessed by appropriate personnel. Staff are prohibited from questioning the resident beyond basic safety needs and must avoid actions that could compromise evidence or the integrity of the investigation. During the onsite audit, staff demonstrated a clear and consistent understanding of their first responder duties. Interviews confirmed that employees knew the required steps, including immediate separation, evidence preservation, notification procedures, and the importance of trauma-informed communication. Staff also articulated their responsibility to ensure that residents with Limited English Proficiency (LEP) or disabilities receive appropriate communication supports during the response process. By maintaining clear first responder protocols, training staff thoroughly, and ensuring immediate protective action, RVCP demonstrates full compliance with PREA Standard 115.264 and reinforces its commitment to resident safety and the integrity of investigative processes.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.265 by maintaining a clear, multidisciplinary coordinated response plan that outlines the responsibilities of all staff and external partners when responding to an allegation of sexual abuse. RVCP's coordinated response plan ensures that: First responders immediately separate the alleged victim and abuser, preserve evidence, and notify supervisory staff. Supervisory staff initiate notifications, ensure safety measures, and support the first responder actions. The Residential Director/PREA Coordinator or designee makes immediate contact with the victim, informs them of available victim advocate services at no cost, and encourages prompt medical attention at Beloit Memorial Hospital. The PREA Coordinator or designee assists the resident in contacting a victim advocate and arranges transportation to the hospital for a forensic medical exam. Medical providers, including Beloit Memorial Hospital's SANE program, deliver forensic exams, emergency medical care, and follow-up treatment. Victim advocates, including SARP, provide confidential emotional support, crisis intervention, and accompaniment during medical and investigative processes. RVCP's coordinated response also includes investigative procedures. The designated investigator conducts a thorough administrative investigation, including evidence collection and interviews with the victim, alleged abuser, and witnesses. A detailed investigative report is completed and submitted to the Rock County Sheriff's Department if allegations are substantiated. The Executive Director and Residential Director/PREA Coordinator receive a full report of each incident to ensure oversight and accountability. During the onsite audit, staff demonstrated a clear understanding of their roles within the coordinated response system. Interviews confirmed that employees knew how their responsibilities fit into the broader agency response and how to work collaboratively with medical and advocacy partners. By maintaining a comprehensive, well-implemented coordinated response plan and ensuring staff competency across all response roles, RVCP demonstrates full compliance with PREA Standard 115.265 and reinforces its commitment to a unified, trauma-informed, survivor-centered approach to sexual abuse allegations.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	According to the PREA Coordinator, the agency has no collective bargaining agreements.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.267 by maintaining a comprehensive system to protect residents and staff from retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. RVCP policy explicitly states that protection extends to any resident or staff member who reports, as well as to residents who participate in or cooperate with investigations. RVCP's retaliation-prevention procedures include immediate protective actions based on the status of the alleged perpetrator: If the alleged perpetrator is a resident, they are moved to another wing, isolated from access to the victim, or referred to law enforcement and removed from the program. If the alleged perpetrator is a staff member, they are immediately suspended with pay pending the outcome of the investigation. Following any report of sexual abuse or sexual harassment, the Residential Director/ PREA Coordinator, Program Directors, and the victim's Case Manager, jointly monitor the conduct and treatment of the reporting party and the alleged victim. Monitoring continues for at least 90 days, and includes review of: Resident disciplinary reports Housing assignment changes Program participation changes Staff performance reviews Staff reassignments Any other indicators that may suggest retaliation

	If any signs of retaliation appear, RVCP implements additional protective measures immediately. During this audit, interviews with the PREA Coordinator, Case Manager, and Program Support Specialist demonstrated a strong and consistent understanding of RVCP's retaliation-prevention responsibilities. Staff clearly articulated the monitoring process, the 90-day requirement, and the protective actions required when retaliation is suspected. Their responses reflected confidence and alignment with written policy. Based on RVCP's detailed policy, structured monitoring procedures, and the staff's demonstrated understanding of their responsibilities, this auditor concludes that RVCP is fully prepared to protect residents and staff from retaliation and demonstrates full compliance with PREA Standard 115.267.

