

# PREA Facility Audit Report: Final

**Name of Facility:** Rock Valley Residential Reentry Program

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 06/26/2023

**Date Final Report Submitted:** 09/16/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Anthony Thomas Dodd	<b>Date of Signature:</b> 09/16/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Dodd, Anthony
<b>Email:</b>	anthony.dodd@milwaukeecountywi.gov
<b>Start Date of On-Site Audit:</b>	06/15/2023
<b>End Date of On-Site Audit:</b>	06/16/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Rock Valley Residential Reentry Program
<b>Facility physical address:</b>	203 West Sunny Lane, Janesville, Wisconsin - 53546
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Nicole Purdy
<b>Email Address:</b>	npurdy@rvcp.org
<b>Telephone Number:</b>	608-531-7052

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

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	100
<b>Current population of facility:</b>	89
<b>Average daily population for the past 12 months:</b>	75
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18-80
<b>Facility security levels/resident custody levels:</b>	All
<b>Number of staff currently employed at the</b>	141

<b>facility who may have contact with residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	100
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	2

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

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Nicole Purdy	<b>Email Address:</b>	npurdy@rvcp.org

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
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

- 115.215 - Limits to cross-gender viewing and searches

**Number of standards met:**

40

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-06-15
2. End date of the onsite portion of the audit:	2023-06-16

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	100
15. Average daily population for the past 12 months:	75
16. Number of inmate/resident/detainee housing units:	0
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	40
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	1

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>2</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The housing roster had 81 residents listed on the count however 41 residents were offsite due to work or being enrolled in a course, and therapy sessions, therefore this auditor had an in count of 40 residents to randomly choose from to interview. There was one resident who identified as gay, and two residents who identified as transgender female.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>The agency does not have any volunteers. At the time of the audit there were not any contractors at the facility.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>16</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>



<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	<p>This PREA auditor assigned to the Rock Valley Community Program conducted thorough resident interviews as part of the audit process. Recognizing the importance of geographic diversity, this auditor took deliberate steps to ensure that the selection of interviewees represented a range of residents from different areas within the facility.</p> <p>Out of a possible 40 residents physically present at the time of the audit, this auditor interviewed a total of 16 individuals. The selection process involved random sampling to ensure fairness and impartiality. By adopting this approach, this auditor aimed to gather insights and perspectives from a diverse group of residents, reflecting the various regions or units within the Rock Valley Community Program.</p> <p>By conducting interviews with residents from different areas of the facility, this auditor sought to gain a comprehensive understanding of the overall climate, policies, and experiences related to sexual abuse prevention and response.</p>
<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

**57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):**

This PREA auditor ensured a comprehensive and inclusive interview process, actively addressing potential barriers and promoting representation across different groups, ages, and sexual orientations. By employing a proactive and inclusive approach, this auditor aimed to gather diverse perspectives and insights related to sexual abuse prevention and response within the facility.

Throughout the audit, this auditor encountered no barriers that hindered the completion of interviews with willing residents. This facilitated a thorough assessment of the Rock Valley Community Program's adherence to PREA standards and allowed for a comprehensive understanding of the facility's efforts to create a safe environment.

To ensure representation, this auditor made deliberate efforts to interview residents from various demographic groups, including different age ranges and sexual orientations. In particular, this auditor conducted interviews with two transgender females who were present at the facility. Their openness and willingness to share their experiences provided valuable insights into the unique challenges and perspectives of this population. By engaging with these residents, this auditor gained a deeper understanding of the facility's ability to address the specific needs and concerns of transgender individuals in relation to sexual abuse prevention.

It is worth noting that, despite efforts to interview residents from all groups, this auditor was unable to interview any residents who were born female, as there were none on site or incarcerated during the audit. However, the absence of such interviews does not diminish the thoroughness of the audit process or the commitment to ensuring representation across various groups.

By actively seeking input from diverse residents, including the transgender females who were interviewed, this auditor demonstrated a dedication to capturing a

broad range of perspectives. The insights gained from these interviews will contribute to a more comprehensive evaluation of the Rock Valley Community Program's PREA compliance and provide valuable recommendations for enhancing their practices.

**Targeted Inmate/Resident/Detainee Interviews**

**58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:**

3

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".

**60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:**

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.

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

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were not any residents who were blind or have low vision at the time of the onsite audit. This auditor interviewed staff and residents to confirm that there were not any present. This auditor was especially observant during the tour of the facility as well, and engaged in casual conversations to detect if there were any residents who might have low vision.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were not any residents with who were deaf or hard of hearing at the time of the onsite audit. This auditor interviewed staff and residents to confirm that there were not any present.</p>

<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were not any residents that were limited English proficient at the time of the onsite audit. This auditor interviewed staff and residents to confirm that there were not any present.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>2</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were not residents that reported sexual abuse in the facility. (The agency has not had an allegation of sexual abuse in the past 12 months). This auditor interviewed staff and residents to confirm that there were not any present.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility does not have a segregated housing unit or isolation unit for those who are at risk of sexual victimization. During the tour of the facility, it was noted and observed that the facility did not have a segregated housing unit.</p>



<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>As the PREA auditor for the Rock Valley Community Program, this auditor conducted a thorough and barrier-free interview process with the residents. This auditor ensured that all necessary arrangements were in place to facilitate the completion of random interviews with 16 residents selected by this auditor. The selection process included a random sampling technique, which aimed to provide a representative sample of residents from different backgrounds and jurisdictions. This approach allowed for a comprehensive assessment of the facility's adherence to PREA standards and ensured a diverse range of perspectives were included in the audit. To ensure variety in the interview pool, this auditor intentionally included both federal residents and state department of correction residents. This decision enabled this auditor to gain insights into the experiences and perceptions of residents from different systems, fostering a more comprehensive understanding of the facility's overall climate. During the interviews, this auditor made sure that residents were promptly escorted to a confidential room. This commitment to timeliness and privacy created a safe and secure environment for residents to share their experiences, concerns, and insights related to sexual abuse prevention and response within the facility.</p>
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**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>
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**72. 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

**73. Were you able to conduct the minimum number of RANDOM STAFF interviews?**

- Yes
- No

**74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):**

This auditor conducted comprehensive interviews with various staff members to assess their knowledge of PREA and their roles in implementing and maintaining a safe environment within the facility.

This auditor ensured a diverse selection of staff members was interviewed to obtain a comprehensive understanding of the facility's practices. This included front line Program Support Specialists, Case Managers, the PREA Coordinator, the Agency's Head, and investigators. This range of positions allowed this auditor to gather insights from staff members involved in different aspects of the program, ensuring a comprehensive assessment of PREA implementation across various roles.

By engaging with front line staff such as Program Support Specialists and Case Managers, this auditor gained insights into the day-to-day operations and the staff's interactions with residents. These interviews provided valuable perspectives on the practical application of PREA policies and protocols.

Interviewing the PREA Coordinator offered an opportunity to assess the facility's overall PREA program management. This auditor explored the coordinator's knowledge, responsibilities, and efforts in ensuring compliance with PREA standards.

Furthermore, engaging with the Agency's Head provided insights into the organization's leadership commitment to PREA and the implementation of policies and procedures. This auditor's interview with the head of the agency allowed for a holistic assessment of the facility's overall approach to preventing and addressing sexual abuse.

## 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.

**75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):**

7

**76. Were you able to interview the Agency Head?**

Yes

No

**77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?**

Yes

No

**78. Were you able to interview the PREA Coordinator?**

Yes

No

**79. 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)

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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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### Was the site review an active, inquiring process that included the following:

<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

**89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

This auditor was able to observe the facility's commitment to PREA compliance through visible indicators such as the PREA signature in the hallway and a dedicated PREA information board. These visual cues demonstrated the facility's proactive approach in promoting awareness and adherence to PREA standards.

The open and transparent environment at the Rock Valley Community Program allowed this auditor to engage in casual conversations with residents. These discussions provided valuable insights into the facility's intake process and screening procedures, allowing for a comprehensive understanding of the measures in place to mitigate the risk of sexual abuse.

During the audit, this auditor was granted permission to take photographs of the facility. This documentation served as a visual reference, aiding in the evaluation of the physical environment and the implementation of PREA protocols.

This auditor was provided access to the facility's camera operations. This access allowed for an assessment of the monitoring and surveillance systems in place, ensuring their effectiveness in maintaining a safe environment and deterring incidents of sexual abuse.

The Rock Valley Community Program's willingness to provide this auditor with full access to their facility, staff members, and various operational aspects showcased their commitment to transparency and accountability. This level of access facilitated a comprehensive and accurate evaluation of the facility's adherence to PREA standards.

### **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.



**90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?**

Yes

No

**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

This auditor conducted a thorough review of various documentation to assess the facility's adherence to PREA standards. This involved sampling random documentation pertaining to crucial aspects of sexual abuse prevention and response.

One key area this auditor focused on was the training files of staff members. By examining these files, this auditor sought to determine whether staff had received appropriate training on preventing and detecting sexual abuse. This evaluation helped ensure that staff members were equipped with the necessary knowledge and skills to effectively address and mitigate incidents of sexual abuse within the facility.

Another essential aspect this auditor reviewed was the training files of investigators. By assessing these files, this auditor aimed to ascertain whether investigators had received specialized training in conducting PREA-related investigations. This examination ensured that investigations into allegations of sexual abuse were conducted with the required expertise and sensitivity.

To ensure the implementation of proper hiring practices, this auditor conducted a random review of background check documentation for staff members. This process involved verifying whether comprehensive background checks had been completed and whether appropriate PREA-related questions were asked during the screening process. This evaluation helped ensure that staff members with potential risk factors were identified and appropriate measures were taken to mitigate any potential risks.

In addition, this auditor reviewed random documentation pertaining to facility tours and inspections conducted by supervisors. This check aimed to prevent staff sexual misconduct by ensuring that regular and thorough inspections were carried out to maintain a safe environment for residents.

This auditor examined the agency's website to confirm the presence of information regarding third-party reporting and the

facility's comprehensive PREA policies. This review ensured that the facility provided clear guidelines for reporting incidents and made its commitment to preventing sexual abuse transparent to both residents and external parties.

Through the meticulous examination of these various documentation samples, this auditor sought to evaluate the Rock Valley Community Program's compliance with PREA standards and identify areas for improvement.

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

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

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

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

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

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

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

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

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

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

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

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

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	Rock Valley Community Program did not have any allegations of sexual abuse at the facility within the past 12 months.

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>Rock Valley Community Project did not have any allegations of sexual harassment within the past 12 months.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>



<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>Rock Valley Community Program did not have any allegation of sexual abuse or sexual harassment with the past 12 months of this audit.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

- Yes  
 No

### Non-certified Support Staff

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

- Yes  
 No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. 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

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>As a PREA auditor assigned to audit the Rock Valley Community Program, this auditor had the opportunity to thoroughly examine their approach to preventing sexual abuse and sexual harassment among their residents. Throughout the review, this auditor carefully assessed their policy and engaged in extensive discussions with both staff members and residents. It became evident that the agency has fostered a zero-tolerance policy and culture towards these issues within their facility.</p> <p>Rock Valley Community Program has implemented a comprehensive policy that explicitly outlines their commitment to preventing, detecting, and responding to allegations of sexual abuse and sexual harassment. Their policy demonstrates a clear understanding of the agency's responsibilities in addressing such incidents promptly and seriously.</p> <p>During this auditor interview with the dedicated PREA Coordinator, it was apparent that she has been provided ample time to fulfill her duties effectively. She has demonstrated remarkable intelligence, competence, and a keen ability to grasp new concepts swiftly. As a member of the upper management, the PREA Coordinator is</p>

	<p>well-positioned to enforce all PREA standards with integrity and ensure compliance throughout the organization.</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>During the onsite portion of the PREA audit for Rock Valley Community Program, this auditor conducted a thorough examination to verify their compliance with the PREA standards. In this regard, this auditor reviewed pertinent documents, including contracts entered into by the program with the Department of Correction and the Bureau of Prisons, subsequent to August 12, 2012.</p> <p>Through this auditor document review, it became evident that these contracts explicitly expressed Rock Valley Community Program's obligation to adopt and adhere to the PREA standards. The program, as signified in the contracts, recognized the importance of maintaining a safe and secure environment by actively implementing measures to prevent and respond to incidents of sexual abuse and sexual harassment.</p> <p>Furthermore, this auditor conducted interviews with various staff members to corroborate this compliance. These interviews aimed to gain insights into the program's awareness of the PREA standards, their understanding of their obligations, and their efforts to enforce and adhere to these standards. The discussions with staff members served as an additional verification that the Rock Valley Community Program had indeed embraced and committed to complying with the PREA standards outlined in their contracts with the Department of Correction and the Bureau of Prisons.</p> <p>However it should be noted that the Rock Valley Community Program has not entered into any agreement for the confinement of "their" residents, therefore this standard does not technically apply.</p>

<b>115.213</b>	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p>

The RVCP Policy and Procedures include a section on "Supervision and Monitoring" that outlines specific staffing requirements. According to the policy, RVCP ensures that a sufficient level of staff is maintained at all times, 24 hours a day, 365 days a year. The policy strictly states that the staffing level should never fall below 1 staff member for every 25 residents. This requirement aligns with the agency's contracts with the Department of Correction (DOC) and the Federal Bureau of Prisons (FBOP), which also mandate one staff member per 25 residents.

As part of the assessment, this auditor verified that the facility consistently schedules a minimum of five staff members per shift, ensuring that the population, which stood at 81 during the onsite audit, is adequately supervised. During the first shift, there are typically six Case Managers, four to five Program Support Specialists, one supervisor, and additional administrative staff. On the second and third shifts, as well as weekends, a minimum of four staff members are always on duty. The facility also enforces the requirement of having at least one male and one female staff member present at all times. In the event of staff absences, on-call staff members are called in to maintain the required staffing levels. Interviews with staff and supervisors confirmed the accuracy of the staffing pattern.

Regarding monitoring, the facility utilizes a robust system consisting of 102 cameras strategically placed inside and outside the premises. These cameras effectively maximize supervision of residents, and the monitors feature high quality, state-of-the-art technology with pan/zoom capability. The system allows for 14-30 days of recording storage, and several monitors are placed in staff offices. All key areas, including hallways, day rooms, laundry room, kitchen, dining room, and other common areas, are under constant video surveillance. Multiple staff members throughout the building have the ability to monitor multiple cameras simultaneously. External areas, such as the parking lot, smoking areas, group rooms, and recreation areas, are also covered by several cameras. Exits are locked and monitored, ensuring heightened security.

To ensure the safety and privacy of female residents, who are housed separately, specific measures are in place. During the on-site visit, it was observed that there were two residents who identified as female in the population, and this auditor interviewed both residents and confirmed their sense of safety and adequate privacy for personal activities such as showering, changing clothes, and using the restroom. The facility designates three rooms for females, each equipped with a bathroom accessible only from the bedrooms. The residents have the ability to lock the doors to both the bathrooms and the bedrooms. The PREA Coordinator emphasized efforts made to separate male and female residents.

RVCP Policy and Procedures address "Supervision and Monitoring," outlining staffing requirements and the annual review process. The facility consistently maintains the minimum required staffing levels, with a comprehensive video monitoring system in place to maximize supervision. The privacy and safety of female residents are ensured through separate accommodations and designated areas.

Corrective Action required:

	<p>At least once every year the facility, reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. The agency must document these efforts and take thorough notes and minutes. The agency must annually discuss and look to address and review the four adjustments above that are required.</p> <p>This auditor understands that there has been high turnover at the RVCP within the last 18 months however this standard must be adhered to.</p> <p><u>Corrective Actions Taken:</u></p> <p>RVCP policy regarding Supervision and Monitoring has been updated and generated for all staff. The updates included that annually administration along with support staff at all levels will meet annually to evaluate staffing levels, and the physical layout of the facility, the composition of the population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, video monitoring system, placement of safety mirrors, current resources available for staffing, and other relevant factors will be taken into consideration. Also, the annual review will be documented and kept on file. This agency has their annual review scheduled.</p>
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115.215	Limits to cross-gender viewing and searches
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>The agency has a policy in place that explicitly affirms the residents' right to privacy while changing clothes. While there may be assigned roommates of the same gender during these instances, staff members of the opposite gender are never allowed to view a resident while they are using the restroom, showering, or changing clothes. During the onsite tour conducted by the auditor, it was observed that residents have the option to change clothes, shower, and use the bathroom in private if they so desire.</p> <p>Furthermore, during interviews with residents and staff members, it became evident that staff members of the opposite gender always announce their presence by knocking and by stating loudly "Staff" before entering an occupied sleeping unit of a resident. This practice ensures that residents are aware of the staff member's presence and can maintain their privacy and comfort. All of the 16 residents this auditor interviewed was consistent in their testimony that all staff, regardless of gender knocked and announce their presence. This seems to be a policy and practice that is engraved in the RVCP culture.</p> <p>The agency policy states that cross gender pat down searches are prohibited</p>

	<p>however staff members are still trained regarding cross gender pat down searches in order to be in compliance with PREA, and in case of exigent occurrences. The agency's policy also forbids the searching of transgender or intersex residents for the sole purpose of determining genital status. Staff is required to attempt to through a respectful conversation with the resident, by reviewing medical records or if necessary, by a broader medical examination conducted in private by a medical professional, according to their policy and confirmed through interview with leadership and support staff.</p> <p>During the onsite portion of the audit, this auditor had the opportunity to engage with residents, including two individuals who identified as transgender females. These residents expressed a high level of comfort and satisfaction with the program, primarily due to the respectful and inclusive treatment they received from the staff and case managers.</p> <p>One significant aspect highlighted by these transgender residents was the acknowledgement and respect for their right to choose who conducts searches on them. The staff and case managers demonstrated an understanding of their individuality and affirmed their autonomy in decision-making regarding personal searches. This approach fostered an environment where the transgender residents felt valued and accepted for their gender identity.</p> <p>The positive feedback from these residents reinforces the commitment of the Rock Valley Community Program to upholding the principles of dignity, respect, and inclusivity as outlined by the PREA standards. The program's efforts to create a safe and welcoming space for all residents, regardless of gender identity, are commendable and contribute to a supportive community environment.</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The agency has implemented a policy specifically addressing the needs of residents with limited English proficiency (LEP). This policy outlines the provision of language access services to cater to the LEP population.</p> <p>According to the policy, residents have the right to receive interpreter services at no cost. Written language access rights are disseminated in various ways, such as through postings in the building, orientations, brochures, and booklets, targeting the major languages spoken by LEP individuals. The policy describes the range of interpretation and translation services that will be provided, encompassing both written translation and oral interpretation. The resources available to support these</p>

	<p>services are also enumerated. In addition, the policy outlines various communication methods, including Interactive Voice Response Methods, voicemail, web pages, posters, videos, and media.</p> <p>Regarding the PREA Policy for staff and residents, it specifies that RVCP is committed to providing access to interpreters to assist residents with limited English proficiency in understanding the PREA Policy. Furthermore, the policy states that reasonable efforts will be made to assist individuals with disabilities, both physical and intellectual, in comprehending the PREA Policy.</p> <p>To ensure effective communication, the policy explicitly prohibits the use of resident interpreters or readers, except in circumstances where a delay in obtaining a qualified interpreter could jeopardize the resident's safety, hinder the performance of first-responder duties, or impede the investigation of the resident's allegations.</p> <p>Additionally, the policy establishes procedures to ensure that all residents receive PREA information in accessible formats. These formats include written materials, telephone communication, in-person interpretation, sign language interpretation, video remote interpretation, and communication access real-time translation. Accommodations are also provided for residents with intellectual, psychiatric, or speech disabilities, with the specific formats outlined in the policy.</p> <p>By implementing these language access and communication protocols, the Rock Valley Community Program demonstrates its commitment to effectively communicating with residents who have limited English proficiency or disabilities, thus ensuring inclusivity and equal access to important information and services.</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>During the PREA audit of the Rock Valley Community Program, it was evident that the program places a strong emphasis on ensuring resident safety through comprehensive background checks for all employees and contractors. The program implements a rigorous screening process, which includes conducting both Wisconsin State (CIB) and federal background checks, as well as checking the driver's license records of potential hires.</p> <p>The program's policy explicitly states that individuals who have engaged in sexual abuse within correctional facilities or similar institutions will not be hired. To maintain a continued focus on safety, the agency conducts additional background</p>



	<p>checks on its employees every four years, in compliance with the Caregiver's Background Checks Laws.</p> <p>One notable practice observed during the audit is that all employees, during job interviews, are specifically questioned about any prior instances of sexual abuse or sexual harassment misconduct in their previous employment. This inquiry is repeated prior to promotions and during annual performance evaluations, demonstrating the program's commitment to ensuring a safe and respectful environment.</p> <p>The Rock Valley Community Program places a significant responsibility on its employees by continuously emphasizing the duty to report any incidents. This proactive approach ensures that any potential misconduct related to sexual abuse or sexual harassment is promptly addressed and that the well-being of residents is prioritized. This process was confirmed by the Human Resource Manager during the interview conducted as part of the audit.</p> <p>Overall, the Rock Valley Community Program's robust background check procedures, ongoing evaluation of employee conduct, and proactive reporting mechanisms exemplify their commitment to maintaining a safe and secure environment for all residents. Their policy and practice are perfectly in line with the PREA Standards.</p> <p>The Rock Valley Community Program's policy also states that they will "provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee when a request is received from an institutional employer for who such former employee has applied for work."</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>According to the PREA Coordinator and the Executive Director the agency has not substantially expanded or acquire a new facility within the past three years however they have made slight updates to their video monitoring such as ensuring that every camera has the capability to record and playback for up to 30 days, along with the picture being clearer and sharper. The agency considered resident safety and prevention of sexual abuse and sexual harassment when updating their camera system for more playback capability, and the ability to view images clearer. (The agency has over 100 cameras in common areas in which sexual abuse may take place)</p>

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Rock Valley Community Program conducts its own administrative sexual abuse and sexual harassment investigations; however the Rock County Sheriff's Department would conduct any criminal investigations of sexual abuse and sexual harassment. In Sept/Oct of 2016 Rock County Sheriff's Department were advised through the Rock Valley Community Program that they have a responsibility according to the PREA Standards to ensure that they are following best practices such as PREA evidence protocols and forensic examinations. Rock County Sheriff's Department confirmed that they are following all the requests of Rock Valley Community Program.</p> <p>In March of 2022 the agency entered into an agreement of cooperation with the Sexual Assault Recovery Program, in particular the Survivor Empower Center for recovery services of residents that has experience any sexual abuse. The cost will be free to the residents. They offer and specialize in the following for the resident</p> <p><b>Crisis Intervention:</b> Immediate support and intervention services are available to survivors in the aftermath of a sexual assault. This includes a 24/7 hotline or helpline staffed by trained advocates who can provide emotional support, information, and resources.</p> <p><b>Counseling and Therapy:</b> Individual and group counseling sessions are offered to survivors to help them process their trauma, manage emotional distress, and work towards healing and recovery. These services are provided by licensed counselors with expertise in trauma-informed care.</p> <p><b>Advocacy and Support:</b> Advocates work closely with survivors to help them navigate the legal, medical, and social systems. They provide information about survivors' rights, accompany them to court proceedings or medical appointments, and help them access necessary resources and support networks.</p> <p><b>Medical and Forensic Services:</b> The Sexual Assault Recovery Program collaborate with healthcare professionals to offer medical services, such as comprehensive examinations, treatment of injuries, and testing for sexually transmitted infections. They provide access to forensic evidence collection kits (often referred to as rape kits) for survivors who choose to pursue legal action.</p> <p>Should also be noted that the Rock Valley Community Program has an Inter-Agency Agreement with the Beloit Memorial Hospital to offer forensic medical exams if needed. All exams would be provided by a SANE certified nurse.</p>
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<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>During this auditor onsite PREA audit of the Rock Valley Community Program, this auditor found no allegations of sexual abuse or sexual harassment reported within the facility in the past 12 months. This indicates a commendable commitment to maintaining a safe and respectful environment for residents.</p> <p>Additionally, Rock Valley Community Program has implemented a robust policy to address incidents of sexual abuse and sexual harassment. As part of this policy, the program has established a partnership with the Rock County Sheriff's Department to conduct all criminal investigations pertaining to such incidents. This collaborative approach ensures that thorough and impartial investigations are carried out by law enforcement professionals.</p> <p>To ensure transparency and accessibility, Rock Valley Community Program has taken the proactive step of posting this policy on their official website. By doing so, they provide clear information to residents, staff, and the public about the procedures in place for handling criminal investigations related to sexual abuse and sexual harassment. This demonstrates the program's commitment to accountability and maintaining the highest standards of safety and security within the facility.</p>
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<b>115.231</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Rock Valley Community Program demonstrates a strong commitment to staff, contractor, and volunteer training by ensuring compliance with the training standards set forth by the PREA Standard and training is utilized through the National Institute of Corrections (NIC). The program recognizes the importance of providing comprehensive and up-to-date training to enhance the knowledge and skills of its personnel.</p> <p>In accordance with this commitment, Rock Valley Community Program ensures that all staff, contractors, and volunteers undergo training programs offered by the National Institute of Corrections. By utilizing the expertise and resources provided by the NIC, the program ensures that its workforce receives training that is aligned with national standards and best practices in the field.</p> <p>Training topics covered by the National Institute of Corrections encompass a wide range of areas crucial to maintaining a safe and secure environment, including but not limited to: Responding to Sexual Abuse, Communicating Effectively and Professionally with LGBTI Offenders, Behavioral Health Care for Sexual Assault, and PREA Coordinator's Role and Responsibilities.</p> <p>Rock Valley Community Program Training policy states that "the year staff members, contractors, and volunteers do not receive the refresher training they will be required to have receive training on current sexual abuse and sexual harassment</p>

	<p>policies, per the PREA standards."</p> <p>Comprehension of training is confirmed through testing and certification once completed. This auditor verified this through random samples of training records.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The Rock Valley Community Program ensures that volunteers and contractors receive comprehensive training on all necessary PREA standards. This training encompasses working with both male and female residents, as RVCP values the importance of gender-specific approaches in addressing the unique needs and concerns of each resident population.</p> <p>Prior to starting their duties at RVCP, all volunteers and contractors are required to undergo training specifically designed to familiarize them with the required PREA standards. This proactive approach ensures that they have a solid foundation of knowledge and understanding regarding the prevention, detection, and response to incidents of sexual abuse and sexual harassment within the facility.</p> <p>To maintain accurate records and documentation, RVCP keeps track of all training sessions attended by contractors and volunteers as verified by this auditor during the onsite audit. Documentation of completed trainings is securely stored in the respective contractor or volunteer files, providing a comprehensive record of their adherence to the necessary PREA standards.</p> <p>By mandating training for all volunteers and contractors and maintaining detailed records, RVCP demonstrates its commitment to creating a safe and respectful environment for residents. Volunteers and contractors will be required take training from the National Institute of Corrections titled Your Role: Responding to Sexual Abuse and Communicating Effectively and Professionally with LGBTI Offenders before they can begin work onsite.</p>

<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>During the onsite portion of the PREA audit conducted at Rock Valley Community Program (RVCP), it was evident that residents were well-informed and educated about the program's zero-tolerance policy regarding sexual abuse and sexual harassment. They were also knowledgeable about their right to be free from retaliation when reporting such incidents. Out of the 16 residents interviewed, all confirmed that they received orientation on their rights immediately upon transferring to the facility.</p> <p>The orientation process included two sessions conducted by the Program Support Specialist staff member and the residents' respective Case Managers. These sessions thoroughly covered the facility's rules and regulations concerning sexual abuse and how to report such incidents. In the orientation packet provided to federal and state residents, there were detailed explanations of the definitions of sexual abuse, sexual harassment, and voyeurism. To ensure comprehension, residents were required to sign acknowledgement forms indicating their understanding of the provided information. Furthermore, residents were educated on various avenues through which they could report instances of sexual abuse, including third-party reporting.</p> <p>RVCP demonstrates its commitment to PREA by prominently displaying signs and posters throughout the hallways, ensuring that residents have continuous access to information about PREA prevention and reporting. Additionally, residents are informed about crisis intervention and counseling services available 24 hours a day, along with a direct phone number for immediate assistance.</p> <p>Recognizing the diverse needs of its residents, RVCP goes the extra mile to provide accessible information and education about PREA for those with Limited English Proficiency (LEP) or disabilities such as deafness or limited visibility. The program has a dedicated LEP Coordinator and maintains agreements with vendors who offer services tailored to meet these specific needs when necessary. This inclusive approach ensures that all residents have equal access to vital resources and support related to PREA.</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	During the onsite audit of the Rock Valley Community Program (RVCP), it was found

	<p>that the program has a team of four administrative investigators dedicated to addressing sexual abuse and sexual harassment incidents. These investigators have received their training from the National Institute of Corrections (NIC), ensuring their expertise in handling such cases. The training provided by NIC includes courses on Investigating Sexual Abuse in a Confinement Setting, Your Role Responding to Sexual Abuse, and Communicating Effectively and Professionally with LGBTI Offenders.</p> <p>RVCP maintains thorough documentation that demonstrates the completion of required training by the investigators, including completion certificates issued by NIC. The training covers various specialized areas, such as techniques for interviewing sexual abuse victims, evidence collection specifically in confinement settings, the criteria and evidentiary requirements for substantiating cases for administrative action or prosecution referral, as well as the proper utilization of Miranda and Garrity warnings.</p> <p>To verify the training compliance, this auditor conducted a random review of the documentation and conducted interviews during the onsite audit. These measures ensured the confirmation of investigators' qualifications and their adherence to the established standards.</p> <p>By having a well-trained team of investigators equipped with the necessary knowledge and skills, RVCP demonstrates its commitment to effectively addressing sexual abuse and sexual harassment incidents within its facility, in line with the requirements of the PREA standards.</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA auditor confirmed through documentation review and staff interviews that the Rock Valley Community Program (RVCP) takes significant measures to ensure that their medical and mental health staff, both employed and contracted, receive appropriate training and education on the PREA Standards and the facility's zero tolerance policy regarding sexual abuse and sexual harassment.</p> <p>RVCP mandates that medical and mental health staff undergo a National Institute of Corrections (NIC) course specifically focused on Medical Health Care for Sexual Assault in a Confinement Setting. Additionally, they are required to complete training on Your Role Responding to Sexual Abuse and Communicating Effectively and Professionally with LGBTI Offenders.</p> <p>By providing this specialized training, RVCP equips its medical and mental health</p>

	<p>staff with the knowledge and skills necessary to effectively respond to incidents of sexual abuse, support survivors, and ensure the provision of appropriate care within a confinement setting.</p> <p>During the audit, this auditor verified the implementation of these training requirements through a thorough review of documentation and interviews with staff members. These measures demonstrated RVCP's commitment to maintaining a well-informed and trained medical and mental health team that is prepared to address the unique needs and challenges associated with sexual abuse in a confinement setting.</p>
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<b>115.241 Screening for risk of victimization and abusiveness</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>It was evident during the onsite audit that the Rock Valley Community Program (RVCP) places great importance on assessing residents for their risk of being sexually abused by other residents or being sexually abusive toward other residents. RVCP employs an objective screening tool, which this auditor verified, to conduct these assessments and ensure the safety and well-being of all residents.</p> <p>During the intake process, residents at RVCP are promptly assessed within 24 hours (exceeding the 72-hour requirement) to determine their risk of sexual victimization or abusiveness. This thorough assessment involves the use of an objective screening tool, which measures various factors known to contribute to the risk of sexual abuse within a correctional setting. The screening tool considers factors such as a history of sexual assault or rape, youthful or elderly age, physical stature, developmental disability, mental illness, physical disability, first-time incarceration, sexual orientation or gender identity, history of sexual assault, nonviolent criminal history, and concerns for personal safety.</p> <p>Through interviews with 16 residents, it was confirmed that they had all undergone the required risk assessment immediately upon intake. This demonstrates RVCP's commitment to promptly identifying residents who may be vulnerable to sexual abuse or pose a potential risk to others.</p> <p>Furthermore, RVCP's policy explicitly states that a resident's risk level will be reassessed when necessary, such as in response to a referral, request, incident of sexual abuse, or receipt of additional information that pertains to the resident's risk of sexual victimization or abusiveness. Case Managers are responsible for</p>

	<p>administering another risk screening within 30 days, but no less than 20 days, of the resident's arrival at RVCP.</p> <p>These comprehensive risk assessments and reassessments serve as crucial tools for RVCP to identify residents who may require additional support, interventions, or protective measures.</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>After examining the Rock Valley Community Program's policy, it is evident that the information obtained from the risk screening plays a significant role in various decision-making processes within the facility. According to their policy, this information is utilized to make informed choices regarding room assignments, work assignments, educational opportunities, and program placements. The overarching goal of RVCP is to maintain a clear separation between residents at high risk of being victimized and those at high risk of being sexually abusive. This proactive approach is implemented to ensure the safety and well-being of all residents.</p> <p>It is explicitly stated in their policy that RVCP adopts an individualized approach when determining the appropriate measures to ensure the safety of each resident. This personalized approach recognizes the unique circumstances and needs of every individual. Furthermore, the policy emphasizes that RVCP does not designate specific areas of the facility solely for lesbian, gay, bisexual, transgender, or intersex residents. This commitment to inclusivity and non-discrimination was confirmed by this auditor through interviews conducted with staff, case managers, and residents who identified as gay and transgender.</p> <p>In accordance with their policy, RVCP places significant importance on respecting the views and preferences of transgender and intersex residents when considering their housing assignments. During interviews with transgender residents who identified as females, both expressed that their views regarding housing assignments are genuinely respected at RVCP. They highlighted the availability of individual rooms (Wing B) and separate shower areas, ensuring their privacy and minimizing exposure to others. These residents specifically mentioned that RVCP stands out from other facilities due to the respect shown towards their gender identity and the genuine care for their needs and perspectives. They expressed feeling safe, comfortable, and acknowledged that their views are taken seriously within the facility.</p> <p>Overall, the Rock Valley Community Program's policy and culture demonstrates a commitment to creating an inclusive and safe environment for all residents.</p>



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<b>115.251 Resident reporting</b>
<p><b>Auditor Overall Determination:</b> Meets Standard</p>
<p><b>Auditor Discussion</b></p> <p>During the onsite audit of the Rock Valley Community Program, it became evident that a comprehensive system is in place to ensure that residents have multiple avenues to confidentially report incidents of sexual abuse, sexual harassment, retaliation, and staff neglect or violation of responsibility that may have contributed to such incidents. The program places a strong emphasis on empowering residents by providing various reporting options that prioritize their safety and well-being.</p> <p>Staff members are explicitly mandated to accept reports of sexual abuse and sexual harassment through different channels, including verbal reports (which are documented by the staff), written reports, anonymous reports, and reports from third parties. This multi-faceted approach was consistently echoed by both staff and residents during extensive interviews conducted as part of the audit process. Their collective testimonies affirmed the existence and effectiveness of the program's commitment to providing multiple avenues for reporting allegations.</p> <p>To further support residents affected by sexual abuse, the RVCP takes proactive measures to connect them with external victim advocates who offer essential emotional support services. By sharing crucial contact information such as mailing addresses and toll-free hotline numbers, the program enables residents to seek assistance from dedicated professionals outside the facility. It is worth noting that RVCP has established a vital Interagency Agreement with the Sexual Assault Recovery Program (SARP) situated in Rock County, Wisconsin. This agreement ensures the provision of comprehensive victim support advocacy services, enhancing the overall support network available to survivors within the program.</p> <p>In addition, the RVCP has taken a proactive step to foster third-party reporting of sexual abuse and sexual harassment incidents. Through a strategic Memorandum of Understanding with the Lutheran Social Services of Wisconsin and Upper Michigan, the program establishes a reliable mechanism for external reporting. This collaborative approach strengthens transparency and accountability, promoting a culture of safety and accountability within the facility.</p> <p>The Rock Valley Community Program's commitment to providing multiple reporting options, connecting residents with victim advocates, and establishing partnerships with external organizations underscores their dedication to supporting survivors and maintaining a secure environment.</p>

	<p><u>Corrective Action required:</u></p> <p>As part of the corrective action, it is necessary to enhance the placement of signage detailing the various avenues to report incidents of sexual abuse and sexual harassment to external parties. While the facility has taken the initiative to post such signage in the hallways, it is imperative to extend these informative displays to common areas frequently accessed by residents, including housing/living areas, programming areas, work areas, education areas, and more. This proactive measure will ensure that residents have increased visibility and accessibility to the reporting methods, promoting a culture of safety and encouraging prompt reporting of any incidents that may occur within the facility.</p> <p><u>Corrective Action Taken</u></p> <p>As of September 15, 2023, 15 new PREA informational signs have been posted and placed in all common areas of RVCP with reporting information for PREA as well. Lutheran Social Services of Wisconsin &amp; Upper Michigan at 715-456-5735 is identified as a third-party regarding method for sexual abuse. It is articulate in bold that reports of sexual abuse and sexual harassment can be made anonymously. It is also stated in the signage that residents are able to submit a report on someone's behalf, or someone at the facility can report for them.</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Based on the Pre-audit Questionnaire and information provided by the PREA Coordinator, it has been determined that the facility does not currently have an established administrative procedure to address resident grievances related to sexual abuse. As a result, the agency claims an exemption from this requirement.

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	To ensure the utmost confidentiality in residents' communications with outside parties, the RVCP prioritizes proactive measures to connect them with external victim advocates who provide crucial emotional support services. By sharing vital contact information, including mailing addresses and toll-free hotline numbers, the

	<p>program enables residents to seek assistance from dedicated professionals outside the facility. It is important to highlight that RVCP has established a significant Interagency Agreement with the Sexual Assault Recovery Program (SARP) located in Rock County, Wisconsin. This agreement ensures the provision of comprehensive victim support advocacy services, thereby enhancing the overall support network available to survivors within the program.</p> <p>Moreover, RVCP takes proactive steps to facilitate third-party reporting of sexual abuse and sexual harassment incidents. Through a strategic Memorandum of Understanding with the esteemed Lutheran Social Services of Wisconsin and Upper Michigan, the program establishes a reliable mechanism for external reporting. This collaborative approach strengthens transparency, accountability, and fosters a culture of safety within the facility.</p> <p>The Rock Valley Community Program's commitment to providing multiple reporting options, connecting residents with victim advocates, and establishing partnerships with external organizations underscores their dedication to supporting survivors and maintaining a secure environment.</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Rock Valley Community Program provides multiple avenues for third-party reporting on sexual abuse and sexual harassment on behalf of a resident at their facility. It is also published on their website the following:</p> <p><i>"RVCP will provide a method to receive third-party reports of sexual abuse or harassment. RVCP will publicly distribute information on how to report sexual abuse or harassment on behalf of residents. Procedures</i></p> <p><i>RVCP will receive third-party reports of sexual abuse or harassment as follows: Verbally, via phone or in person, in writing, anonymously. Via email to the PREA Coordinator, Through Social Services of Wisconsin and Upper Michigan.</i></p> <p><i>RVCP will publish on its website, in resident handbooks, on bulletin boards in the visiting area, and via phone if contacted for information on how to report sexual abuse or harassment on behalf of a resident. RVCP PREA Coordinator: (608)531-7052 or to a confidential email at PREA@RVCP.ORG Lutheran Social Services of Wisconsin and Upper Michigan: (715)456-5735 Law Enforcement: 911</i></p> <p>When interviewed residents understood and explained how they are able to report allegations of sexual abuse on for themselves and on behalf of someone else. They also knew that RVCP had third party reporting mechanisms in place as well. Staff interviewed stated that they understood their responsibilities in receiving third-party allegations of sexual abuse.</p>

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Rock Valley Community Program requires all their staff to report any knowledge, suspicion or information of sexual abuse and sexual harassment. Their policy also requires that <i>"any retaliation against residents or staff who have reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation are to be reported immediately."</i></p> <p>The Rock Valley Community Program policy also states, <i>"RVCP staff will not reveal any information related to a sexual abuse report to any other than to the extent necessary to make treatment, investigation, and other security and management decision."</i> When this auditor interviewed the PREA Coordinator, CEO, and staff that would conduct the administrative investigations, all appeared to understand this policy and best practice. They understood that they had a duty to not only protect the resident but also the integrity of the investigations.</p>

<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This auditor has thoroughly reviewed Rock Valley Community Program's policy and procedures in response to the imminent substantial risk of sexual abuse, and it is confirmed that the organization has taken appropriate measures to address this issue effectively.</p> <p>RVCP's policy clearly outlines the necessary steps to be taken when a staff member becomes aware of a substantial risk of imminent sexual abuse involving a resident. The policy ensures that immediate action is taken to separate the resident from the potential perpetrator(s). By physically relocating either the potential perpetrator(s) or the potential victim to a separate wing, RVCP ensures the safety and well-being of the individuals involved.</p> <p>Furthermore, RVCP's commitment to maintaining the separation between the potential victim and potential perpetrator(s) is evident in the communication protocol established for all staff members. By effectively communicating the potential risk to the entire staff, RVCP ensures that the residents involved are kept separate at all times. This approach serves as an essential preventive measure and significantly reduces the likelihood of further harm or abuse occurring.</p> <p>In addition to the physical separation, RVCP's policy extends to various aspects of resident life within the facility. The measures put in place to protect the potential</p>

	<p>victim include serving meals in a separate location and ensuring that they are not partaking in group sessions, utilizing the work-out room, attending chapel services, and any other activities where contact or proximity with potential perpetrator(s) could occur. This comprehensive approach demonstrates RVCP's commitment to prioritizing the safety and well-being of its residents.</p> <p>By adhering to the aforementioned policy and procedures, RVCP has effectively demonstrated its compliance with the PREA Standard regarding the prevention of sexual abuse within the organization.</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This auditor conducted interviews with the RVCP PREA Coordinator and the Executive Director to assess the implementation and understanding of this policy.</p> <p>During the interviews, both the RVCP PREA Coordinator and the Executive Director demonstrated a comprehensive understanding of the reporting policy. It was clarified that when RVCP receives an allegation of sexual abuse or sexual harassment from a resident that occurred at another agency, the RVCP promptly reports the allegation to the head of the agency involved within 72 hours of becoming aware of the incident. The RVCP PREA Coordinator diligently documents such notifications to ensure that the agency involved is made aware of its duty to investigate the allegation thoroughly.</p> <p>Over the past 12 months, there have been no instances reported regarding allegations of sexual abuse or sexual harassment occurring at another agency involving RVCP residents. This absence of incidents is indicative of RVCP's commitment to maintaining a safe and secure environment for its residents, as well as its proactive efforts to prevent and address instances of sexual abuse.</p>

<b>115.264</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>During this auditor review of the Rock Valley Community Program policy and procedure it was verified that they have a policy that states the first staff person that learn of an allegation that a resident was sexually abuse will act as the first</p>

	<p>responded and carry out all required duties. Duties of the first responder includes separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any action that could destroy physical evidence, and ensure that the abuser does not take any actions that could destroy physical evidence. Their policy and procedure also specify that if the first responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence and then notify a security staff member.</p> <p>The agency did not have any allegation of sexual abuse in the past 12 months or any incident that there was a first responder to sexual abuse allegations. During interviews with line staff, case managers, and other support staff, everyone understood their duties as a first responders. Only one did not know they are to request that the alleged victim not take any actions that could destroy physical evidence versus telling this auditor that they would "make" or ensure that victims not take any actions that could destroy physical evidence. Overall, this auditor was very impressed with those interviewed responses to what are their duties and responsible as a first responder to sexual abuse.</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The Rock Valley Community Program has a policy and procedure that coordinate the actions and duties of staff first responders, medical and mental health professions, investigators, and facility leadership in the event of a sexual abuse incident. Their institutional plan states the following:</p> <p>"The first responder will, at the soonest opportunity, notify the supervisor on duty, if none are on duty the on-call supervisor will be notified of the incident. The first responder will use their judgement if 911 needs to be contacted. If the situation is deemed to need emergency response, the first responder will call 911.</p> <p>The supervisor will assign an investigator. Following assignment of the investigator, the supervisor will contact the Residential Director/PREA Coordinator to advise of the incident.</p> <p>If no trained investigators are on duty, one will be called in by the supervisor and given instructions to report to the facility immediately. If emergency responders have not been contacted, the investigator will immediately upon arrival assess the situation and decide if they should be contacted at this point.</p> <p>The Residential Director/PREA Coordinator, or their designee, will make immediate contact with the victim and make them aware of the victim advocate support that is available at no cost. The Residential Director/PREA Coordinator or their designee</p>

	<p>will encourage the victim to seek medical attention immediately at the Beloit Memorial Hospital at no cost to the victim. They will assist the victim in contacting the victim advocate and will make the arrangements to transport the victim to the hospital for a forensic medical exam.</p> <p>The investigator will conduct a thorough investigation, including collecting evidence, interviewing the victim and alleged abuser as well as any witnesses. The investigator will write a detailed report and submit it to the Rock County Sheriff's Department if allegations are substantiated.</p> <p>The Executive Director and Residential Director/PREA Coordinator will receive a full report of the incident."</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	According to the PREA Coordinator, the agency has no collective bargaining agreements.

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Rock Valley Community Program has a comprehensive policy that addresses protection from retaliation for residents and staff who report sexual abuse and sexual harassment. The RVCP policy also states that they will protect residents who cooperates with investigations of sexual abuse and sexual harassment.</p> <p>Regarding RVCP procedures, it states that if the alleged perpetrator is a resident, that resident will be moved to another wing and isolated from opportunities to access the victim or be referred to the authorities and removed from the program. If the alleged perpetrator is a staff member, they will be immediately placed on suspension with pay pending the outcome of the investigation.</p> <p>Following any report of sexual abuse or sexual harassment, the Residential Director/ PREA Coordinator, Assistant Residential Directors, the victim's assigned Case Manager, and Assistant Executive Director will monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if they are any changes that may</p>

	<p>suggest possible retaliation by resident or staff. Extra monitoring will last for 90 days post reporting and they will monitor any resident disciplinary reports, housing assignment changes, program changes, negative performance reviews and reassignment of staff.</p> <p>Based on their thorough policy and procedure and interviews by this auditor with the PREA Coordinator, Case Manager, and Assistant Director it is extremely easy to conclude that the agency would follow their own policy in the event of reports of sexual abuse and sexual harassment.</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Rock Valley Community Program conduct their own administrative investigation into sexual abuse and sexual harassment that may have occurred at their facility. If during the investigation it rises to that which may be criminal RVCP will immediately contact Rock County Sheriff's Department to take over the investigation, as indicated in their policy and procedure, and confirmed through interviews, and review of documentation such as emails.</p> <p>Rock Valley Community Program have administrative investigators (four) that are trained to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victim, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator. All investigators receive their training online through a specialize course provided by the National Institute of Corrections (NIC). Investigators are trained to conduct compelled interviews after consulting with prosecutor to determine if compelled interviews may be a barrier to subsequent criminal prosecution. Investigators are also trained to determine whether staff actions or failure to act contributed to the abuse. RVCP policy includes that the agency will cooperate when outside agencies investigate sexual abuse at RVCP and will remain informed about the progress of the investigation. RVCP policy includes that they will retain all written reports regarding sexual abuse for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Based on the evidence provided above RVCP satisfies this standard.</p>

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



	<p>Rock Valley Community Program policy that the "evidentiary standard for administrative investigations that RVCP will impose is preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated."</p> <p>During this auditor onsite audit, and through the interviews with the PREA Coordinator, and in particular the Resident Program Administrator who serves as an administrative investigator, it was verified that they understood the evidentiary standard for administrative investigations. The Resident Program Administrator articulated what the preponderance of the evidence actually means when conducting investigations. He stated that it meant the "it is more likely, than not that the incident occurred" which is far different from the criminal standard of beyond a reasonable doubt.</p> <p>RVCP policy confirms that the agency's standard for sexual abuse and sexual harassment is the preponderance of the evidence, along with interviews conducted by this auditor. (There were no allegations of sexual abuse or sexual harassment with the past 12 months)</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The Rock Valley Community Program policy indicates that following an investigation into a resident's allegation of sexual abuse suffered at the RVCP, RVCP will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. (There were not any allegations of sexual abuse or sexual harassment within the past 12 months)</p> <p>If RVCP did not conduct the investigation, leadership will request the relevant information from the investigative agency in order to inform the resident. If a staff member committed sexual abuse against the resident RVCP will inform the resident if the staff member is no longer posted within the resident's wing, if the staff member is no longer employed by RVCP, in the staff member has been indicted on charges related to the sexual abuse at RVCP.</p> <p>Following a resident's allegation that he or she has been sexually abuse by another resident, RVCP will subsequently inform the alleged victims whenever RVCP learns that the alleged abuser has been indicted on charges related to sexual abuse at RVCP or learn that the abuser has been convicted. All notifications or attempts of notifications will be documented and kept in the victim's file. Interviews of the PREA Coordinator, and other staff members indicated that this policy would be adhere to.</p>

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 1469 584">This auditor conducted interviews with key personnel, including the RVCP PREA Coordinator, the Executive Director, and other leadership members, to assess the Rock Valley Community Program's (RVCP) policy regarding disciplinary sanctions for staff members in relation to sexual abuse and sexual harassment. The information obtained from these interviews confirmed the following policy, which demonstrates a robust framework for accountability:</p> <p data-bbox="280 622 1449 741">RVCP policy stated RVCP staff members are subject to disciplinary sanctions, up to and including termination, for violating RVCP's sexual abuse or sexual harassment policies.</p> <p data-bbox="280 779 448 813">Procedures:</p> <p data-bbox="280 851 1422 925">Termination for Sexual Abuse: Any RVCP staff member found to have engaged in sexual abuse will face immediate termination as the prescribed sanction.</p> <p data-bbox="280 963 1437 1167">Reporting to Law Enforcement: RVCP is committed to reporting all terminations resulting from violations of RVCP's sexual abuse or sexual harassment policies, as well as resignations by staff members who would have been terminated if not for their resignation, to law enforcement. This reporting obligation applies unless the activity is clearly determined to be non-criminal in nature.</p> <p data-bbox="280 1245 1477 1406">Reporting to State of Wisconsin Caregiver's Office: RVCP will also report all instances of sexual abuse or sexual harassment to the State of Wisconsin Caregiver's Office. This reporting ensures that appropriate authorities are notified, contributing to a robust system of oversight and protection.</p> <p data-bbox="280 1485 1458 1771">Disciplinary Actions for Sexual Harassment: For non-criminal violations of RVCP's sexual harassment policies, appropriate disciplinary actions will be taken. These actions may include formal discipline, suspension without pay, placement on performance probation, or termination. The Residential Director/PREA Coordinator and Assistant Executive Director will assess the situation and provide a disciplinary recommendation to the Executive Director, who holds the final decision-making responsibility.</p> <p data-bbox="280 1850 1461 2011">Reporting Failure to Report: RVCP's policy also extends to staff members who possess knowledge of sexual abuse or sexual harassment incidents but fail to promptly and properly report them to a supervisor. Such staff members are subject to the same disciplinary sanctions outlined in this policy.</p> <p data-bbox="280 2089 1449 2123">The interviews conducted with the RVCP PREA Coordinator, the Executive Director,</p>

	<p>and other leadership members confirmed their understanding and implementation of the aforementioned policy. Their comprehensive knowledge and awareness of the policy signify a strong commitment to preventing and addressing sexual abuse and sexual harassment within the organization.</p>
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115.277	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>As part of the PREA audit conducted at the Rock Valley Community Program (RVCP), a comprehensive assessment was made of their policy pertaining to agency contractors and volunteers involved in sexual abuse or sexual harassment. The policy, outlined below, demonstrates a strong commitment to preventing and addressing such incidents within the organization:</p> <p>I. Policy Statement:</p> <p>Any RVCP contractor or volunteer found to engage in sexual abuse will be prohibited from having contact with residents. Their services will be immediately terminated, and the incident will be reported to law enforcement, unless it is clearly determined to be non-criminal. In addition, the State of Wisconsin Caregiver's Office will be promptly notified of the incident.</p> <p>II. Procedures:</p> <p>For non-criminal violations of the sexual harassment policies, RVCP contractors and volunteers will have their services terminated. This ensures that individuals responsible for inappropriate behavior are held accountable and are no longer involved in providing services at the facility.</p> <p>Furthermore, this policy extends to contractors and volunteers who possess knowledge of sexual abuse or sexual harassment incidents but fail to promptly and properly report them to a supervisor. Such individuals are subject to the same disciplinary actions outlined in this policy.</p> <p>The RVCP's policy regarding agency contractors and volunteers involved in sexual abuse or sexual harassment aligns with best practices and demonstrates a commitment to maintaining a safe and secure environment for residents. The immediate termination of individuals engaged in such behavior, along with reporting to law enforcement and relevant oversight agencies, highlights RVCP's zero-tolerance approach towards these serious offenses.</p> <p>The clear guidelines and procedures ensure that contractors and volunteers are aware of the expectations regarding appropriate conduct and the severe consequences for violations.</p>

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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>In the course of the PREA audit conducted at the Rock Valley Community Program (RVCP), a thorough evaluation was conducted of their policy concerning disciplinary sanctions for residents involved in sexual abuse incidents. The policy, outlined below, reflects a strong commitment to addressing resident-on-resident sexual abuse and non-consensual sexual contact with staff:</p> <p>I. Policy Statement:</p> <p>Any resident found to have engaged in resident-on-resident sexual abuse or to have had sexual contact with staff without their consent will face immediate termination and will be removed from RVCP. It is important to note that a report of sexual abuse made in good faith, based on a reasonable belief in the occurrence of the alleged conduct, will not be considered false reporting or lying, even if subsequent investigation does not substantiate the allegation.</p> <p>II. Procedures:</p> <p>Disciplinary Actions for DOC Residents: If a resident under the jurisdiction of the Department of Corrections (DOC) is found to have engaged in resident-on-resident sexual abuse or had non-consensual sexual contact with staff, they will be removed from RVCP by either law enforcement or their assigned probation agent. The probation department will then determine if they will pursue the revocation of the resident. In the event of revocation, the resident will have the opportunity for a due process hearing, where a determination will be made by the hearing officer.</p> <p>Disciplinary Actions for Federal Residents: In the case of a resident under federal jurisdiction found to have engaged in resident-on-resident sexual abuse or had non-consensual sexual contact with staff, they will be removed from RVCP by local law enforcement or the U.S. Marshals. The final determination regarding the sanction for the resident will be made by the Federal Bureau of Prisons Disciplinary Hearing Officer.</p> <p>The RVCP's policy on disciplinary sanctions for residents involved in sexual abuse incidents demonstrates a firm commitment to maintaining a safe and secure environment for all residents. The immediate termination and removal of residents engaged in such misconduct, coupled with the involvement of relevant law enforcement agencies and disciplinary hearing officers, exemplify RVCP's dedication to addressing these serious offenses.</p> <p><u>Corrective Action required:</u></p>

	<p>Although RVCP has a strong foundation in their policy and procedure pertaining to disciplinary sanctions for resident in regarding to sexual abuse, it does not cover everything required by the PREA Standards and best practices. The policy and procedures, along with practices must address that the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p>Also, RVCP policy, procedure, and practice must address if the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. The policy must clearly state whether all sexual activity is prohibited, consensual or not. Then must clearly articulate discipline actions for consensual sexual activity and must state if it investigates to determine if the sexual activity is coerced.</p> <p><u>Corrective Action Taken:</u></p> <p>As of September 15, 2023, RVCP language in policy has been changed to reflect the current PREA standard noting specifically that RVCP will consider whether a resident's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.</p> <p>The RVCP policy has been updated to reflect that all sexual activity is prohibited, consensual or not.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Rock Valley Community Program policy outlines how access to emergency medical and mental health services are provided to resident of sexual abuse in an incident were to occur. The policy states that resident victims of sexual abuse will receive timely and unimpeded access to emergency medical treatment and crisis interventions services at no cost to the victim regardless of if the victim names the abuser or cooperates with the investigation. First responders (all interviewed) will notify the Beloit Memorial Hospital and the Sexual Assault Recovery Program if an assault occurred.</p> <p>The Rock Valley Community Program policy clearly states that resident victims will have timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standard of care. The Rock Valley Community Program hired a part time nurse this past year who has been trained on how to respond to sexual abuse and is aware of the procedure for advance care and access to emergency medical treatment, through the Beloit Memorial Hospital to access to a SANE professional.</p>

	<p>In reviewing RVCP policies and procedures regarding resident of sexual abuse access to emergency medical and mental health services, and interviewing first responders, the PREA Coordinator, nursing staff, and administration it is concluded that RVCP has satisfied this standard.</p>
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<p><b>115.283</b></p>	<p><b>Ongoing medical and mental health care for sexual abuse victims and abusers</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Upon reviewing the agency's policy and procedures, it is concluded that Rock Valley Community Program (RVCP) complies with all aspects of the standard. The agency's policy includes the following provisions:</p> <p>The agency's policy affirms that RVCP will provide medical and mental health evaluations, along with appropriate treatment, to all residents who have experienced sexual abuse within any prison, jail, lockup, or juvenile facility. The evaluation and treatment of victims encompass follow-up services, treatment plans, and referrals for continued care in other facilities or after release from custody, as necessary. Medical and mental health services for victims are delivered in accordance with the community level of care. Furthermore, RVCP ensures that if pregnancy tests yield positive results, residents are promptly offered comprehensive information and access to lawful pregnancy-related medical services. Additionally, tests for sexually transmitted diseases are offered to victims as per the policy.</p> <p>In line with the provisions of 115.282, treatment services are provided to victims at no financial cost, irrespective of whether the victim names the accused or cooperates with the investigation. The policy also states that RVCP endeavors to conduct mental health evaluations of known resident-on-resident abusers within 60 days of being informed about the abuse, and treatment is offered when deemed appropriate. The agency's Compass Behavioral Health Clinic is responsible for conducting evaluations and providing subsequent treatment for abusers, administered by RVCP's therapists.</p> <p>The Resident Policy ensures that crisis intervention and counseling services are accessible to victims of sexual abuse, without any charges. Pregnant victims receive comprehensive information and timely access to lawful pregnancy-related services. Victims are also examined and tested for sexually transmitted diseases and HIV, while females are specifically tested for pregnancy. Emergency contraception and STD prophylaxis are available to victims at no cost. In the case of pregnancy, victims are provided with comprehensive information and facilitated access to all lawful pregnancy-related services.</p> <p>The policies and procedures established by RVCP demonstrate a commitment to</p>

	<p>meeting the PREA standards related to providing medical and mental health evaluations, treatment, crisis intervention, counseling services, and comprehensive care to victims of sexual abuse. The agency's compliance ensures that victims are afforded necessary support, and their physical and mental well-being is prioritized throughout the process.</p>
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115.286	Sexual abuse incident reviews
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>While the Rock Valley Community Program has a policy that indicates that a sexual abuse incident review will take place at the conclusion of every sexual abuse investigation, including where allegations have not been substantiated, unless that allegation has been determined to be unfounded, it was discovered by this auditor through interviews that RVCP does not have an incident review team.</p> <p>During this auditor's onsite auditor, and interviews of staff and leadership it was brought to my attention that there has been a lot of turnover of staff, therefore the incident review team has to be reassembled and reestablished.</p> <p><u>Corrective Action required:</u></p> <p>Create a review team that includes upper-level management officials, line supervisors, investigators, and medical or mental health practitioners. Members shall be aware of their roles and when, and why they will meet. The review team needs to be aware of (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator.</p> <p><u>Corrective Action Taken:</u></p> <p>As of September 15, 2023, the RVCP has established a Sexual Assault Incident Review team that consists of the Residential Director, PREA Coordinator, Residential Administrator, Program Support Specialist Supervisor, Program Support Specialist, Case Manager, and Compass Behavioral Health Clinic-Mental Health Practitioner. No</p>

	<p>sexual abuse allegations have occurred however the team is prepared to convene when appropriate. The team understand that their mission will be to: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator.</p>
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115.287	Data collection
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Rock Valley Community Program policy and procedure is clear in which it states that RVCP will collect accurate, uniform data for every allegation sexual abuse, substantiated or not, at its facility using a standardized instrument and set of definition, that the agency does have; for resident on resident the categories are Non-Consensual Sexual Acts, Abuse Sexual Contact, and Sexual Harassment. For staff on resident the categories are Staff Sexual Misconduct and Staff Sexual Harassment.</p> <p><u>Corrective Action required:</u></p> <p>The Rock Valley Community Program has not updated their website to reflect the data collected regarding allegations of sexual abuse of resident on resident and staff on resident since 2020. The agency must aggregate the incident-based sexual abuse data annually, which it has not since 2020. The agency is required to add in the annual report as stated in their policy, the following: a comparison of current year's data with the prior year's data. The report will assess RVCP's progress and effectiveness in addressing sexual abuse prevention, detection, and response policies, and training, including identifying problems, and taking corrective action on an ongoing basis. The agency also must post the report of their website such as the agency did through 2015-2020. The agency also must create and establish a sexual abuse incident review team in order to be able have reports and corrective actions to share in the event of allegations of sexual abuse.</p> <p><u>Corrective Action Taken:</u></p> <p>RVCP has successfully resumed the annual aggregation of incident-based sexual</p>



	<p>abuse data, including the required comparison of the current year's data with the prior year's data. This information is now up to date and accurately reflects RVCP's progress and effectiveness in addressing sexual abuse prevention, detection, and response policies and training. We have implemented a comprehensive process to identify problems and take corrective actions on an ongoing basis.</p> <p>RVCP has taken immediate action to update our website with the mandated annual reports. These reports, including comparisons of data as outlined in our policy, are readily accessible to residents and external parties. This ensures transparency and accountability in line with PREA standards.</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><u>Corrective Action required:</u></p> <p>Rock Valley Community Program (RVCP) has not made updates to their website regarding the data collected on allegations of resident-on-resident and staff-on-resident sexual abuse since 2020. It is necessary for the agency to annually aggregate incident-based sexual abuse data, which has not been done since 2020. As per their policy, the annual report must include a comparison of the current year's data with the data from the previous year. This report serves to evaluate RVCP's progress and effectiveness in addressing sexual abuse prevention, detection, and response policies, as well as training. It also aids in identifying any issues and implementing ongoing corrective actions. Furthermore, the agency is required to post the report on their website, as they had done between 2015 and 2020.</p> <p>The agency may also redact specific materials where publication would present a clear and specific threat to the safety and security of the facility.</p> <p><u>Corrective Action completed:</u></p> <p>The agency has updated their website to include sexual abuse and sexual harassment data from the years of 2021 and 2022. It is easily accessible to the public and information are easy to compare by clicking and viewing prior years of allegations, determinations, and outcomes. There are not any personal identifiers posted on any report.</p>

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 342 1481 456">The Rock Valley Community Program PREA Coordinator maintains all data collected in a locked filing cabinet in a locked office. The data collected is maintained securely for at least 10 years after the date of the initial collection.</p> <p data-bbox="280 499 660 533"><u>Corrective Action required:</u></p> <p data-bbox="280 568 1469 725">The Rock Valley Community Program has a website to utilized for the posting of their aggregated sexual abuse and sexual harassment data, reports, and corrective actions. The RVCP must update their posting of their PREA data to be current. When doing so the agency must remove all personal identifiers.</p> <p data-bbox="280 768 707 801"><u>Corrective Actions completed:</u></p> <p data-bbox="280 837 1453 994">The agency had updated their website and updated their posting of all aggregated data regarding sexual abuse and sexual harassment for prior years of 2021, and 2022. The agency is now current of their reporting and posting of information. All personal identifiers are removed.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p data-bbox="280 1350 983 1384"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 1429 564 1462"><b>Auditor Discussion</b></p> <p data-bbox="280 1505 1481 1865">Rock Valley Community Program (RVCP) demonstrated a commendable commitment to transparency and cooperation during the PREA audit process. As a PREA Auditor, full access to the facility was granted, allowing for thorough examination in every area. This encompassed unrestricted access to residents for confidential interviews, during which 16 residents were interviewed. Notably, RVCP took proactive measures by informing residents about the upcoming audit and providing them with the auditor's contact information in advance. This information was prominently displayed in hallways and common areas throughout the facility, ensuring residents had the opportunity to reach out to the auditor before the onsite visit.</p> <p data-bbox="280 1908 1481 2065">In addition to comprehensive access to residents, RVCP extended permission to the PREA Auditor to take photographs of the facility's interior and exterior. This enabled a visual documentation of the facility's infrastructure and environment, aiding in the evaluation process. Furthermore, the auditor was granted the opportunity to engage</p>

	<p>in casual conversations with both residents and staff members, facilitating insights into the agency's culture and dynamics.</p> <p>It is worth noting that RVCP had previously undergone PREA audits in 2016 and 2019, successfully passing each assessment. This third PREA audit, occurring within the regular three-year audit cycle, further demonstrates RVCP's ongoing commitment to maintaining compliance with the PREA standards and continuously improving their practices.</p> <p>The willingness of RVCP to provide complete access to all areas of the facility, facilitate confidential resident interviews, allow contact information dissemination, permit photography, and engage in casual conversations exemplifies their dedication to transparency, accountability, and the successful implementation of PREA guidelines.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Rock Valley Community Program (RVCP) has demonstrated a commitment to transparency and accountability by undergoing PREA audits in 2016 and 2019. RVCP has gone a step further by posting the audit reports on their website, providing public access to these important documents.</p> <p>By making the audit reports available on their website, RVCP enables the public to review and assess the agency's compliance with PREA standards. This accessibility promotes transparency and allows stakeholders, including residents, their families, and the wider community, to stay informed about the agency's efforts in preventing, detecting, and addressing sexual abuse.</p> <p>Moreover, RVCP's website is designed with user-friendly navigation, making it easy for visitors to locate the audit reports and other relevant information about the agency. The accessibility and ease of use of the website contribute to a transparent and informative online presence.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	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?	no
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	no

	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?	no
	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?	no
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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



	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the 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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	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
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone 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
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

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

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

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

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	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
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	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
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(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: 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
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (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	yes

	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.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	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
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	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 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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

<b>(f)</b>		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	



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

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

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

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	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
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: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
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/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
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	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?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	no

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do 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
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. 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
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(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.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	

<b>(c)</b>		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	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

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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes