

**REA AUDIT REPORT**    Interim    Final  
**COMMUNITY CONFINEMENT FACILITIES**

**Date of report:** July 10, 2017

<b>Auditor Information</b>			
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<b>Telephone number:</b> 262-930-5334			
<b>Date of facility visit:</b> March 27-28, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> ATTIC Correctional Treatment Center			
<b>Facility physical address:</b> 4117 Dwight Dr. Madison, WI 53704			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 608-244-1891			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> Vicki Trebian			
<b>Number of staff assigned to the facility in the last 12 months:</b> 19			
<b>Designed facility capacity:</b> 19			
<b>Current population of facility:</b> 19			
<b>Facility security levels/inmate custody levels:</b> N/A			
<b>Age range of the population:</b> 18+			
<b>Name of PREA Compliance Manager:</b> Kim Adams		<b>Title:</b> Director of Residential Culture	
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<b>Agency Information</b>			
<b>Name of agency:</b> ATTIC Correctional Services, Inc.			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 601 Atlas Ave. Madison, WI 53714			
<b>Mailing address:</b> <i>(if different from above)</i> P.O. Box 7370 Madison, WI 53707-7370			
<b>Telephone number:</b> 608-233-0017			
<b>Agency Chief Executive Officer</b>			
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## AUDIT FINDINGS

### NARRATIVE

ATTIC Correctional Treatment Center (ACTC) is a 19-bed halfway house operated by ATTIC Correctional Services, Inc. (ACS), Madison, WI. The facility serves 19 adult male clients. ATTIC Correctional Services, Inc. has a contract with the Wisconsin Department of Corrections (DOC) to house offenders on probation, extended supervision, or parole.

At the time of the on-site visit, ACTC had 12 staff, including the Program Director and part-time nurse. There were no volunteers or contract staff in the facility. At least one staff member is present in the facility 24 hours per day/7 days per week. The facility has a Program Director, who supervises two other halfway house in Madison. The facility also has a Behavioral Staff Supervisor who supervises staff at ACTC and Schwert AODA Treatment Center.

In addition, the staff includes a Case Manager, a Senior Behavioral Support Specialist, two Behavioral Support Specialists, four Behavioral Support Assistants, an AODA Counselor, Social Worker, and a Health Screen Nurse. There are no mental health staff at the facility.

On February 13, 2016, I sent the Notice of Audit and Pre-audit Questionnaire to the agency. The agency returned the questionnaire on March 18, 2017.

ACTC is the fourth ACS facility that I have audited since January 2016. I previously audited Foster Community Corrections Center in Madison, Marshall Halfway House in Green Bay, and Schwert AODA Treatment Center in Madison. All three previous audits at these facilities had a period of corrective action, but all three eventually complied with all applicable standards.

The PREA Policies and Procedures at ACTC are identical to those at Foster, Marshall, and Schwert. Because ACS amended all of its PREA Policies and Procedures, the PREA Notice to Halfway Residents, and its training materials in order to comply with the earlier audits, I was able to determine that all these documents at ACTC complied with the standards. ACS implemented the amendments at ACTC prior to the on-site visit with staff and residents reviewing the amended relevant PREA documents. I confirmed that all residents and staff have reviewed the updated materials.

Prior to the on-site visit, I reviewed the Pre-audit Questionnaire. Along with the questionnaire, ACS submitted a binder that included numerous documents and attachments.

On March 27-28, 2017, I conducted the on-site visit of ACTC. I observed the "Notice of Audit" posted in the facility near the staff offices where residents have access. Staff and residents said that they saw the Notice of Audit for several weeks prior to the on-site visit. During the tour of the facility, I did not observe PREA information posted in the facility and corrective action required that the facility post PREA information.

During the tour of ACTC, I had access to all areas of the facility. The ACS PREA Coordinator/Director of Residential Culture led the tour of the facility. The facility operates in an older, two-story building. During the tour, I observed several cameras that monitor most areas of the facility.

During the two days of the on-site visit, I conducted face-to-face interviews with eight staff members and two telephone interviews with staff who were not available during the on-site visit. I interviewed the ACS PREA Coordinator/Director of Residential Culture. I previously interviewed the ACS CEO, Vicki Trebian and the Human Resources Manager during the earlier audits. The staff interviews included staff who are responsible for conducting intake, completing risk assessments, first responders, and medical staff. The interviews included the Behavioral Staff Supervisor who is also a PREA investigator and monitors retaliation.

During the two days, I interviewed 10 residents who I randomly selected prior to the on-site visit. ACS reported that there no residents who were known to be LGBTI. There were no residents with limited English proficiency or other disabilities.

During the on-site visit, I reviewed personnel files of 11 current staff to determine that criminal background checks, PREA training and investigations were documented. I reviewed files of 13 current residents to confirm that residents received PREA information at intake. I reviewed risk assessments for 15 current residents and 4 discharged residents.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

ATTIC Correctional Treatment Center (ACTC) is a 19-bed halfway house operated by ATTIC Correctional Services, Inc. (ACS), located in the City of Madison, WI. The facility serves 19 adult male clients. The facility operates in a very old building located in an area that is primarily residential, but close to an area that has many retail and commercial buildings. ACTC has operated at this location for over 30 years.

ACTC is licensed by the State of Wisconsin as a Community Based Residential Facility (CBRF) Halfway House. Its license classification is Class A ambulatory (AA). A class "A" ambulatory CBRF may serve only residents who are ambulatory and are mentally and physically capable of responding to an electronic fire alarm and exiting the facility without any help or verbal or physical prompting.

The facility consists of two floors with residential housing and programs. The first floor has five staff offices, kitchen, dining room, group room, TV room, one staff bathroom, one resident bathroom with shower, and locked pantry. There are 8 resident bedrooms on the second floor that includes 1 single bedroom and 7 bedrooms housing 2-3 residents. There are 6 cameras that monitor the first floor.

The second floor includes three resident bathrooms. Two of the bathrooms have toilets/showers and which residents are able to use in privacy by locking the doors. There is also a half bathroom with toilet/sink. The second floor also includes a TV room and workout room. Four cameras monitor the second floor.

The basement has several locked storage and utility rooms, and a resident laundry room, which is monitored by a camera. I noted that the basement area was unlocked. After discussing this area with the PREA Coordinator, she decided that the facility would keep the basement locked when not in use.

The facility has a total 11 interior cameras and two exterior cameras, which are monitored 24/7 by staff in the office area. The cameras are on a high-speed security digital video recorder that stores video for up to 30 days. Recorded video can be replayed and transferred to CD for review and investigation. Staff are able to monitor the cameras in the staff office.

Facility staff are required to make rounds and observe all areas of the facility once per hour at night. They are required to use an electronic wand and scan in each resident bedroom and other areas. There are electronic stations in the facility. Staff are also required to record their rounds in a log kept in the office.

Residents are placed at ACTC as a condition of probation, parole, or extended supervision. Some residents are there based on orders of the court as a condition of probation or extended supervision. Prior to placement at ACTC, residents usually come from secure correctional facilities, jails, other halfway houses, or directly from the community.

Most residents remain in the facility daily for treatment. As residents progress through the program, they may leave the facility for employment, school, or other approved activities. In-house programming is primarily AODA treatment. There are also a number of other correctional programs including, anger management, cognitive-behavioral, healthy relationships, co-occurring disorders, and reintegration. ACS staff facilitate in-house programs. No contractors facilitate in-house programming.

## **SUMMARY OF AUDIT FINDINGS**

The interim report stated that ATTIC Correctional Treatment Center complies with all applicable PREA standards, except four standards. Three of the standards related to the posting of PREA information in the facility. The other standard required the agency to review its evidence protocol with the facility staff. The interim report set a four-month corrective action period to give the agency adequate time to comply with the standards.

On July 7, in response to corrective action, the PREA Coordinator submitted documentation that demonstrated that the agency now complies with all of the standards.

Number of standards exceeded: 0

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 2

**Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

ATTIC Correctional Services' (ACS) issued "PREA Policy and Procedure" in April 2013. In response to an audit that I conducted at another ACS facility, the agency amended the PREA Policy in May 2016. The agency also amended the PREA Notice to Residents. The amended documents mandates a zero tolerance for all forms of sexual abuse and sexual harassment. The agency policy describes its approach to preventing, detecting and responding to sexual assault and sexual harassment. The policy contains definitions of prohibited behaviors and includes disciplinary sanctions for staff and residents who violate the policy. The documents list various reporting options for staff and residents. The policy describes the agency strategies and responses to reduce, prevent, and investigate sexual abuse and harassment.

The agency implemented the amended PREA Policy and Procedure and the Notice to Residents at ACTC and other ACS halfway houses in 2016.

During the on-site visit, I interviewed 10 staff members and 10 residents. All of the staff and residents were aware of PREA and the agency's no-tolerance policy.

The agency provides each resident with a copy of "PREA Notice to Halfway House Residents" that describes the zero tolerance standard and explains the agency approach to PREA. The Notice to Residents provides extensive PREA information to residents.

Kim Adams has been the ACS PREA Coordinator for about one year. Adams is the Director of Residential Culture and has several years' experience implementing PREA standards within the agency. Adams oversees PREA compliance for six halfway house operated by ACS.

Adams has demonstrated that she has sufficient time and authority to develop, implement, and oversee PREA standards. She answers directly to the Vice President of Operations and has the ability to address PREA issues with agency upper management. Her duties involved making sure all facilities are following standards, coordinating training for all staff and ensuring residents are educated on PREA. During the three previous audits that I conducted of ACS halfway houses, Adams was very involved in the audit and corrective action process that resulted in the agency complying with all relevant standards.

Based upon my review of the agency PREA Policy and Procedures, PREA Notice to Residents, the on-site visit, and interviews with 10 staff, 10 residents, and the PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

**Standard 115.212 Contracting with other entities for the confinement of residents**

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

The PREA Coordinator and Human Resources Manager report that the agency has no contracts to house residents and they do not anticipate doing so.

## Standard 115.213 Supervision and monitoring

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

According to the Pre-audit Questionnaire and staffing pattern documents, ACTC has 13 staff members, not including the Program Director. There is a Behavioral Staff Supervisor (also supervises Schwert halfway house), one case manager, one Senior Behavioral Support Specialist, two Behavioral Support Specialists, four Behavioral Support Assistants, one AODA Counselor, a part-time Social Worker, and a part-time Health Screen Nurse.

The staffing pattern from Monday-Friday includes the Senior Behavioral Support Specialist working days. Two full-time Behavioral Support Specialists work the other shifts. On the weekends, the part-time Behavioral Support Assistants cover the three shifts. During the day, there are usually several other people working in the facility including Case Manager, Counselor, and Supervisor. The facility always has a fulltime staff member on call. The facility is staffed 24 hours/7 days a week. The State of Wisconsin CBFRR regulations require 24/7 coverage. The contract with the Department of Corrections also requires 24/7 coverage.

ACTC staff are required to conduct rounds/bed checks of the facility every hour at night and weekends. Staff document these rounds in a log. Staff are also required to use electronic wands to document the rounds and supervisors are able to monitor the activities of staff.

The facility consists of two floors with residential housing and programs. The first floor has five staff offices, kitchen, dining room, group room, TV room, one staff bathroom, one resident bathroom with shower, and locked pantry. There are 8 resident bedrooms on the second floor that includes 1 single bedroom and 7 bedrooms housing 2-3 residents. There are 6 cameras that monitor the first floor.

The second floor includes three resident bathrooms. Two of the bathrooms have toilets/showers and which residents are able to use in privacy by locking the doors. There is also a half bathroom with toilet/sink. The second floor also includes a TV room and workout room. Four cameras monitor the second floor.

The basement has several locked storage and utility rooms, and a resident laundry room, which is monitored by a camera. I noted that the basement area was unlocked. After discussing the basement area with the PREA Coordinator, she decided that the facility would keep the basement locked when not in use.

The staff office is centrally located in the facility and there are 13 cameras that are monitored 24/7 by staff in the locked office area. The cameras record on a high-speed security digital video recorder that stores video for up to 30 days. Recorded video can be replayed and transferred to CD for review and investigation. Staff are able to view the cameras at all times via a 21"ViewSonic HD television locked in the staff office. There are 11 interior cameras and 2 exterior cameras. The interior cameras include six on the first floor, four on the second floor, and one in the basement area. The cameras capture common areas and hallways leading to the resident rooms and bathrooms, as well as the exterior of the building. During the on-site visit, I did not identify any obvious blind spots not monitored by cameras.

The basement includes a laundry room and several locked storage areas. The basement was not previously locked, but during the on-site visit, the PREA Coordinator agreed that the basement door would be locked when not in use. Residents must contact staff to get access to the basement area.

The PREA Policy and Procedure states, "The Program Manager, PREA Coordinator and CEO will review staffing patterns for each halfway house on an annual basis to determine that the staffing pattern is adequate based on the layout of the facility and taking PREA regulations into consideration. The staffing pattern review will be documented and kept on file by the PREA Coordinator for 10 years."

According to the PREA Coordinator, the agency has reviewed the staffing pattern at ACTC and determined that the staffing pattern is sufficient.

In my opinion, the staffing pattern, the physical layout of the facility, and the camera monitoring system are adequate to monitor the activities of the residents.

Based upon my review of the staffing pattern, agency policies and procedures, the on-site inspection, and interviews with 10 staff, 10 residents, and the PREA Coordinator, I conclude that the agency complies with the standard.

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

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

According to the questionnaire and the PREA Policy and Procedure, agency policy does not allow body searches or pat-downs of any kind. It is a non-secure facility. All staff interviewed said that they do not pat down residents and do not do body searches of residents. The facility has procedures that state that residents are able to shower, perform bodily functions, and change clothes without viewing by any staff. The policy does not allow a search or physical examination of transgender or intersex residents to determine the resident's genital status. The facility has a policy that requires residents to change clothing in the locked bathroom attached to their room. Residents are to be fully dressed while in their bedrooms and all common areas. If at any time, staff (male or female) attempt to enter the bathroom, they must announce their presence. In interviews with staff and residents, there were no reports of residents' buttocks or genitalia being viewed by any staff member. Given the small size of the facility, residents are aware when female staff are working.

During interviews with female staff, they stated that they make their presence known during rounds. Staff said they knocked on the resident room doors and announced their presence. If residents are sleeping, staff said that they open to door and look in to verify the resident is present. With the new policy that residents must shower, perform bodily functions, and change clothes in the bathroom, all staff said would announce their presence before entering the bathroom. Typically, staff would not go into a bathroom unless there was an emergency. All of the residents interviewed said that they are able to shower, toilet, and change clothes without being viewed by staff.

During the on-site inspection, I observed that the residents were able to lock the doors to the bathroom when in use which gives them privacy.

Based upon review of the PREA Policy and Procedures, interviews with 10 staff and 10 residents, and the on-site inspection, I conclude that the agency complies with the standard.

**Standard 115.216 Residents with disabilities and residents who are limited English proficient**

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

The Notice to Residents states that residents with limited English proficiency can receive the Notice in Spanish and can be made available in other languages upon request. The agency PREA policy and procedure states, "The case manager will work with the LEP coordinator and EEO Officer to provide reasonable accommodations.

Residents with LEP will be provided documents in their primary language. A Spanish version is readily available; versions in other languages can be made available upon request. Deaf residents will receive a written copy of the notice; visually impaired residents will be provided with the notice in large print or be read the notice verbally. Residents with limited reading skills will be read the notice verbally. If a resident needs an alternative reasonable accommodation, the case manager of the facility should be notified.

The agency has a policy, "Serving Clients with Limited English Proficiency", which provides procedures for making residents aware of oral interpreter services, Language Line for telephone calls, and translation of written materials. It states that employees must be trained to follow procedures for accepting incoming calls from LEP persons.

Attached to this policy is another document, "Serving Clients with Disabilities" which states the approach to providing residents with access to all programs or services and describes some of the procedure described in the LEP policy. For example, the Wisconsin Relay System is used for incoming calls if needed. Employees are required to assist clients in placing outgoing telephone calls. A resident may also place a call to 711 to facilitate communication between the resident and program staff. Phone numbers for speech-disabled callers, deaf-blind callers, ASCII to voice, Spanish-to-Spanish, and Spanish-to-English numbers are posted and available to residents.

The agency policies prohibits using resident interpreters or resident readers except in limited circumstance described in 115.216 (c).

The agency recently amended the PREA Policy and Procedure to include methods by which individuals with disabilities and/or limited English proficiency will obtain PREA information. The PREA Notice to Residents has been translated to Spanish and converted to a large print version. The PREA brochure has been translated to Spanish. The agency also added language to the policy that states staff will read the PREA Notice if they have limited reading skills or visually impaired. I have reviewed copies of the amended documents.

Based upon the language in the Policy and Procedures and the Notice to Residents, the agency complies with the standard. Staff and Residents signed acknowledgments that they received this information and the signed acknowledgments were provided to this auditor.

#### **Standard 115.217 Hiring and promotion decisions**

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

The PREA Policy and Procedure states, "It is the policy of ACS to not hire or promote any individual who has a history of sexual abuse or has incidents of sexual harassment." The PREA Coordinator and Human Resources Manager confirm this policy. They also reported that the agency conducts criminal background checks prior to hiring all employees. They also reported that the agency conducts criminal background checks on all existing employees every 4 years, which complies with the Wisconsin Caregiver Law.

The agency uses the Wisconsin Department of Justice-Crime Information Bureau (CIB) to conduct criminal background checks.

During the on-site visit, I reviewed the personnel files of eleven staff. The agency conducted criminal background (CIB) checks on all 10 of the 11 existing employees prior to hire. One employee's file did not have a background check. The employee started working at ACTC in July 2015. However, the employee worked at other ACS programs prior to working at ACTC. The agency did not conduct a criminal background check when the employee transferred to ACTC. The agency has since provided me with a copy of the criminal background check for that employee. According to the PREA Coordinator, the agency has set up a procedure for assuring all ACS staff who transfer to a halfway house will have a criminal background check before working with residents.

ACTC had one employee hired more than 5 years ago. That employee's file had an updated background check that was conducted in 2016.

The agency's employment application asks all applicants and employees about previous misconduct described in Standard 115.217 (a) and (b). The amended application also states, "Any material misrepresentation or deliberate omission of fact in my application may result in refusal to employ, or, if employed, termination from employment."

The PREA Policy and Procedure states that agency shall notify potential institution employers regarding a former agency employee who had substantiated allegations of sexual abuse or harassment. The policy also state that ACS will check references with prior institutions in which the individual has worked to determine if there were incidents of sexual abuse or a history of sexual harassment. This language in the employment application and agency policy complies with the standard.

Based upon interviews with the PREA Coordinator, Human Resources Manager, and a review of 11 personnel files and the agency PREA Policy and Procedure (including the employment application), I conclude that the agency complies with the standard.

### **Standard 115.218 Upgrades to facilities and technologies**

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

During an interview with the PREA Coordinator, she stated that the agency has no plans to expand or modify the facility. In addition, they have not done any significant expansion or modification of the facility for several years. Based on the information from the PREA Coordinator, the agency complies with the standard.

### **Standard 115.221 Evidence protocol and forensic medical examinations**

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

PREA Policy and Procedure describes staff responsibilities following a report of sexual abuse, including collecting and preserving evidence. In response to a recent audit that I conducted of another ACS facility, Foster Community Corrections Center, the agency developed a uniform evidence protocol. The form used for the protocol was attached to the questionnaire. The protocol includes instructions to ensure the chain of evidence is maintained. The form has a checklist for maintaining the scene, taking photographs or videos, identifies staff involved/witnesses/incident reports. It has instructions and a checklist for collecting clothing, and other physical evidence. It identifies evidence that should be turned over to law enforcement. There is a process for conducting a room search of involved residents. Staff collecting evidence must note time started and completed and initial each task. I reviewed the guidelines issued by the U. S Department of Justice regarding uniform evidence protocol and compared those guidelines to the materials submitted by the agency. Based on that comparison, I conclude that the uniform evidence protocol developed by ACS complies with the standard.

During interviews with 10 staff, several staff were not familiar with the agency procedure for collecting and preserving evidence. At least four staff were not able to describe how they would deal with possible evidence of any sexual assault. While the agency's evidence protocol is thorough, I believe that staff need additional training in this area.

The Madison Police Department (MPD) conducts all criminal investigations. MPD has a Sensitive Crimes Unit and follows a uniform evidence protocol.

The PREA Policy and Procedure and Notice to Residents state, "victims of sexual assault will be given timely access to medical treatment." It also states that medical treatment will be at no financial cost to the resident. The agency states that forensic medical exams are performed at Meriter Hospital using Sexual Assault Nurse Examiners (SANE). It states that residents may request a victim advocate at the forensic medical exam and investigation. Residents would go to Meriter Hospital in Madison, which is the only hospital in Madison that uses SANEs. I confirmed that Meriter Hospital uses SANEs during the Foster audit.

ACS has a MOU with Dane County Rape Crisis Center (RCC). The MOU, dated April 7, 2016, specifies that sexual assault advocates will be available upon request. When victims are transported to Meriter Hospital for a forensic exam, a rape crisis advocate from RCC will meet at the hospital. The victim shall receive needed follow-up services, RCC will respond to calls from ACS residents on rape crisis hotline, RCC will work with ACS staff to gain access to the facility, and to maintain confidentiality. ACS agrees to transport victims to Meriter Hospital and contact RCC for support services for the victim. ACS also agrees to provide residents with 24-hour access to RCC's rape crisis hotline. On May 10, 2016, I confirmed the details of the MOU with Dane County Rape Crisis Center Executive Director Erin Thornley Parisi. The Rape Crisis Center provides these support services to all Dane County halfway houses.

In the past 12 months, no residents have had a forensic medical exam.

As mentioned above, several staff members were not familiar with the agency procedures for obtaining usable physical evidence. Corrective action required the facility to provide additional training in this area. On July 7, the PREA Coordinator provided minutes from staff meetings held on May 13 and 17. At those meetings supervisor reviewed the procedures with staff.

Based upon my review of the documentation submitted for corrective action, along with the PREA Policy and Procedure and MOU with Rape Crisis Center, and interviews with 10 staff, I conclude that the agency complies with all aspects of the standards.

**Standard 115.222 Policies to ensure referrals of allegations for investigations**

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

ACS states that their practice is to contact the City of Madison Police Department whenever there are allegations of criminal sexual abuse. The Notice to Halfway House Residents has the following statement, "The local police department will be contacted to conduct a criminal investigation, when applicable." The ACS website has similar language. The PREA Policy and Procedure states, "All reported incidents will be investigated." According to the policy, staff shall document all referrals of allegations of sexual abuse or harassment. The policy also states, "Specially trained individuals will be assigned to investigate promptly, thoroughly and objectively."

The agency reports that there have been no allegations made of sexual abuse or sexual harassment at ACTC in the past 12 months.

Based upon my review of the PREA Policy and Procedures, the Notice to Residents, the ACS website, and the interview with the PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

**Standard 115.231 Employee training**

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

The PREA Policy and Procedure states, "Employees will be trained on PREA prior to working a shift alone in the facility. Refresher training will occur every two years."

All ten staff members interviewed reported that they have received PREA training. All staff hired within the past three years reported that they received training shortly after hire. The two staff hired before 2013 did not immediately receive PREA after hire, but received training no later than 2014. All staff consistently reported that they have received update training.

I also interviewed the Health Screen Nurse and she reported that she first received PREA training about three years ago and has had annual update training. She reported that the training included how to detect and assess signs of sexual abuse and harassment, preserving physical evidence, how to respond to victims of abuse, and who to report allegations or suspicions of abuse or harassment. The agency provided documentation that the back-up nurse received relevant PREA training.

The agency states that the main training provided to staff is a Power Point training, "Professional Boundaries, Avoiding Fraternalization and PREA". New staff complete this training and review the PREA Policy and Procedure. Training slides were included with the questionnaire. I reviewed the training slides and the PREA Policy and Procedure and determine the training cover all of the areas in 115.231 (a) (1). The training content also contained information on dealing with male and female residents.

Update training includes Relias: "PREA: Sexual Abuse Dynamic, detection, and Reporting," and PREA training by ACS staff. Several staff members said that PREA issues are frequently discussed at staff meetings.

I reviewed the personnel files of 11 staff in order to verify training completion. The file review confirmed that all staff hired since 2013 received initial PREA training shortly after being hired. The two staff hired before 2013 did not receive PREA training upon hire, but received training no later than 2014. In addition, all staff have received update training in the past year.

Since the agency amended the PREA Policy and Procedure in 2016, all staff signed acknowledgments that they reviewed the amended documents.

Based upon my review of the agency's PREA Policy and Procedure, training materials, and 11 personnel files, along with interviews with 10 staff interviews and the PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

#### **Standard 115.232 Volunteer and contractor training**

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

According to the Questionnaire and the PREA Coordinator, ACTC does not currently have any volunteers or contractor staff. The PREA Policy and Procedure states, "volunteers, interns, and contractors will be trained on PREA based upon the level of contact with halfway house residents prior to working in the facility."

#### **Standard 115.233 Resident education**

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

During the on-site visit, I did not observe information about PREA posted in common areas of the facility. The PREA Coordinator said that the facility had previously posted PREA information, but she believes that residents removed the posters. During the on-site visit, staff posted PREA information in the group room and secured the postings. The newly posted information includes the PREA zero-tolerance policy, the residents' rights to report sexual abuse and harassment, how to report abuse and harassment, and victim support services. The information listed agencies that provide victim support services and included phone numbers for the Rape Crisis Center, Journey Mental Health, United Way, and Text "HOPELINE". Since the facility did not have PREA information posted at the time of my inspection, this issue will be included in corrective action.

The PREA Policy and Procedure states, "Upon arrival all residents receive a PREA Notice on sexual assault/abuse prevention, awareness, and reporting.

I interviewed the staff member who is responsible for conducting intake on all residents. She stated that she gives each resident a packet of information, including the PREA Notice to Halfway House Residents. She said that she explains the information or reads the forms if asked.

ACS reports that all residents receive education on PREA shortly after arrival. Staff give residents a copy of a "PREA Notice to Halfway House Residents". Residents sign an acknowledgment that they received the notice. Signing the Notice is optional for residents.

During interviews, all ten residents reported that they received information about PREA upon arrival. Residents reported that they received the PREA Notice to Halfway House Residents. All residents reported they had knowledge of PREA and were able to articulate how to report sexual abuse or harassment. Residents were also aware of the various options they had for reporting incidents.

During the on-site visit, I reviewed 12 resident files and was able to document that the facility provided PREA information during intake to all 12 residents.

The agency has a policy and procedure for providing resident education in a format that is accessible for limited English proficient, deaf, visually impaired, or has limited reading skills. The policies and procedures includes several methods to provide PREA information to all residents. The agency PREA Notice to Residents is available in Spanish and large print (copies provided).

The PREA Policy and Procedure and the Notice to Residents complies with the standard regarding resident information. However, there was no PREA information posted in the facility during the on-site visit. The agency said that they posted PREA information, but residents apparently removed the postings prior to the on-site visit.

In response to corrective action, the agency provided documentation that PREA information is posted in a common area of the facility. Information includes the agency zero tolerance policy, reporting options for residents, including names and phone numbers, and victim support services.

Based upon my review of documentation submitted for corrective action, the PREA Policy and Procedure, Notice to Residents, 12 residents' files, 10 resident interviews, and the interview with staff member who conducts intake, I conclude that the agency complies with all aspects of the standards.

#### **Standard 115.234 Specialized training: Investigations**

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

The PREA Policy and Procedure states, "specially trained individuals will be assigned to investigate promptly, thoroughly and objectively." It also states that investigators will complete National Institute of Corrections (NIC) training. ACS has designated six supervisory staff from the agency to conduct all investigations. The agency provided documentation that all six staff have completed, "PREA: Investigating Sexual Abuse in a Confinement Setting" an on-line course presented by the NIC.

During the on-site visit to ACTC, I interviewed the Behavioral Staff Supervisor, who is one of the designated PREA investigators. He said that he has previously been involved in two investigations at other ACS halfway houses. Typically, ACS assigns 2 staff to conduct investigations. He was able to describe the various steps in the investigation process, evidence retention, interviewing the victim, consulting with law enforcement on prosecution, judging credibility, and other aspects of investigations.

Based upon my review of the agency policy and training documentation, along with the interview with one of the agency investigators, I conclude that the agency complies with the standard.

**Standard 115.235 Specialized training: Medical and mental health care**

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

ACTC has a part-time Health Screening Nurse. The nurse does not conduct forensic medical exams. The agency reports that it provides training to the medical staff. I interviewed the Health Screen Nurse and she reported that she first received PREA training about three years ago and has had annual update training. She reported that the training included how to detect and assess signs of sexual abuse and harassment, preserving physical evidence, how to respond to victims of abuse, and who to report allegations or suspicions of abuse or harassment. Personnel files confirmed that the nurse completed the Relias on-line training.

Based upon my review of training records and the interview with the nurse, the agency complies with the standard.

**Standard 115.241 Screening for risk of victimization and abusiveness**

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

The PREA Policy and Procedure states, "Upon arrival or upon transfer to another ACS residential facility, residents will be assessed for risk of victimization and abusiveness using an objective tool, within 72 hours and be reassessed within 30 days of the resident's arrival. The resident will not be disciplined for refusing to answer questions. ACS will take steps to control the results of the risk assessment within the facility and not allow staff to exploit the sensitive information."

The facility uses a "PREA Screening Form" with all residents. The form considers numerous factors, including all criteria in section (d) of this standard. The screening form primarily contains questions that only elicits "yes" or "no" responses. All residents, including LGBTI residents are asked about their view of their own safety and their response is seriously considered in placement.

The Case Manager at ACTC is responsible for conducting risk assessments. I interviewed her during the on-site visit. She reported that she assesses all new residents the first day they arrive. If a resident arrives after hours, they are assessed the following day. She began completing risk screening in May 2016. She conducts the re-assessments 14 days after the resident arrives.

The Case Manager keeps the completed assessments in a locked drawer in her office. Only the Program Director and the Case Manager have access to the file. If a resident has risk issues, the Case Manager discusses the case with the Director. According to the Case Manager, they consider whether the resident should remain in the facility and consider room placement and a number of issues. For example, it may be appropriate to house certain offenders in a single room. If the resident is suicidal, the facility will put them on a 30-minute watch.

The case manager said that she has not done more than 2 assessments on any resident, but would do a reassessment if the situation warranted it.

During the on-site visit, I conducted interviews with ten residents. All of the residents stated that staff asked them risk questions at intake. Six of the 10 residents were admitted over 30 days and all 6 said they had a reassessment completed within the first month.

In addition to resident interviews, I reviewed 18 completed risk assessments. Fourteen were on current residents and four were on discharged residents. The discharged residents were admitted in between June and September 2016. All 18 residents had the initial risk assessments on the first day they arrived. Reassessments were completed on all residents (11) who were admitted more than 30 days. Seven of the residents were admitted less than 30 days.

Based upon my review of the PREA Policy and Procedure, the PREA Screening Form, and completed assessments for 18 residents, as well as interviews with the case manager and 10 residents, I conclude that the agency complies with all aspects of the standard.

#### **Standard 115.242 Use of screening information**

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

During the interview with the PREA Coordinator, I asked how the facility uses screening information. She said they use risk information when considered in housing placement and other programming issues. Other factors considered include, the location of the room (proximity to the office/reception area), and what type of the roommate presents. In the interview with the Case Manager, she cited similar issues that would be considered for at-risk residents, as well as residents who pose a risk to others.

The PREA Policy and Procedure states that the facility “will use the Risk Screening Tool to help determine appropriate classification and halfway house placement. The risk screening also helps to inform appropriate work, education, and program assignments. Staff make individual determinations to ensure the safety of each resident, including LGBTI individuals and residents will limited English proficiency, disabilities, or special needs. Only staff with a need to know will have access to the risk screening report.”

With transgender or intersex residents, the PREA Coordinator said they would likely consider a single room and educate staff about the risk issues. The Case Manager also said the single room or the location of the room are considered with at- risk residents. Transgender and intersex residents, as well as all residents are able to shower alone.

The PREA Coordinator said that the facility does not allow multiple residents in a bathroom at the same time. The facility asks transgender and intersex residents about their safety and gives their view serious consideration. There are no wings or separate units at ACTC, so Standard 115.242 (f) is not applicable.

Based upon my review of the PREA Policy and Procedure and the interviews with the Case Manager and PREA Coordinator, I conclude that the agency complies with the standard.

### **Standard 115.251 Resident reporting**

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

The PREA Notice to Halfway House Residents states that residents can report sexual abuse or harassment verbally, in writing, anonymously, and third party. It lists multiple internal ways for residents to report, including any staff member, the case manager, Residential Supervisor, or the ACS PREA Coordinator. Regarding retaliation, the document states that residents may report it to the Program Supervisor or the investigator. The PREA Policy and Procedure has similar language for resident reporting.

The PREA Notice also states that residents may report abuse to the Department of Corrections PREA Coordinator or local law enforcement by calling 911. The Notice provides address and telephone numbers for all of the internal and external reporting contacts. As mentioned earlier, residents receive this information upon intake. The PREA Policy and Procedure and Notice to Residents states that staff will accept and investigate reports verbally, in writing, anonymously, and by a third party.

During interviews with residents, I asked all 10 residents about reporting sexual abuse or harassment. All residents were generally aware of multiple ways to report sexual abuse or harassment. Several residents said they would contact the police. Nine of the 10 residents said they were aware that reports could be anonymous or through third party. No residents said that they have made reports of sexual abuse or harassment while at ACTC.

Regarding staff reporting of sexual abuse and harassment of residents, the PREA Policy and Procedure states that staff are to report to their supervisor, Program Supervisor, or PREA Coordinator. The Relias training Power Point states that staff have a duty to report abuse to their supervisor immediately. During interviews with the ten staff members, all of them said they would report abuse to the program director, the supervisor or the PREA Coordinator. No staff members said they would be able to privately report abuse of residents.

Based upon my review of the PREA Notice to Residents, PREA Policy and Procedure, and Relias training slides, as well as interviews of 10 residents and 10 staff, I conclude that they agency complies with the standard.

### **Standard 115.252 Exhaustion of administrative remedies**

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

The Notice to Residents and PREA Policy and Procedure state, "If a resident does not believe their accusations of sexual abuse/assault were responded to appropriately, they do not feel safe as a result of the assault, or any concerns regarding the alleged assault, a written grievance may be submitted." The documents address criteria in the standard (b) (1), that states there should be no time limits with filing of grievances, (3) no requirement that an informal process be used, and (c) (1) submitting the grievance to someone who is not subject of the complaint.

Further, the process addresses (4), regarding a lack of a response to the grievance or (e) (1) regarding third party assistance in filing of grievances. The grievance procedure states the "the deadline for the inquiry is 30 days (5 days in an emergency) after receipt of the complaint. A written decision will be distributed to the resident within 10 days." This language complies with the standard.

Based upon my review of the PREA Policy and Procedure, PREA Notice to Halfway House Residents, and grievance procedure, I conclude that the agency complies with the standard.

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

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

The PREA Policy and Procedure and Notice to Residents state that victims will be provided access to victim support services when requested. The Policy and Procedures states that a list of support services and their phone numbers will be posted on the PREA Bulletin Board at each halfway house. Both documents state, "Residents will be allowed to contact support services privately and will not be monitored by staff." The Notice to Residents does not list specific support services that are available to victims.

During the on-site visit, I did not observe information about victim support services posted in common areas of the facility. The PREA Coordinator said that the facility had previously posted PREA information, but she believes that residents removed the posters. Following that discussion ACTC staff posted PREA information in the group room and secured the postings. The newly posted information includes PREA information including victim support services. The information includes names and phone numbers of agencies that provide victim support services, specifically the Dane Co. Rape Crisis Center, Journey Mental Health, United Way, and Text "HOPELINE". Since the facility did not have PREA information posted at the time of my inspection, this issue will be included in corrective action.

The PREA Policy and Procedure and Notice to Residents state, "Limits to confidentiality: If you provide information to support services which falls under mandatory reporting laws, the information will be forwarded to authorities by the support service." The Notice to Resident also contains information regarding limits to confidentiality.

With the questionnaire, the agency provided a copy of agreements with Dane County Rape Crisis Center for victim support and emotional support services. I verified the details of the agreement with Erin Thornley Parisi, the executive director of Dane County Rape Crisis Center.

The PREA Policy and Procedure, Notice to Residents, and agency website contain information regarding the agency receiving third-party reports of sexual abuse or harassment.

Correction action required that the facility to securely post information about victim support services in a common area. On July 7, the agency submitted photographic documentation that has posted information in the facility. Information includes the names and phone numbers of agencies that provide support services to victims.

Based upon my review of the Policy and Procedures, the Notice to Residents, the MOU with Rape Crisis Center, and documentation submitted as part of corrective action, I conclude that the agency complies with all aspects of the standards.

### **Standard 115.254 Third-party reporting**

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

The agency "PREA Notice to Residents" states that residents may report sexual abuse or harassment to a third party, as well as other methods for reporting. The agency provides residents with a copy of the notice upon arrival and this information is posted in the office/reception area. During interviews with 10 residents, nine residents said they were aware of third party reporting. However, the facility has included third-party reporting in all its PREA information for residents. The Policy and Procedure and ACS website have information regarding third party reporting and lists a number of reporting methods including ACS staff, ACS PREA Coordinator, DOC PREA Coordinator, and local law enforcement/911. Staff interviewed were familiar with third party reporting for residents.

Based upon my review of the PREA Notice to Residents, Policy and Procedure, and the agency website, along with interviews with 10 residents and staff, I conclude that the agency complies with the standard.

#### **Standard 115.261 Staff and agency reporting duties**

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

The PREA Policy and Procedure states, "Any staff that has knowledge, suspicion, or information of sexual abuse as well as retaliation, must immediately report this information to the Program Manager." Failing to immediately report this information is a violation of PREA regulations and may result in discipline and/or termination." The Program Manager is one of the designated PREA investigators.

The agency policy prohibits staff from revealing any information related to a sexual abuse report other than defined in the standard. According to the facility supervisor, ACTC does not accept residents who are under the age of 18. The facility has a screening nurse who have been trained on PREA and reporting requirements.

All ten staff interviewed stated that they were required to immediately report any knowledge, suspicion, or information regarding sexual abuse or harassment. Employee files had signed "PREA and Professional Boundaries Annual Acknowledgement". The form states " I understand that I can be liable for not informing my supervisor of any PREA or Professional Boundary related issues that I have witnessed, heard, or suspect. "

None of the staff interviewed said that they have made any reports of sexual abuse or harassment. According to the PREA Coordinator, the agency has not received any reports of sexual abuse or harassment at ACTC in the past 12 months.

Based upon my review of the Policy and Procedures and interviews with 10 staff and the PREA Coordinator, I conclude that the agency complies with all aspects of the standards.

#### **Standard 115.262 Agency protection duties**

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

The PREA Policy and Procedure states, "Residents who are determined to be at substantial risk of abuse or other resident who staff has expressed concerns at any time regarding a resident's safety from sexual assault/abuse, shall notify their supervisor immediately. The supervisor will contact the PREA coordinator to ensure that appropriate steps will take steps to protect the resident, including but not limited to: transferring to another facility where they can be housed more appropriately, moved to another room in the facility closer to the staff office, increased contact with case management to provide on-going support."

In the past 12 months, ASC reports that they have had no incidents where a resident at ACTC has been subject to a substantial risk of imminent sexual abuse.

During the on-site visit, I interviewed ten staff. All staff described specific steps they would take if a resident were at imminent risk. All ten stated that they would protect the victim and separate the victim from the alleged perpetrator. Staff consistently mentioned protecting the victim and said they would call 911 if necessary, call the supervisor, and document the incident. All staff report that they have reviewed the PREA Policy and Procedure that describes steps to protect residents at risk.

Based upon my review of the PREA Policy and Procedure and interviews with 10 staff, I conclude that the agency complies with the standard.

### **Standard 115.263 Reporting to other confinement facilities**

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

ACS reports that they have not received any allegations from residents that they were sexually abused while confined at another facility. The PREA Policy and Procedure states that if a resident reports a sexual assault that occurred while in an institution, jail, or other correctional facility, the staff shall report this information immediately to the Program Manager. The Program Manager will report the incident to the "head of the facility" where the abuse occurred. It also states this notification will be made as soon as possible, no later than 72 hours after receiving the allegation. In an interview with the facility supervisor, he confirms that such reports would be forwarded to the Program Manager.

Based upon my review of the PREA Policy and Procedure and interview with the facility supervisor, I conclude that the agency complies with the standards.

### **Standard 115.264 Staff first responder duties**

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

The PREA Policy and Procedure states, "In the immediate aftermath of an alleged assault, on-duty staff will follow the first responder protocol if the report is made immediately following the assault. The victim and the abuser will be separated and staff will preserve and protect the crime scene so evidence can be collected. If physical evidence can be collected, staff will request the victim to remain in the company of staff and not take any actions that could destroy evidence (i.e. showering, toileting, brushing teeth, eating, rinsing mouth, drinking, changing clothes, etc.)" The staff are directed to immediately call 911 for law enforcement and medical assistance if needed for the victim. There are specifications notification procedures for the staff and Program Manager. There are procedures described for having the abuser placed into custody by DOC or law enforcement. It includes securing of the crime scene, writing of reports, and notifying the victim of their option to proceed with the investigation. It includes information for the victim to be evaluated by the treatment team to determine mental state to ensure stability and signs of post-traumatic stress and to offer victim support.

In the past 12 months, ACTC has not had any incidents of sexual abuse where first responders duties were needed.

The Power Point training slides that all staff are required to view the first responder duties described on several slides. The first step is protecting the victim. There is a PREA First Responder flow-chart for staff to follow.

During interviews with 10 ACTC staff, all were able to identify important steps in the process if they were the first staff made aware of an assault. The priority was to protect the victim and separating the victim from the perpetrator. Staff said they would call the on-call supervisor and 911. Other responses included securing the crime scene, separating the other residents from the perpetrator and victim, locking down the facility, and calling in other staff to assist.

Based upon a review of the Policy and Procedure, PREA training slides, and interviews with ten staff, I conclude that the agency complies with the standard.

**Standard 115.265 Coordinated response**

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

ACS developed a specific plan for ACTC titled, "In the event of a sexual assault at the ATTIC Correctional Center-Dwight." This document describes duties of first responder staff, Program Manager, treatment team, and the PREA Coordinator following a report of sexual abuse. The PREA Policy and Procedure also describes specific duties of first responder staff, supervisors, and the PREA Coordinator. There are no mental health staff in the facility. While there is a screening nurse, she works part-time and is typically not at the facility.

Based upon interviews with the PREA Coordinator, and a review of the Policy and Procedure, I conclude that the agency complies with the standards.

**Standard 115.266 Preservation of ability to protect residents from contact with abusers**

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

The CEO reports that ACS does not have any collective bargaining units and does not anticipate such agreements in the near future.

**Standard 115.267 Agency protection against retaliation**

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

The PREA Policy and Procedure states, " The PREA Coordinator will monitor the conduct and treatment of residents or staff that have reported sexual abuse or cooperated with investigations, including any resident disciplinary reports, housing changes, or program changes for at least 90 days following their report or cooperation to access changes that may suggest possible retaliation by residents or staff.

The Behavioral Staff Supervisor, the Program Manager, and the PREA Coordinator are responsible for monitoring retaliation at ACTC. The PREA Coordinator is responsible for monitoring retaliation at all ACS facilities.

I previously interviewed the PREA Coordinator regarding retaliation at other ACS halfway houses. In order to determine if retaliation was occurring, she would talk with the resident, staff, and other residents. She would look at cameras. If there is a staff on staff retaliation situation, they could put the staff on a "no contact". If there were harassment occurring, the agency would contact police. The PREA Coordinator said she would monitor the retaliation for at least 90 days and longer if the situation needed more monitoring. If staff were involved, "our policy is to suspend, and not move the problem away."

During the on-site visit at ACTC, I interviewed the supervisor regarding retaliation. He said that if they suspect retaliation, they would alert the staff to monitor the cameras and pay particular attention to the specific resident or staff involved. He would speak directly to the victim and others involved. He would look at changes in behavior with the victim and other factors, such as shutting down, depression, etc. In some cases, he might contact family members or friends to see how the victim is responding. If staff were alleged to be involved, they would likely be suspended or moved to another facility. He would monitor retaliation for as long as the resident is at ACTC.

The PREA Policy and Procedure and the ACS website have information about retaliation and how to report it.

The PREA Notice to Halfway House Residents, given to residents upon arrival, states, "Retaliation is intimidation to prevent a client from filing a complaint or participating in an investigation. ACS prohibits anyone from interfering with an investigation, including intimidation or retaliation against witnesses. If you believe you are being unfairly transferred or punished in some way because you filed a complaint or assisted in the investigation of a complaint, please report this immediately to the Program Manager or Investigator."

Based upon my review of the PREA Policy and Procedure, the agency website, and Notice to Residents, the PREA Coordinator, and Behavioral Staff Supervisor, I conclude that the agency complies with the standard.

#### **Standard 115.271 Criminal and administrative agency investigations**

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

The PREA Policy and Procedure addresses criminal and administrative investigations. If an allegation were potentially criminal, the agency would contact the City of Madison Police Department. The agency policy states, "all reported incidents will be investigated." The policy states, "Specially trained individuals will be assigned to investigate promptly, thoroughly and objectively and gather and preserve direct and circumstantial evidence." The agency has designated six ACS supervisory staff as PREA investigators. The agency provided documentation they have completed NIC training for PREA investigations. The agency complies with (b) and (c) regarding investigators and training.

The PREA Coordinator is one of the designated investigators. Prior to the on-site visit, I interviewed her regarding investigations. She was able to describe the various steps in the investigation process, evidence retention, interviewing the victim, consulting with law enforcement on prosecution, judging credibility, and other aspects of investigations. The agency has not had the experience of doing compelled interviews in a sexual abuse case, but they report that they would discuss it with the investigator or prosecutor. However, the agency policy states that substantiated allegations of conduct that is criminal shall be referred for prosecution. This complies with (d). The PREA Coordinator said that the agency policy prohibits the agency from using polygraphs or truth-telling device as part of an investigation. The facility has not had a criminal or administrative investigation regarding sexual abuse or harassment in the past year.

During the on-site visit to ACTC, I also interviewed the Behavioral Staff Supervisor, who is one of the agency's PREA investigators.

Regarding criminal investigations, the PREA Policy states that the agency will obtain reports from local law enforcement. The agency policy states it will keep the administrative and criminal investigative reports on file for a minimum of ten years, if the abuser is staff member; the agency keeps the report on file for as long as the abuser is employed by the agency, plus five years.

Based upon my reviews of the PREA Policy and Procedure and training certificates, as well as interviews with the PREA Coordinator and Behavioral Staff Supervisor, I conclude that the agency complies with all aspects of the standards.

**Standard 115.272 Evidentiary standard for administrative investigations**

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

According to the Pre-audit Questionnaire and the PREA Coordinator, the agency follows "preponderance of the evidence" in determining whether allegations of sexual abuse or sexual harassment are substantiated. The agency policy complies with the standard.

**Standard 115.273 Reporting to residents**

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

The PREA Policy and Procedure includes information for reporting to the victim. The PREA Policy and Procedure states it will inform the victim if the allegation is substantiated, unsubstantiated, or unfounded. There is a definition for each of these findings. In a case of staff sexual misconduct, a victim is informed if the staff is no longer posted in the facility, if the staff is no longer employed and if the staff has been charged or convicted. The policy states, "All such notifications or attempted notifications shall be documented. ACS's obligation to inform the victim ends when the victim is discharged from the agency."

The PREA Notice to Residents provided to residents upon arrival, also describes "possible outcomes of an investigation" and reporting to the victim. The Notice includes similar information to the agency policy.

According to the PREA Coordinator, ACTC has not had any criminal or administrative investigations of sexual abuse in the past 12 months.

Based upon my review of the PREA Policy and Procedure, the Notice to Residents and interview with the PREA Coordinator, I conclude that the agency complies with the standard.

**Standard 115.276 Disciplinary sanctions for staff**

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

The PREA Policy and Procedure addresses "Disciplinary Sanctions for Staff". It states, "Disciplinary measure will be taken, up to and including termination. If staff was found to have engaged in sexual abuse, termination will result. Other disciplinary action for violating agency policy regarding sexual abuse or harassment is commensurate with the nature and circumstances of acts committed, staff disciplinary history, and sanctions imposed for comparable offenses by other staff for similar histories." The policy also states that terminations or resignations for sexual abuse/harassment will be reported to law enforcement unless the activity was clearly not criminal. All staff have signed acknowledgments that they are aware of the agency policy.

Based upon my review of the PREA Policy and Procedures and interview with the PREA Coordinator, I conclude that the agency complies with the standard.

**Standard 115.277 Corrective action for contractors and volunteers**

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

ACTC does not currently have contract staff or volunteers. The PREA Policy and Procedure addressed "Corrective Action for volunteers, interns and contractors." The policy states, "volunteers, interns or contractors who engage in sexual abuse shall be removed from the agency, prohibited from contacting residents and reported to law enforcement agencies and relevant licensing bodies."

Based upon my review of the PREA Policy and Procedure, I conclude that the agency complies with the standard.

**Standard 115.278 Disciplinary sanctions for residents**

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

The PREA Coordinator and the Policy and Procedure state that if a resident were suspected of sexual abuse, they would be immediately removed from the program. The staff would contact DOC and have the resident placed in custody. In any instance of sexual abuse, DOC pending the investigation would detain the perpetrator. If was the abuse was substantiated, the sanction will be determined by the Dept. Of Corrections. DOC would provide due process prior to return to prison or court. In any event, ACS reports that any resident found to have engaged in sexual abuse would not likely return.

The agency reports that they have had no criminal or administrative findings of resident on resident sexual abuse in the past 12 months.

The agency policy and procedure states that sanctions will be determined by the referring agency, "commensurate with the nature and circumstance of abuse with consideration given to resident perpetrator's mental disabilities or illness." The policy does not address the issue of require the offending resident to participate in programming, because an offending resident would not remain in the program and ACS would have no responsibility for the resident. This policy complies with (a), (b), and (c).

The questionnaire states that the agency disciplines residents for non-consensual sexual conduct with staff and the PREA Policy and Procedure states, "Residents engaging in non-consensual sexual abuse of a staff member will be referred to law enforcement for investigation and prosecution. In addition, the resident's Probation and Parole Agent will be notified to have the resident placed into custody until the investigation is completed. Any resident who has been found to engage in sexual abuse would not be allowed to return to the facility. This policy complies with (e).

ACTC policy does not prohibit sexual activity between residents.

Based upon my review of the PREA Policy and Procedure, Pre-audit Questionnaire, and the Notice to Residents, and the interview with the PREA Coordinator, I conclude that the agency complies with the standard.

### **Standard 115.282 Access to emergency medical and mental health services**

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

The PREA Policy and Procedures state that following a report of sexual abuse, staff shall contact 911 for local law enforcement to respond, and if the resident is in need of medical attention, an ambulance should also be requested." It also states, "The victim shall be evaluated by a member of the treatment team to determine mental state to ensure stability, and signs of post-traumatic stress disorder". It also states that there will no cost to the victim for medical exams (regardless if the victim cooperates). "The victim will be provided with unimpeded access to emergency and crisis intervention services, which will also be provided free of charge to the victim." The Policy and Procedure states that victims will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis with professionally accepted standards of care to comply with (c). (Although ACTC accepts only male residents, some ACS facilities are coed/female.)

The "Notice to Halfway House Residents" states "Forensic medical exams will be provided free of charge to the victim. The victim will be provided with unimpeded access to emergency and crisis intervention services, which will also be provided free of charge to the victim." It also states, "Timely access to medical treatment and crisis intervention service and treatment shall be provided without financial cost.

Per sec. (b), the agency defines steps that first responders would take to protect the victim and notify medical and mental health practitioners. ACTC has registered nurse who works part-time and is typically not in the facility. I interviewed several first responders and they consistently stated that the first priority would be to protect the victim.

Based upon my review of the PREA Policy and Procedure and Notice to Residents, and interviews with first responders, I conclude that the agency complies with the standard.

### **Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers**

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

The PREA Policy and Procedure has language that describes a process for on-going medical and mental health treatment. "ACS will work with you and your Probation and Parole Agent to obtain community treatment, medical and mental health services in a timely manner. ACS will ensure that referrals are made to reputable medical and mental health care practitioners who are experienced in detecting and assessing signs of sexual abuse and reporting of such concerns to ACS treatment staff and case managers. Residents will be provided access to victim support services when requested, a list of support services and their phone numbers will be posted on the PREA bulletin board at each halfway house. Residents will be allowed to contact support services privately and will not be monitored staff." Later in the policy, it states that victims will be provided with unimpeded access to emergency and crisis intervention services, which will be free of charge to the victim.

The policy also states that residents who report previous sexual abuse will have support services made available to them including counseling and community support groups.

During the on-site visit, I did not observe information about medical and mental health services for victims posted in common areas of the facility. The PREA Coordinator said that the facility had previously posted PREA information, but she believes that residents removed the posters. During the on-site visit, staff posted PREA information in the group room and secured the postings. The newly posted information includes victim support services. The information listed agencies that provide victim support services and included phone numbers for the Rape Crisis Center, Journey Mental Health, United Way, and Text "HOPELINE". Since the facility did not have PREA information posted at the time of my inspection, this issue was included in corrective action.

The PREA Notice to Residents states that victims "will be given access to medical treatment and crisis intervention as well as access to sexually transmitted disease prophylaxis at no financial cost to the resident." It also states, "Residents who have been a victim of sexual assault will also have access to ongoing medical and mental health care at no cost to the victim."

The PREA Policy and Procedure states, "The facility shall 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."

Correction action required that the facility to securely post information about ongoing medical and mental health services in a common area. On July 7, the agency submitted photographic documentation that has posted information in the facility. Information includes the names and phone numbers of agencies that provide support services to victims.

Based upon my review of the Policy and Procedures, the Notice to Residents, and documentation submitted as part of corrective action, I conclude that the agency complies with all aspects of the standards.

### **Standard 115.286 Sexual abuse incident reviews**

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

The agency has a Sexual Abuse Response Team (SART), which includes the Program Manager, a member of the treatment team, PREA Coordinator, and the Division Director (or designee). Following an incident, the SART meets to review the agency response and whether protocols were followed. The SART determine whether policies and procedures were followed and residents are safe and the victim is being cared for physically and emotionally. Within 30 days of the conclusion of the investigation, the SART prepares a report of its findings.

The team uses a checklist that includes a review of staff actions, whether agency policies were followed and whether additional training is needed. The policy addresses sec. (d) (1), (2), (3), (4), (5), and (6). ACTC has had no sexual abuse allegations in the past 12 months.

Based upon my review of the Policy and Procedure, I conclude that the agency complies with the standard.

### **Standard 115.287 Data collection**

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

The PREA Policy and Procedure states, "ACS will collect uniform statistical data for every allegation of sexual abuse at our facilities. Data will be collected and maintained by the PREA Coordinator and reviewed annually to assess and improve prevention, detection, and response policies." The agency developed an ACS PREA Incident Log in 2016 for all of its facilities. The log includes the following information: Facility, location of incident, date of incident, date incident reported, primary investigator, initial investigation determination, back-up investigator, law enforcement agency, incident type, situation or circumstances and disposition.

In response to audits at other facilities, the agency recently amended the data collection log so that questions would comply with the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The survey includes demographic information about the victim, age, race, gender, and extensive information about the incident.

The policy and procedure includes specific language to collect, review, and store data. It also refers to annual reviews of incident-based data. It states that an annual report will be prepared and made available to the public on its website. It also addresses redaction of certain information, retention of data and destruction of data. The policy, as well as the data collected on the PREA Incident Log, complies with specific language in 115.287.

### **Standard 115.288 Data review for corrective action**

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

The PREA Policy and Procedure includes language that the agency data will be "reviewed annually to assess and improve prevention, detection, and response policies, practices and training. An annual report will be prepared comparing current and past year's data." The policy states that the CEO will approve of the report and it will be available on the agency website. There is also language regarding redaction, storage, and destruction of data that complies with the standard. The CEO confirmed that she approves the report.

ACS completed annual PREA reports for 2015 and 2016 and posted the reports on the agency website. I reviewed the reports on the website. The 2016 report includes specific steps that the agency is taking in response to incidents. The language in the annual report complies with the standard.

Based on my review of the PREA Policy and Procedure and the agency annual report on its website, I conclude that the agency complies with the standard.

**Standard 115.289 Data storage, publication, and destruction**

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

The PREA Policy and Procedure states that the agency will securely retain collected data for at least 10 years with personal identifiers removed. As mentioned above, the agency published 2016 incident data for all its facilities on its website. The language in the policy complies with the standard.

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Lawrence J. Mahoney

July 10, 2017

Auditor Signature

Date