115.271	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.271 by ensuring that all allegations of sexual abuse and sexual harassment are investigated promptly, thoroughly, and objectively through both criminal and administrative processes. RVCP policy requires that all allegations be immediately referred for investigation. Administrative investigations are conducted by trained RVCP investigators, while allegations that appear criminal in nature are referred to the Rock County Sheriff's Department, with whom RVCP fully cooperates throughout the investigative process. Administrative investigations include: Interviews with the victim, alleged abuser, and witnesses Review and preservation of physical, electronic, and testimonial evidence Assessment of staff actions or failures to act that may have contributed to the incident A written investigative report documenting findings, rationale, and corrective actions Investigators are trained to consult with prosecutors before conducting compelled interviews to ensure such interviews do not jeopardize potential criminal prosecution. Investigators are also trained to determine whether staff conduct, negligence, or policy violations contributed to the abuse.

	If an allegation is substantiated, the investigator prepares a detailed report and submits it to the Rock County Sheriff's Department for criminal review. The Executive Director and Residential Director/PREA Coordinator receive full investigative reports to ensure oversight and accountability. RVCP policy requires the agency to retain all written investigative reports for as long as the alleged abuser is employed by or incarcerated within the agency, plus five years, consistent with PREA evidence-retention standards. During the onsite audit, the PREA Coordinator, Executive Director, and administrative investigators demonstrated a clear understanding of investigative procedures, evidentiary requirements, and the distinction between administrative and criminal processes. Their responses reflected strong alignment with PREA standards and agency policy. Based on RVCP's comprehensive investigative procedures, staff competency, and cooperation with external law enforcement, the agency demonstrates full compliance with PREA Standard 115.271.

115.272	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.272 by applying a clear and appropriate evidentiary standard during all administrative investigations of sexual abuse and sexual harassment. RVCP policy requires that administrative findings be based on a preponderance of the evidence, meaning the allegation is more likely than not to have occurred. RVCP investigators are trained to evaluate all available evidence—including physical evidence, witness statements, staff actions, and resident accounts—using objective, trauma-informed practices. Investigators are also trained to determine whether staff actions or failures to act contributed to the incident, consistent with PREA requirements. When administrative investigations run parallel to potential criminal investigations, RVCP investigators consult with prosecutors before conducting compelled interviews to ensure such interviews do not interfere with or jeopardize criminal proceedings. This practice aligns with PREA expectations for maintaining the integrity of both investigative processes. RVCP policy requires full cooperation with external law enforcement agencies when they conduct criminal investigations into allegations occurring at the facility. The agency remains informed of investigative progress and ensures that administrative processes do not conflict with criminal inquiries.

	RVCP retains all written investigative reports for as long as the alleged abuser is employed by or housed within the agency, plus five years, ensuring compliance with PREA's evidence-retention requirements. During the onsite audit, the PREA Coordinator, Executive Director, and administrative investigators demonstrated a clear understanding of the evidentiary standard, the distinction between administrative and criminal investigations, and the procedures for coordinating with law enforcement. Their responses reflected strong alignment with written policy and PREA standards.

115.273	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.273 by ensuring that residents are notified of the outcomes of sexual abuse investigations in a timely, consistent, and confidential manner. RVCP policy requires that residents be informed whether an allegation has been substantiated, unsubstantiated, or unfounded following the conclusion of an administrative or criminal investigation. When the alleged abuser is a staff member, RVCP notifies the resident: Whether the staff member has been no longer posted in the resident's unit Whether the staff member has been terminated Whether the staff member has been indicted or criminally charged When the alleged abuser is another resident, RVCP informs the resident whether the alleged abuser has been charged, convicted, or otherwise sanctioned as a result of the investigation. Notifications are delivered by the PREA Coordinator, Residential Director, or designee and are documented in accordance with PREA requirements. RVCP ensures that notifications do not include confidential personnel information or details that could compromise safety or investigative integrity. RVCP policy also requires that if an outside agency conducts the investigation, RVCP will request relevant outcome information to ensure the resident receives proper notification. The agency maintains documentation of all attempts to obtain this information. During the onsite audit, the PREA Coordinator and Executive Director demonstrated a clear understanding of the notification process, including the timing, required content, and documentation standards. Staff interviews confirmed that employees understood their responsibilities to ensure residents are informed appropriately and

	that notifications are handled in a trauma-informed, confidential manner. By maintaining clear notification procedures, ensuring staff competency, and documenting all resident notifications, RVCP demonstrates full compliance with PREA Standard 115.273 and reinforces its commitment to transparency, accountability, and resident support.

115.276	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.276 by enforcing clear, consistent, and appropriate disciplinary sanctions for staff who violate agency sexual abuse or sexual harassment policies. RVCP maintains a strict zero-tolerance approach, and disciplinary actions are applied based on the severity of the violation and the findings of administrative or criminal investigations. RVCP policy states that staff are subject to disciplinary sanctions up to and including termination for violating any sexual abuse or sexual harassment policy. The agency's procedures outline the following requirements: Termination for Sexual Abuse: Any staff member found to have engaged in sexual abuse is immediately terminated, with no alternative disciplinary options. Mandatory Reporting to Law Enforcement: RVCP reports all terminations related to sexual abuse or sexual harassment—and all resignations that occur in lieu of termination—to law enforcement, unless the conduct is clearly determined to be non-criminal. Reporting to the State of Wisconsin Caregiver's Office: RVCP reports all instances of sexual abuse or sexual harassment to the Wisconsin Caregiver's Office, ensuring appropriate regulatory oversight and protection of vulnerable populations. Sanctions for Sexual Harassment: Non-criminal violations of sexual harassment policy result in appropriate disciplinary action, which may include formal discipline, suspension without pay, performance probation, or termination. The Residential Director/PREA Coordinator and Assistant Executive Director make disciplinary recommendations, with the Executive Director holding final decision-making authority. Failure to Report: Staff who fail to promptly and properly report knowledge, suspicion, or information regarding sexual abuse or sexual harassment are subject to the same disciplinary sanctions as those who commit the violation itself. RVCP's disciplinary process ensures that sanctions are:

	Fair and consistent, based on the nature and severity of the violation Documented, including the rationale for the disciplinary action Aligned with due-process protections for staff Coordinated with criminal investigations, when applicable During the onsite audit, interviews with the PREA Coordinator, Executive Director, and other leadership staff confirmed a strong understanding of these disciplinary requirements. Staff articulated the agency's zero-tolerance stance, the mandatory termination requirement for sexual abuse, and the obligation to report all qualifying cases to law enforcement and the Wisconsin Caregiver's Office. Their responses demonstrated consistent implementation of policy and a clear commitment to accountability and resident safety. Based on RVCP's comprehensive policy, structured disciplinary procedures, and staff's demonstrated understanding, the agency meets all requirements of PREA Standard 115.276.

115.277	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.277 by enforcing strict corrective actions for contractors and volunteers who violate agency sexual abuse or sexual harassment policies. RVCP maintains a zero-tolerance approach and ensures that any individual who is not a staff member but provides services or support within the facility is held to the same safety and conduct standards as employees. RVCP policy requires that: Any contractor or volunteer who engages in sexual abuse is immediately removed from all contact with residents and prohibited from returning to the facility. All allegations of sexual abuse involving contractors or volunteers are reported to law enforcement unless the conduct is clearly determined to be non-criminal. RVCP reports all allegations of sexual abuse or sexual harassment involving contractors or volunteers to the State of Wisconsin Caregiver's Office, ensuring appropriate regulatory oversight. Contractors and volunteers who violate sexual harassment policies are subject to removal, termination of services, or prohibition from future involvement with RVCP. Contractors and volunteers are required to immediately report any knowledge,

	suspicion, or information regarding sexual abuse or sexual harassment. Failure to report results in removal and referral to appropriate authorities. RVCP ensures that all contractors and volunteers receive PREA-related training appropriate to their roles, including their duty to maintain professional boundaries, report misconduct, and protect resident safety. During the onsite audit, interviews with the PREA Coordinator, Executive Director, and supervisory staff confirmed a clear understanding of the corrective actions required when contractors or volunteers violate PREA-related policies. Staff articulated the immediate removal requirement, mandatory reporting obligations, and the agency's commitment to ensuring that non-employees are held accountable to the same standards as staff. By maintaining strict corrective action procedures, ensuring immediate removal of violators, and coordinating with law enforcement and regulatory bodies, RVCP demonstrates full compliance with PREA Standard 115.277 and reinforces its commitment to resident safety and program integrity.

115.278	**Disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.278 by enforcing fair, proportional, and clearly defined disciplinary sanctions for residents who engage in sexual abuse or sexual harassment. RVCP maintains a strict zero-tolerance policy, and its updated policy explicitly states that all sexual activity is prohibited—consensual or not—to ensure resident safety and prevent coercion. RVCP policy requires that: Residents who engage in sexual abuse are subject to sanctions consistent with the severity of the violation, which may include removal from the program, referral to law enforcement, and other sanctions determined by the resident's supervising authority. Residents who engage in sexual harassment may receive sanctions such as loss of privileges, program restrictions, behavioral interventions, or removal from the program. Sanctions are proportionate, consider the resident's mental health status, and are imposed only after an administrative or criminal investigation determines responsibility. Residents are not disciplined for reporting sexual abuse in good faith, even if the allegation is not substantiated.

	Residents may be sanctioned for knowingly making false allegations, but only after a formal investigation determines the allegation was intentionally false. RVCP's disciplinary procedures differ based on the resident's jurisdiction: DOC Residents: If a Department of Corrections resident is found to have engaged in resident-on-resident sexual abuse or non-consensual sexual contact with staff, they are removed from RVCP by law enforcement or their probation agent. The DOC determines whether to pursue revocation, and the resident receives a due-process hearing before a DOC hearing officer. Federal Residents: If a Federal Bureau of Prisons resident engages in sexual abuse or non-consensual sexual contact with staff, they are removed from RVCP by local law enforcement or the U.S. Marshals. Final sanctions are determined by a BOP Disciplinary Hearing Officer. RVCP ensures that all disciplinary actions: Are documented, including the rationale for the sanction Are consistent with due-process protections Do not interfere with ongoing investigations Are coordinated with law enforcement and the resident's supervising authority During the onsite audit, staff—including the PREA Coordinator, Executive Director, and case management personnel—demonstrated a clear understanding of the disciplinary framework for residents. Interviews confirmed that staff apply sanctions fairly, consider individual circumstances, and ensure that residents who report sexual abuse in good faith are never punished. RVCP's policy and practice demonstrate a strong commitment to maintaining a safe environment. The immediate removal of residents who engage in sexual abuse, combined with the involvement of DOC, BOP, and law enforcement authorities, reflects the agency's dedication to accountability and resident protection. Based on the evidence reviewed, RVCP meets all requirements of PREA Standard 115.278.

115.282	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.282 by

	ensuring that all resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment, crisis intervention, and mental health services. These services are provided at no cost to the resident, regardless of whether the victim names the abuser or cooperates with an investigation. RVCP policy affirms that the nature and scope of medical and mental health services are determined by qualified medical and mental health practitioners, consistent with professionally accepted standards of care. Key elements of RVCP's emergency response include: Resident victims receive immediate medical attention and crisis intervention services. The first responder protects the victim, preserves evidence, and notifies Beloit Memorial Hospital and the Sexual Assault Recovery Program (SARP) that an assault has occurred. The Residential Director/PREA Coordinator or designee ensures the victim is informed of available medical and mental health services and is encouraged to access them at no cost. Residents are transported without delay to Beloit Memorial Hospital for a SANE/SAFE forensic medical exam, emergency treatment, and follow-up care. Victims are offered timely information about and access to emergency contraception and sexually transmitted infection prophylaxis, where medically appropriate. Services are provided in a trauma-informed, confidential manner. RVCP also maintains specialized procedures for federal residents: Federal residents are referred to CTS immediately upon notification of a PREA allegation. Compass Behavioral Health meets with the resident within 24 hours to conduct a crisis assessment and ensure mental health needs are addressed promptly. Medical and mental health staff maintain secondary documentation, including logs verifying: The timeliness of emergency medical treatment and crisis intervention services The appropriate response by non-health staff when health staff are not present The provision of timely information and services regarding contraception and STI prophylaxis RVCP ensures that all medical and mental health services: Are consistent with community standards of care

	Are provided without financial cost to the resident Are coordinated with external medical providers and victim advocates Are documented thoroughly to ensure compliance and continuity of care During the onsite audit, staff—including the PREA Coordinator, first responders, case managers, and supervisory personnel—demonstrated a clear understanding of emergency response procedures, medical transport requirements, and the obligation to provide services at no cost. Interviews confirmed that staff knew how to activate medical and mental health services immediately and how to ensure residents receive advocacy support. By maintaining clear procedures, ensuring immediate access to medical and mental health care, and coordinating with qualified external providers, RVCP demonstrates full compliance with PREA Standard 115.282 and reinforces its commitment to trauma-informed, survivor-centered care.

115.283	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.283 by ensuring that all residents who have been victimized by sexual abuse—whether the abuse occurred at RVCP or in any prison, jail, lockup, or juvenile facility—receive ongoing medical and mental health evaluation and treatment. These services are provided at no financial cost to the resident and are available regardless of whether the victim names the abuser or cooperates with an investigation. RVCP serves a population that includes two female residents, and its policies ensure that gender-specific medical needs—such as pregnancy testing and access to lawful pregnancy-related services—are addressed promptly and professionally. RVCP policy requires that: All victims of sexual abuse are offered ongoing medical and mental health services consistent with community standards of care. The nature and scope of ongoing treatment are determined by qualified medical and mental health practitioners, based on professional judgment. Follow-up services, treatment plans, and referrals are provided as needed, including after transfer, program completion, or release. All services are provided without cost to the resident and without requiring

	cooperation with an investigation. Ongoing care includes: Pregnancy testing for victims of sexually abusive vaginal penetration. If pregnancy results, victims receive timely and comprehensive information about and access to all lawful pregnancy-related medical services. STI testing for victims of sexual abuse, consistent with medical appropriateness and community standards. Continued access to crisis counseling, mental health treatment, and medical follow-up. Coordination with Beloit Memorial Hospital, SARP, and other external providers to ensure continuity of care. RVCP maintains specialized procedures for federal residents: Federal residents are referred to CTS immediately upon notification of a PREA allegation. Compass Behavioral Health meets with the resident within 24 hours to conduct a crisis assessment and initiate ongoing mental health support. RVCP also provides services for residents with a history of perpetration: Compass Behavioral Health attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of the abuse history. When appropriate, these residents are offered treatment by RVCP’s certified sex offender therapists, as documented in Attachment 10-H:002.a. Medical and mental health staff maintain secondary documentation verifying: The timeliness of ongoing medical and mental health services The appropriate response by non-health staff when health staff are not present The provision of timely information and services regarding contraception and STI prophylaxis The continuity and adequacy of follow-up care During the onsite audit, medical and mental health staff, the PREA Coordinator, and supervisory personnel demonstrated a clear understanding of ongoing care requirements. Staff interviews confirmed that residents receive continued access to treatment, crisis counseling, pregnancy-related services, STI testing, and follow-up care at no cost. By maintaining structured procedures, ensuring continuity of care, and providing all services at no cost, RVCP demonstrates full compliance with PREA Standard 115.283

	and reinforces its commitment to trauma-informed, survivor-centered support.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.286 by conducting comprehensive sexual abuse incident reviews following every substantiated allegation and every unsubstantiated allegation where evidence does not clearly support or disprove the claim. These reviews are designed to identify systemic issues, improve facility operations, and strengthen resident safety. RVCP policy requires that incident reviews: Occur within 30 days of the conclusion of an investigation Be conducted by a multi-disciplinary team, including the Residential Director/PREA Coordinator, Nurse, Program Support Specialist and Case Managers. Examine the facts of the incident, the quality of the investigation, and whether staff actions or failures to act contributed to the abuse Assess whether the incident suggests a need for policy changes, staffing adjustments, or additional monitoring technology Consider whether the physical layout of the facility or supervision practices enabled the incident Evaluate whether the incident indicates a pattern or trend requiring corrective action RVCP’s review team documents: A clear summary of the incident Findings related to supervision, staffing, and facility layout Any recommended corrective actions The timeline for implementation and the staff responsible for follow-through Corrective actions may include: Policy revisions Targeted staff training Enhanced supervision practices

	Environmental modifications Increased monitoring technology, when appropriate The PREA Coordinator tracks all recommendations and ensures they are implemented or formally justified if not adopted. During the onsite audit, interviews with the PREA Coordinator, Executive Director, and supervisory staff confirmed a strong understanding of the incident review process. Staff articulated the 30-day requirement, the multi-disciplinary nature of the review team, and the expectation that all findings lead to meaningful corrective action when warranted. Documentation reviewed by the auditor demonstrated that RVCP consistently completes incident reviews and uses them to strengthen safety practices.

115.287	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.287 by collecting accurate, uniform data on every allegation of sexual abuse and maintaining a comprehensive, PREA-compliant data-collection system. RVCP's practices ensure transparency, accountability, and continuous improvement in resident safety. RVCP policy requires that: The agency collect uniform data for every allegation of sexual abuse using a standardized instrument that captures all elements required by the U.S. Department of Justice. Data collection includes all substantiated, unsubstantiated, unfounded, and ongoing investigations. Data elements align with the Bureau of Justice Statistics (BJS) Survey of Sexual Victimization, ensuring consistency with national reporting standards. The PREA Coordinator compiles, verifies, and securely maintains all data. Data is aggregated at least annually for internal review, trend analysis, and reporting to oversight entities. RVCP's data-collection process includes: Documentation of incident characteristics, resident demographics, staff involvement, response timelines, and investigative outcomes

	Tracking of corrective actions, incident reviews, and systemic issues Maintenance of data in a manner that protects resident confidentiality while supporting transparency RVCP also demonstrates strong public accountability: The agency posts its aggregated PREA data on its official website, ensuring public access to annual PREA statistics. This information is updated every year, consistent with PREA requirements for transparency and public reporting. Prior years' data remain available to support longitudinal review and public oversight. The PREA Coordinator ensures that: All required data is collected and stored securely Data is reviewed for accuracy before aggregation Trends or patterns are identified and communicated to leadership for corrective action Publicly posted data is redacted to protect confidentiality while meeting PREA transparency standards During the onsite audit, the PREA Coordinator and Executive Director demonstrated a clear understanding of the data-collection and public-reporting process. Documentation reviewed by the auditor confirmed that RVCP collects all required data, maintains it securely, and posts annual PREA statistics on its website as required. By maintaining a structured, accurate, transparent, and PREA-compliant data-collection system, RVCP demonstrates full compliance with PREA Standard 115.287 and reinforces its commitment to accountability and continuous improvement.

115.288	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.288 by conducting an annual, comprehensive review of all collected sexual abuse and sexual harassment data to identify trends, assess systemic issues, and implement corrective actions that strengthen resident safety and program operations.

	RVCP policy requires that: The agency aggregates and reviews sexual abuse and sexual harassment data at least once per year. The PREA Coordinator leads the review in collaboration with the Executive Director, Residential Director/PREA Coordinator, and other leadership staff. The review examines patterns, problem areas, and contributing factors, including staffing levels, facility layout, supervision practices, and program operations. The agency identifies corrective actions to address any identified issues and documents the steps taken to implement them. The annual review is used to evaluate the effectiveness of existing PREA policies and procedures and guide improvements. RVCP's annual data review includes: Analysis of all substantiated, unsubstantiated, and unfounded allegations Review of incident characteristics, locations, times, and staff or resident involvement Assessment of whether additional staff training, policy revisions, or environmental modifications are needed Evaluation of whether monitoring technology or supervision practices should be enhanced Documentation of findings and recommended corrective actions RVCP demonstrates strong transparency and public accountability: The agency has updated its website to include all aggregated sexual abuse and sexual harassment data. The information is easily accessible to the public, with clear navigation and user-friendly presentation. Visitors can compare prior years' allegations, determinations, and outcomes simply by clicking and viewing previous annual reports. No personal identifiers are included in any posted report, ensuring confidentiality while maintaining transparency. The website is updated annually, consistent with PREA's public-reporting requirements. The PREA Coordinator ensures that: All corrective actions identified through the annual review are implemented,

	tracked, or formally justified if not adopted Leadership is informed of trends or systemic issues requiring attention The review process supports continuous improvement in sexual safety and program operations During the onsite audit, the PREA Coordinator and Executive Director demonstrated a clear understanding of the annual data-review process. Documentation reviewed by the auditor confirmed that RVCP conducts its annual review, identifies corrective actions, and uses the findings to strengthen prevention, detection, and response efforts.

115.289	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.289 by securely storing, publishing, and retaining sexual abuse and sexual harassment data in accordance with federal requirements. RVCP maintains all PREA-related data in secure files with restricted access and retains this information for at least 10 years, unless a longer period is required by law or contract. All personal identifiers are removed prior to any public release. RVCP demonstrates strong transparency by publishing aggregated PREA data annually on its website, where it is easily accessible to the public. The website allows users to view and compare prior years' allegations, determinations, and outcomes, and no personal identifying information appears in any posted report. Annual updates ensure compliance with PREA's public-reporting requirements. The auditor verified compliance through file reviews, confirming secure storage and proper retention; website review, confirming public posting, accessibility, and redaction; and staff interviews, confirming understanding of storage, publication, and destruction procedures. RVCP's practices demonstrate full compliance with PREA Standard 115.289 and reflect the agency's commitment to confidentiality, accountability, and public transparency.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Rock Valley Community Program (RVCP) complies with PREA Standard 115.401 by ensuring that all PREA audits are conducted by auditors who meet the U.S. Department of Justice (DOJ) requirements for training, certification, and professional competency. PREA audits of RVCP are performed by DOJ-certified PREA auditors who have completed the required training, maintain active certification, and demonstrate professional experience in corrections, investigations, or compliance monitoring. RVCP verifies the auditor's credentials prior to contracting and maintains documentation of certification in the audit file. RVCP demonstrated a high level of transparency, cooperation, and professionalism throughout the audit process. The agency granted the PREA Auditor full access to the facility, including unrestricted entry into all housing units, program areas, offices, and secure spaces. The auditor was also permitted to take photographs of interior and exterior areas, supporting accurate documentation of the physical plant and operational environment. RVCP ensured unrestricted access to residents for confidential interviews, resulting in 15 resident interviews. Prior to the onsite visit, RVCP proactively informed residents of the upcoming audit and posted the auditor's contact information in hallways and common areas, ensuring residents had the opportunity to reach out independently. Staff and residents were also available for informal, casual conversations, which provided additional insight into daily operations and agency culture. RVCP's willingness to provide complete access, facilitate confidential interviews, allow photography, and proactively inform residents reflects a strong commitment to transparency, accountability, and the successful implementation of PREA standards.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Rock Valley Community Program (RVCP) complies with PREA Standard 115.403 by ensuring that the PREA audit includes all required components: a thorough review of policies and procedures, examination of documentation, confidential resident and staff interviews, and an onsite assessment of facility operations, physical plant, and PREA implementation practices. The audit of RVCP included: Comprehensive Document Review — The auditor examined all required PREA-related policies, procedures, training records, incident reports, investigations, staffing plans, personnel files, and data-collection materials.

	Onsite Facility Assessment — The auditor conducted a full tour of the facility, including housing units, program areas, offices, bathrooms, showers, and all resident-accessible spaces. Confidential Resident Interviews — 15 residents were interviewed confidentially, with unrestricted access provided by RVCP. Staff Interviews — Interviews were conducted with line staff, supervisors, medical/ mental health personnel, the PREA Coordinator, the Executive Director, and specialized staff. Verification Activities — The auditor reviewed file cabinets containing PREA documentation, examined the agency's website to confirm public posting of PREA data, and engaged in informal conversations with staff and residents to assess culture and practice. Photographic Documentation — RVCP permitted the auditor to take photographs of interior and exterior areas to support verification of physical plant conditions and monitoring practices. RVCP demonstrated a high level of cooperation and transparency throughout the audit. The agency provided complete access to all areas, documents, and individuals requested. Residents were informed of the audit in advance, and the auditor's contact information was posted in hallways and common areas to allow residents to reach out prior to the onsite visit. The audit also considered RVCP's previous PREA audits in 2016 and 2019, both of which were successfully completed. This audit, conducted within the standard three-year cycle, reflects RVCP's continued commitment to PREA compliance and ongoing improvement. Audit Findings Based on the review of documentation, onsite observations, interviews, and verification activities, the auditor determined that RVCP: Has implemented PREA standards across policy, practice, and culture Demonstrates consistent adherence to PREA requirements Maintains transparent reporting and public posting of PREA data Provides appropriate access, cooperation, and documentation necessary for a complete audit Shows a sustained commitment to resident safety and PREA compliance The audit findings reflect that RVCP meets the requirements of PREA Standard 115.403 and continues to operate in a manner consistent with PREA's goals of safety, accountability, and transparency.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

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

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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
115.252 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to	yes

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

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

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

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	**Preservation of ability to protect residents from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.267 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

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

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

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

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

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

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

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

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

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

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

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

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

(f)		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes