

REA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES

Date of report: February 16, 2017

Auditor Information			
Auditor name: LAWRENCE MAHONEY			
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Telephone number: 262-930-5334			
Date of facility visit: October 17-18, 2016			
Facility Information			
Facility name: Schwert AODA Treatment Center			
Facility physical address: 3501 Kipling Dr. Madison, WI 53704			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 608-249-6226			
The facility is:	<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		
Facility type:	<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	
Name of facility's Chief Executive Officer: Vicki Trebian			
Number of staff assigned to the facility in the last 12 months: 12			
Designed facility capacity: 15			
Current population of facility: 15			
Facility security levels/inmate custody levels: N/A			
Age range of the population: 18+			
Name of PREA Compliance Manager: Kim Adams		Title: Director of Residential Culture	
Email address: hr@correctionalservices.org		Telephone number: 608-255-0307 ext. 313	
Agency Information			
Name of agency: ATTIC Correctional Services, Inc.			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 601 Atlas Ave. Madison, WI 53714			
Mailing address: <i>(if different from above)</i> P.O. Box 7370 Madison, WI 53707-7370			
Telephone number: 608-233-0017			
Agency Chief Executive Officer			
Name: Vicki Trebian		Title: Chief Executive Officer	
Email address: vtrebian@correctionalservices.org		Telephone number: 608-233-0017	
Agency-Wide PREA Coordinator			
Name: Kim Adams		Title: Director of Residential Culture	
Email address: hr@correctionalservices.org		Telephone number: 608-255-0307 ext. 313	

AUDIT FINDINGS

NARRATIVE

Schwert AODA Treatment Center (SATC) is a 15-bed halfway house operated by ATTIC Correctional Services, Inc. (ACS), Madison, WI. The facility serves 15 adult clients. At the time the Pre-Audit Questionnaire was submitted, there were fifteen male residents in the facility. ATTIC Correctional Services, Inc. has a contract with the Wisconsin Department of Corrections (DOC) to house offenders on probation, extended supervision, or parole. The facility occasionally receives Federal offenders, but there were no any federal offenders in the facility at the time of the on-site visit.

SATC currently has 13 staff, not including the Program Director. There are currently no volunteers or contract staff in the facility. There is one intern. 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 Schwert, as well as other ATTIC programs in Madison. The facility also has a full-time Behavioral Staff Supervisor.

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, Health Screen Nurse and a back-up nurse. There is no mental health staff at the facility.

Although the program is primarily AODA treatment facility, as of April 2016, it is not a licensed AODA facility.

DESCRIPTION OF FACILITY CHARACTERISTICS

Schwert AODA Treatment Center is a 15-bed halfway house operated by ATTIC Correctional Services, Inc. (ACS), located in the City of Madison, WI. The facility serves 15 adult male clients. The facility is located in an area that is primarily residential with single family and residential apartment buildings. Schwert has operated at this location since 1990. The facility was built as an apartment building.

Schwert 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. There are nine resident bedrooms (6 double and 3 single), two resident bathrooms, one staff bathroom, kitchen, dining areas, two TV rooms, three staff offices, several closets, and a group room. The basement has several locked storage rooms, resident laundry room, and exercise area. The basement area is locked when not in use and residents must ask staff to enter the basement area.

The facility has 13 interior cameras and three exterior cameras, which are monitored 24/7 by staff in the office area. The cameras 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 can monitor the cameras at all times via a 21" ViewSonic HD television locked 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 SATC 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 Schwert, residents may come from secure correctional facilities, jails, other halfway houses, or directly from the community.

Many of the residents leave the facility daily for employment, school, treatment, or other approved activities. In-house programming is primarily AODA treatment. ACS staff facilitate in-house programs. No contractors facilitate in-house programming.

SUMMARY OF AUDIT FINDINGS

On September 4, 2016, I sent the Notice of Audit and Pre-audit Questionnaire to the agency. The agency returned the questionnaire on about October 10.

SATC is the third ACS facility that I have audited since January 2016. I previously audited Foster Community Corrections Center in Madison and Marshall Halfway House in Green Bay. I submitted final audit reports for both of those facilities on August 23, 2016. Both facilities had a corrective action period of several months, but complied with all relevant standards when the final report was completed.

The PREA Policies and Procedures at SATC are identical to those at Foster and Marshall, as well as other ACS halfway houses. Because of the Foster and Marshall audits, 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 standards. ACS implemented the amendments at Schwert prior to the on-site visit. ACS provided staff and residents with the relevant PREA documents.

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 October 17-18, 2016, I conducted the on-site visit of Schwert. I observed the "Notice of Audit" clearly posted in the facility along with other PREA information. Staff and residents said that they saw the Notice of Audit prior to the on-site visit.

During the tour of SATC, I had access to all areas of the facility. The ACS PREA Coordinator, the Program Manager, and Behavioral Staff Supervisor were present for the on-site visit.

During the two days of the on-site visit, I interviewed 11 staff members, including the facility supervisor and nurse. I interviewed one intern. I also conducted a phone interview with a staff member who was unable to be present for the interview. I interviewed staff who were responsible for conducting intake and risk assessments. I interviewed 10 residents. I randomly selected residents and staff from rosters provided to me 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.

I also interviewed the PREA Coordinator and the Program Manager. The interviews included questions regarding investigations and retaliation. I previously interviewed ACS CEO, Vicki Trebian and the ACS Human Resources Manager.

During the on-site visit, I reviewed personnel files for 11 current staff and the intern to determine that criminal background checks, PREA training and investigations were documented. I also reviewed files of 14 current residents to confirm that residents were provided with PREA information at intake and were screened for risk. During interviews, all residents had a general knowledge of PREA and said they received PREA information upon intake.

All staff interviewed had knowledge of PREA and stated they received training in various aspects of PREA. Staff training included viewing the PREA Relias Power Point and the PREA Policy and Procedures. All staff were aware of the agency no-tolerance policy and they were very responsive to questions about their responsibilities regarding PREA.

During the on-site visit, I interviewed the PREA Coordinator regarding investigations. She provided copies of two investigation reports from the past year. I reviewed those reports and determined that the documentation was not adequate. As a result, investigations were included in corrective action. In addition, interviews with staff revealed concerns from some staff regarding reporting of staff misconduct to supervisors.

The interim report showed that the agency complied with all applicable standards, except for 115.261 and 115.271. The issues of staff reporting and quality of investigations and were part of corrective action. The corrective period was for three months. Since I issued the interim report, the facility had three investigations in response to complaints of sexual assault or harassment. The investigations were thorough and considered all factors identified in the standards. The facility also took additional steps to deal with staff reporting duties. Following a thorough review of all the information submitted by the agency, I determined that Schwert AODA Treatment Center complies with all applicable PREA standards. Overall, the agency has demonstrated a commitment to implementing PREA standards at all its facilities and keeping residents safe from sexual abuse and harassment.

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, ACS amended the PREA Policy in April 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.

During the on-site visit, I observed information about PREA posted in common areas of the facility. Posted information included general PREA posters, telephone numbers for residents to reports abuse and numbers of victim support agencies.

During the on-site visit, I interviewed 11 staff members and 10 residents. All of the staff and residents were aware PREA and the agency's no-tolerance policy at Schwert.

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. There is also a bulletin board with PREA information that all visible to all residents.

Kim Adams has been the ACS PREA Coordinator for about 9 months. 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. During the audit, she was accessible and was able to provide information as requested.

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 two 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 staff, 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, SATC has 13 staff members, not including the Program Director. There is a full-time Behavioral Staff Supervisor, and a Case manager, a Senior Behavioral Support Specialist, two Behavioral Support Specialists, four Behavioral Support Assistants, an AODA Counselor, a Social Worker, A Health Screen Nurse, and back-up Health Screen Nurse.

The staffing pattern from Monday-Friday includes the Senior Behavioral Support Specialist working 8:00 a.m. to 4:00 p.m. Two full-time Behavioral Support Specialist 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 CBRF regulations require 24/7 coverage. The contract with the Department of Corrections also requires 24/7 coverage.

SATC 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 operates on two floors, plus a basement. There are nine resident rooms, with three on the first floor and six on the second floor. There are three single rooms and six double resident rooms. There are three resident bathrooms, all single with a lock on the door. There are two resident TV rooms, one on each floor. The first floor also includes a staff bathroom, kitchen, dining room, AODA Counselor office, case manager office, and house manager office. The second floor also includes group room and five closets.

The house manager office is centrally located in the facility and cameras monitor resident activities. The on-duty staff work out of this office. As mentioned above, the facility has 16 closed circuit cameras, which 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 13 interior cameras and 3 exterior cameras. The interior cameras include five on the first floor, five on the second floor, and three 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. There were no obvious blind spots noted.

The basement includes a laundry room, exercise areas, and several locked storage areas. The basement is locked and residents must get approval from staff to enter the basement.

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 SATC and determined that the staffing pattern is sufficient.

In my opinion, the staffing pattern, layout of the facility, and 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 11 staff, 10 residents, the agency PREA Coordinator, and CEO, 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 recently issued a policy that requires that residents are to do these functions 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 11 staff, most 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 staff and 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.

None of the agency policies prohibits using resident interpreters or resident readers except in limited circumstance described in 115.216 (c). Although the Pre-Audit Questionnaire states that the use of resident readers or interpreters is prohibited, there is nothing written in the policies.

The agency has since 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 received copies of the amended documents.

Based upon the amended language in the Policy and Procedures and the amended Notice to Residents, the agency complies with the standard. Staff and Residents signed acknowledgments that they received the amended 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.

During the on-site visit, I reviewed the personnel files of eleven staff, plus the intern. ACS conducted criminal background (CIB) checks on all existing employees prior to hire. Personnel files also had documentation that the agency conducted criminal background checks in 2014 for the two staff who have worked at Marshall House for more than 4 years.

The agency recently amended its employment application that 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, a review of 11 personnel files, and a review of 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, the Program Director, said 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 Program Director, 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 to 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.

The Madison Police Department (MPD) conducts criminal investigations for all complaints referred by SATC. 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 would be 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.

As part of corrective action at Foster, ACS developed an 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, there have been no forensic medical exams performed for a resident.

Based upon my review of the agency Policy and Procedure, the Notice to Residents, MOU with Dane County Rape Crisis Center, and interviews with the PREA Coordinator and Program Director, I conclude that the agency complies with the standard.

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 two allegations made of sexual abuse or sexual harassment at SATC in the past 12 months. ACS referred one allegation of sexual harassment involving residents to MPD. An administrative investigation determined the allegation to be unfounded. Another investigation occurred following an allegation that a staff member was having sexual contact with a resident. ASC referred that incident to the Madison Police Department. Neither investigation resulted in criminal charges.

Based on my review of the PREA Policy and Procedure and 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."

Eleven staff members interviewed reported that they received PREA training. All staff hired within the past three years reported that they received training shortly after hired. Longer-term staff reported that they first received PREA training about three years ago. During interviews, all staff consistently reported that they were trained PREA and receive update training periodically. The intern reported that he received training on PREA upon starting at SATC.

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. ACS recently amended the training slides due to the Foster Community Corrections Center audit. The agency reports that all SATC staff have reviewed the up-dated training slides. On May 8, 2016, PREA Coordinator Kim Adams conducted a training session on PREA for all staff. All staff files show multiple on-line training or review of the PREA Policy and Procedure. Numerous staff noted that this training was very informative.

I reviewed the personnel files of 11 staff in order to verify training completion. All staff signed acknowledgments that PREA training was provided. The file reviews had documentation that all staff completed "Professional Boundaries, Avoiding Fraternalization and PREA" training. Several other on-line training was provided to staff including, "Professional Boundaries Avoiding Fraternalization and PREA", and "PREA Sexual Abuse Dynamics, Detection, and Reporting."

Based upon my review of the PREA Policy and Procedure and the training slides, along with staff interviews, 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, Schwert does not have any volunteers or contractor staff, but there is one intern. I interviewed the intern and he reported that he received training on PREA upon starting the internship. The file review confirmed that he completed the Relias on-line training and reviewed the PREA Policy and Procedures.

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 observed PREA educational materials posted on a bulletin board in a common area of the facility and included contacts for residents to report sexual abuse or harassment and receive victim support services. The board included phone numbers for the Rape Crisis Center, Journey Mental Health, United Way, and "HOPELINE" 800#.

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. Residents receive a copy of a "PREA Notice to Halfway House Residents". Residents sign an acknowledgment that they received the notice, which is placed in the resident file. Signing the Notice is optional for residents.

During interviews with ten residents, nine reported that they received information about PREA upon arrival. One resident was not sure if he received the information, but his file contained documentation that he received PREA information. Residents reported that they received the PREA Notice to Halfway House Residents. One resident said he cannot read, but the staff member read the PREA material to him. All residents reported they had knowledge of PREA and most were able to articulate how to report an assault. Most residents were also aware of the various options they had for reporting incidents. SATC has PREA information posted in the facility.

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

In response to a recent audit at another ACS facility, the agency recently amended its 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 amended policies and procedures includes several methods to provide PREA information to all residents. The agency PREA Notice to Residents is now available in Spanish and large print (copies provided).

Based upon my review of the PREA Policy and Procedure, the Notice to Residents, resident files and interviews with 10 residents and the staff member who conducts intake, I conclude that the agency complies with the standard.

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)

ACS has designated six supervisory staff from the agency to conduct all investigations, including the HR Manager and PREA Coordinator. 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 National Institute of Corrections (NIC).

Prior to the on-site visit of Schwert, I interviewed the PREA Coordinator using the specialized questions for investigative staff. 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.

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)

Schwert has a part-time Health Screening Nurse and a backup nurse. The nurses do not conduct forensic medical exams. The agency reports that training is provided 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. The agency also provided documentation that the back-up nurse completed, "Professional Boundaries Avoiding Fraternalization and PREA".

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.

I interviewed the Case Manager, who is responsible for completing the risk form. She reported that the facility assesses all new residents within 72 hours. She began completing risk screening in May 2016. Re-assessments are usually completed between 15-30 days of the resident's arrival. The facility maintain assessments in a locked drawer in the Case Manager file. Only the case manager, program manager, and Director of Residential culture has access to the file. After completing the assessment, the Case Manager and Program Director discuss the results of the assessment. The Case manager has referred 3 or 4 residents for support services. According to the Case Manager, risk information is considered in where to place a resident, such as a single room. Residents who are at risk are housed away from residents that are more aggressive.

During the on-site visit, I conducted interviews with ten residents. Nine of the ten residents stated that they were assessed shortly after arriving. One resident said he was not assessed, but a file review indicated that he did have a risk assessment. All residents who had been admitted more than 30 days said that they were reassessed within the first month.

In addition to resident interviews, I reviewed 17 completed risk assessments. Fourteen were on current residents and three were on discharged residents. The discharged residents were admitted in May 2016, so about five months of risk assessments were reviewed. All 17 of these residents had risk assessments completed within 72 hours. Three of these residents were admitted less than 30 days. Of the remaining 14 residents, all had reassessments completed within the first 30 days.

Based upon my review of the PREA Policy and Procedure, the PREA Screening Form, 17 residents file reviews, and 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.

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 with 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 their view is given serious consideration. There are no wings or separate units at Schwert, 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. During the on-site visit, I observed that reporting information posted in the facility. There is general PREA posters and information posted that has phone numbers for several outside agencies, including the Rape Crisis Center and "HOPELINE", an 800#.

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, I asked all 10 residents about reporting sexual abuse or harassment. While all residents said they would tell a staff member, eight said they would contact someone else if they were not comfortable telling staff. Several residents said they would call the police. Seven of the residents said they were aware the reports could be made anonymously or through third party. No residents made reports that they were sexually abused or harassed at the facility.

Regarding staff reporting of sexual abuse and harassment of residents, the PREA Policy and Procedure states that staff are to report to your 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 and the intern, all of them said they would report abuse to the program director, the supervisor or the PREA Coordinator. If a staff member was involved, all staff said they would contact the Program Director or law enforcement.

Based upon my review of the PREA Notice to Residents, PREA Policy and Procedure, and Relias agency training slides, and interview of residents and 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 recent audits at two ACS facilities determined that the agency policy and procedures regarding grievances did not comply with the standards. As a result, the agency recently amended the Notice to Residents and PREA Policy and Procedure to 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 amended 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 was amended to address (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.

The language in the Policy and Procedure, PREA Notice to Halfway House Residents, and grievance procedure 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 the facility will post a list of support services and their phone numbers 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."

During the on-site, I observed a list of support services posted in the facility. The services listed were Rape Crisis Center, Journey Mental Health, United Way, and HOPELINE. The poster also includes a statement about confidentiality. It states, "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.

Based upon my review of the PREA Policy and Procedure, the Notice to Residents, printed notices in the facility, the agreement with Rape Crisis Center, and interviews with the Program Director and PREA Coordinator, I conclude that the agency complies with the standard.

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 posts information in the office/reception area. During interviews with 10 residents, seven 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)

Because of audits at two other ACS Halfway Houses, the agency amended the PREA Policy and Procedure to state, "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. SATC does not accept residents who are under the age of 18. The facility provides PREA training to screening nurses. This training includes 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. "

During interviews with SATC staff, two staff members stated that there was an incident in about July 2016 where they suspected that another staff member and a resident "were involved." One of the staff members reported the concern to the facility supervisor, but she disregarded the report. The staff member believes that the supervisor never reported these concerns to the program manager or agency management. The staff member said that the supervisor had a conflict of interest because she was friends with the staff member who was allegedly involved with the resident. Several weeks later, another staff member reported the same concerns to another manager, at which time an investigation occurred.

The staff members who told me about this incident said they were not interviewed for the investigation, confirming their concern that the supervisor failed to report the matter to her supervisors. The staff members did not allege that the staff member had sexual contact with the resident, but that boundaries were violated. The staff members said that the facility supervisor at the time is no longer a supervisor, but continues to work at SATC in a different position. One of the staff members expressed fear of retaliation for reporting this information and I assured them that I would make every effort to maintain confidentiality.

The PREA Coordinator states there was no evidence that sexual misconduct occurred. Regardless of the outcome, the staff member was rightfully reporting "knowledge or suspicion, or information".

The issue of staff reporting was part of corrective action. I considered the information from the two staff members who expressed concerns about being able to report suspicion of staff misconduct to supervisors. The interim report identified the concerns of staff members. I also discussed these concerns with the PREA Coordinator. Corrective action recommended that the ACS address these concerns through staff meetings and training sessions.

Since the interim report, the agency has issued a memo to all ACS supervisors reviewing their responsibilities to report. It states, "If a staff member, resident, or a person from the community reports any concerns regarding another staff member or resident violating PREA, as a supervisor you must notify the PREA Coordinator and the report will be investigated immediately." The memo also reviews professional boundaries.

ACS also issued a memo to all halfway house staff that reviews the agency zero tolerance policy, staff reporting requirements, and boundary issues.

At a recent staff meeting at SATC, supervisors also reviewed the PREA policies and professional boundaries.

Based upon my review of the information submitted by the agency in response to corrective action and the PREA Policy and Procedure, and interviews with ten staff and the PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

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 has been subject to a substantial risk of imminent sexual abuse.

During the on-site visit, I interviewed ten staff. I asked all staff what 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 said they would protect the victim, call 911 and the supervisor, and document the incident.

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 the Program Manager will make this notification as soon as possible, no later than 72 hours after receiving the allegation. In an interview with the facility supervisor, he confirms that the policy is to forward such reports 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 standard.

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.)" 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.

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, all ten staff and the facility supervisor were able to identify important steps in the process if they were the first staff made aware of an assault. All staff said protecting the victim was the most important part of the process. After provided safety to the victim, all staff would call either the supervisor or 911 depending on the situation.

Based upon a review of the Policy and Procedure, PREA training slides, and interviews with ten staff and facility director, 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)

The PREA Policy and Procedure describes duties of first responder staff, Program Manager, treatment team, and the PREA Coordinator following a report of sexual abuse.

ACS has Sexual Assault Response Team (SART). After a report of sexual abuse, agency would assemble the team. Members of SART include the Program Manager, a member of the treatment team, PREA Coordinator, and the Division Director. The SART would ensure that residents are safe and the victim is being cared for physically and emotionally.

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.

Prior to the on-site visit, I had interviewed the PREA Coordinator regarding retaliation for the audit at Marshall House. During the on-site visit at Schwert, I reviewed her role in monitoring retaliation. The PREA Coordinator is responsible for monitoring retaliation at all ACS facilities. During the interview with her, she states that her role is to educate staff and clients to prevent retaliation from occurring. If an accusation of retaliation were known, she would notify staff and residents of the consequences. If a retaliation were against a resident, they would consider moving the resident to another facility. The first thing is to separate the victim from the abuser. If staff were involved, "our policy is to suspend, and not move the problem away." They would order the staff to have no contact with the resident.

In order to determine if retaliation was occurring, she would talk to the resident, look at cameras, talk to staff and other residents. If there is a staff on staff retaliation situation, they could talk to 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.

The PREA Policy and Procedure and the ACS website include information on retaliation and how to report retaliation.

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." The PREA pamphlet, which is available to residents, addresses retaliation and has similar language to the Notice to Residents.

Based upon my review of the PREA Policy and Procedure, the agency website, and Notice to Residents, and interviews with staff and residents, the PREA Coordinator, and Program Manager, 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 (MPD). 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 seven ACS supervisory staff as PREA investigators. The agency provided documentation that these seven 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 would discuss it with the investigator or prosecutor. The facility has referred two incidents to MPD in the past year. The PREA Policy and Procedure 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.

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 a staff member; the agency keeps the report on file for as long as the abuser is employed by the agency, plus five years.

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.

Prior to the interim report, the facility had two administrative investigations regarding sexual abuse or harassment in the previous 12 months. The agency referred both incidents to MPD, but there were no criminal charges. I reviewed the results of both of the administrative investigations and discussed the investigations with the PREA Coordinator.

In the interim report, I stated that the investigations and documentation were not adequate. The reports did not include documentation of all witness interview and did not include specific information described in the standard.

As mentioned in 115.261, two staff members stated that there was an incident in about July 2016 where another staff member and a resident "were involved." One of the staff members reported the concern to the facility supervisor, but she disregarded the report. Several weeks later, another staff member reported the same concerns to another manager, at which time an investigation occurred. The staff members who told me about this incident said they were not interviewed for the investigation, confirming their concern that the supervisor failed to report the matter to her supervisors. The staff members did not allege that the staff member had sexual contact with the resident, but that there was boundaries violated. The staff member said that the facility supervisor at the time is no longer a supervisor, but continues to work at Schwert in a different position. One of the staff members expressed fear of retaliation for reporting this information and I assured them that confidentiality would be maintained.

I discussed the investigation with the PREA Coordinator. She stated that the agency investigated the above-mentioned incident and the staff member violated fraternization policies, but there was no allegation or evidence that there was sexual contact between the staff member and the resident. She stated that the staff member was terminated, but at no time did this matter warrant a "PREA investigation." She said the staff member was very religious and that the staff member was trying to preach her religion to residents. Although the agency determined the matter was not a "PREA investigation", the agency should have interviewed other staff with information in order to better determine whether there was sexual contact between the resident and staff member.

Based upon my review of the above-mentioned incident and the two administrative investigations, I determined that the agency did not comply with the standard. Corrective action identified several specific areas that the agency needed to address in its investigations.

During the corrective action period, the facility had three investigations of sexual abuse or harassment. The first investigation occurred after a resident complained that another resident inappropriately touch him. The agency immediately conducted an administrative investigation and the agency referred the complaint to MPD. The agency provided me with copies of the administrative investigation and the MPD reports. The agency found the allegation to be unsubstantiated and MPD declined to recommend charges. The administrative investigation was thorough and documented all interviews and investigative steps.

The second investigation occurred after a former resident complained that he had a sexual relationship with a staff member. The agency contacted MPD and the complaint was investigated. Neither the agency nor MPD could not determine if the staff member had sexual contact with the resident while he was still residing in the facility. The investigator determined that the allegation was unsubstantiated. However, the agency terminated the staff member for fraternization and violation of agency policies. The agency revised the investigation after discussing the issues with me and reviewing the standards. The final investigation was thorough and documented the steps details of the investigation.

The third investigation occurred in response to interviews with residents for the above investigation. A resident alleged that the above referenced staff member had sexual contact with another resident. The matter was investigated and determined to be unfounded. The investigators interviewed the alleged victim who denied any sexual contact with the staff member. The report stated that the credibility of the complaining resident was a factor in determining the allegation to be unfounded.

The reports from the three investigations showed significant improvement from the reports reviewed previously. The reports explained reasons why the agency determined the allegations to be unsubstantiated. Based upon my review of the reports, I determined that the agency complied with the standards.

Based upon my review of the PREA Policy and Procedure, administrative and criminal investigations, and materials submitted in response to corrective action, along with interviews with ten staff, and the PREA Coordinator/Investigator, I conclude that the agency complies with all aspects of the standard.

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)

The Human Resources Manager and the PREA Coordinator report that the agency follows “preponderance of the evidence” in determining whether allegations of sexual abuse or sexual harassment are substantiated. This standard 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.

In the recent investigation of sexual harassment by a resident, ACS sent a letter to the alleged victim stating that the allegation was unfounded. However, the alleged victim had absconded from supervision and did not receive the letter. Following the most recent investigations, the agency provided me with copies of letters sent to the victims or complainants.

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.

Following an investigation that occurred during the corrective action period, the agency terminated a staff member who violated PREA Policy and Procedures. (See 115.271)

Based upon my review of the agency policies 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)

SATC does not have contract staff or volunteers. There is currently one intern at SATC. 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 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).

Schwert 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”.

The policy 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 Schwert 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. Schwert has registered nurse who works part-time and is typically not in the facility. Several first responders were interviewed 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 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. The agency will provide residents 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 observed posted information in the facility that included names and numbers of agencies that provided support services for victims. The services listed were Rape Crisis Center, Journey Mental Health, United Way, and HOPELINE.

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."

Based upon my review of the PREA Policy and Procedure, Notice to Residents, and posted PREA information in the facility, I conclude that the agency complies with the standard.

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)

ACS has a Sexual Abuse Response Team (SART), which includes the Program Manager, a member of the treatment team and the Division Director (or designee). The PREA Policy and Procedure describes the responsibilities of the team. The SART team review would occur within 30 days of the conclusion of the investigation. The policy addresses sec. (d) (1), (2), (3), (4), (5), and (6). Schwert has had no substantiated sexual abuse allegations in the past 12 months and the agency has not used the SART.

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 for 2015 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 agency also amended its policy and procedure to include 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 amended 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)

In response to recent audits at other facilities, the agency recently amended the PREA Policy and Procedure to include 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.

ACS recently published "Annual PREA Report" for 2015 the agency website. The agency provided a copy of the report and I accessed the report on the agency website. The report posted on August 23, 2016, includes specific language that identifies problem areas and corrective action in response to incidents. The language in the annual report complies with the standard. The CEO confirmed that she approves the report. The policy address redaction prior to publication.

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 data collected will be securely retained for at least 10 years with personal identifiers removed. As mentioned above, the agency published 2015 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

February 16, 2017

Auditor Signature

Date