

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

**Date of report:** August 23, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> LAWRENCE MAHONEY			
<b>Address:</b> 6650 W. State St. #208 Wauwatosa, WI 53213			
<b>Email:</b> <a href="mailto:mahoneylj@live.com">mahoneylj@live.com</a>			
<b>Telephone number:</b> 262-930-5334			
<b>Date of facility visit:</b> January 11, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Foster Community Corrections Center			
<b>Facility physical address:</b> 5706 Odana Road, Lower, Madison, WI 53719			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 608-273-3055			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> Vicki Trebian			
<b>Number of staff assigned to the facility in the last 12 months:</b> 14			
<b>Designed facility capacity:</b> 20			
<b>Current population of facility:</b> 20			
<b>Facility security levels/inmate custody levels:</b> N/A			
<b>Age range of the population:</b> 24-60			
<b>Name of PREA Compliance Manager:</b> Erin Brawner		<b>Title:</b> Human Resources Manager	
<b>Email address:</b> <a href="mailto:hr@correctionalservices.org">hr@correctionalservices.org</a>		<b>Telephone number:</b> 608-233-0017	
<b>Agency Information</b>			
<b>Name of agency:</b> ATTIC Correctional Services, Inc.			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 601 Atlas Ave. Madison, WI 53714			
<b>Mailing address:</b> <i>(if different from above)</i> P.O. Box 7370 Madison, WI 53707-7370			
<b>Telephone number:</b> 608-233-0017			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Vicki Trebian		<b>Title:</b> Chief Executive Officer	
<b>Email address:</b> <a href="mailto:vtrebian@correctionalservices.org">vtrebian@correctionalservices.org</a>		<b>Telephone number:</b> 608-233-0017	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Erin Brawner		<b>Title:</b> Human Resources Manager	
<b>Email address:</b> <a href="mailto:hr@correctionalservices.org">hr@correctionalservices.org</a>		<b>Telephone number:</b> 608-233-0017	



## AUDIT FINDINGS

### NARRATIVE

The Foster Community Corrections Center (FCCC), 5706 Odana Rd. Madison, WI is a 20-bed halfway house operated by ATTIC Correctional Services, Inc. (ACS), Madison, WI. The facility serves 20 adult males. Eighteen beds are provided under contract to the Wisconsin Department of Corrections (DOC), Division of Community Corrections (DCC) and two beds are for Federal Probation offenders.

FCCC currently has 10 staff members and 1 intern. There are currently no volunteers or contract staff in the facility. The facility is staffed 24 hours per day/7 days per week. The facility has a Residential Program Director, who oversees FCCC, as well as two other Madison area halfway houses operated by ACS.

In addition, the staff includes a Case Manager, Senior House Managers, Relief House Managers, and Night House Managers. One Relief House Manager also serves as intake coordinator. FCCC is not a secure facility, thus there are no security staff. There are no medical or mental health staff at the facility. Residents with medical or mental health issues are referred to agencies outside of the facility.

The notification of the on-site audit was posted in the facility on December 1, 2015. Posting was verified by staff and resident interviews. The Pre-Audit Questionnaire and requested documents were sent to the agency on December 1, 2015. These documents were returned to the auditor on December 22, 2015 via USPS in the form of a binder that included the Pre-Audit Questionnaire and other supporting documents and policies and procedures. Most of the documents detailed the agency and facility response to preventing, detecting, responding and reporting sexual abuse and harassment. After receiving the documents, I had several contacts with the ACS PREA Coordinator for follow-up questions and clarification. There were several areas of the Pre-Audit Questionnaire in which the agency checked "NO" to a standard and no documents or policies and procedures were attached.

On January 8, 2016, I visited the ATTIC Correctional Services, Inc. administrative office in Madison where I conducted interviews with Todd Vieth, Residential Program Director, who supervises FCCC, Erin Brawner, Human Resources Manager, who also serves as the PREA Coordinator for the agency, and Vicki Trebian, President and CEO of ACS. Brawner was interviewed as both the PREA Coordinator and Human Resources Manager using each of those interview protocols. On January 11, 2016, I did additional interviews with Brawner using the "designated staff member charged with monitoring retaliation" and investigative staff" interview guidelines.

The on-site audit of FCCC occurred on January 11, 2016 starting at 7:00 a.m. I was met at the facility by Erin Brawner, Todd Vieth, and Kim Adams, who is the South Central Area Supervisor for ACS. CEO Vicki Trebian arrived a short time later.

Prior to the tour of the facility, I conducted two interviews of staff, one of which worked 3<sup>rd</sup> shift and was being relieved. I also interviewed one resident.

A tour of FCCC followed, Trebian, Brawner, Adams, and Vieth participated in the tour. I was provided access to all areas of FCCC. I entered and observed all rooms in the facility, including eight resident bedrooms and bathrooms, kitchen, dining room, two TV rooms, reception, laundry room, two staff restrooms, two mechanical rooms, 2 closets/storage rooms, and the office area, which included reception area and two staff offices. I observed eight cameras located in the interior of FCCC.

The cameras are monitored 24/7 by staff in the locked office area. The monitor was in clear view of staff when they were present in the office. Video is recorded using a high security DVR that stores video for 30 days. Recordings are easily replayed and maintained on discs if needed for investigations later. There are also two exterior cameras, used by FCCC and DCC, which has offices in the building.

I observed the "Notice of Audit" clearly posted in the reception/office area. There was also a bulletin board in the reception area with PREA information, along with several copies of the agency PREA pamphlet.

Each resident bedroom accommodated two or three residents. The rooms were spacious and clean. Each bedroom had closets and separate private bathrooms for toileting and showering. There were locks on all but one of the bathroom doors. The bedrooms and bathrooms were not observable by cameras.

The TV rooms were open and easily observed by staff and/or cameras. A single camera monitored the kitchen and dining room, but the kitchen had a blind spot in the right corner of the room. The facility had three exit doors, which are monitored by cameras. One exit was the main entrance, another was a locked door to the elevator, and the other was a fire exit, which set off an alarm when opened. The hallway to the elevator, while observable from the office and monitors, was darkly lit and it was suggested that a brighter light be installed.

The resident laundry room and mop closet could be observed by cameras. Cameras could observe most of the resident areas, except bedrooms/bathrooms. Cameras do not observe the interior of the staff-only bathrooms, but the cameras capture the exterior doors of both. The cameras do not capture the group room, which is located directly across the hall from the office/reception area.

Cameras do not monitor staff offices. Cameras do not monitor the Residential Program Director's office, but that office is locked and restricted to staff when the director is gone. The other staff office is not observable by camera, even though residents are seen in this office for intake and other routine case matters. All staff have access to that office. Staff/personnel files are stored in this area, but file cabinets are locked and only accessible to the Director and Senior Case Manager.

Facility staff are required to make rounds and observe all areas of the facility once per hour. They are required to use an electronic wand and scan in each resident bedroom and other areas. There are approximately 15 electronic stations in the facility. Staff are also required to record their rounds in a log kept in the office.

Residents are allowed to smoke outside the building in a designated area, which is observable by cameras and visible to many working in the building.

Overall, the building was conducive to monitoring resident activities and movement. The cameras, with a couple of exceptions, provided staff with the ability to observe most areas without barriers.

Following the tour and for the remaining portion of the day, I interviewed eight additional staff members and nine residents. I interviewed all of the current staff and 10 of the current 20 residents. I randomly selected the residents from a roster prior to the on-site visit. ACS reported that currently they have no residents who were known to be LGBTI, limited English proficiency, or physically disabled. The residents were generally cooperative and knowledgeable about most aspects of PREA. Residents signed an acknowledgement that PREA information was received.

In addition, I interviewed Erin Brawner again using the "Investigative Staff" and "monitoring retaliation" interview guidelines since she performs those roles along with Human Resources Manager and PREA Coordinator.

When interviewed, all staff displayed a general knowledge of PREA and stated they received training in aspects of PREA. Staff were consistently able to recite details of the training and showed an awareness of the agency no-tolerance policy. Employees hired in the past 6 months reported receiving training within 1-3 days of hire. Longer-term employees received training at various points in the past few years since PREA was implemented.

The intern was unavailable on January 11, so a phone interview with the intern was done on January 18, 2016. The intern confirmed that she received PREA training shortly after starting the internship.

I also examined staff files on all 10 employees. All files had documentation that staff received the Relias Learning on-line training, "PREA: Sexual Abuse: Dynamics, Detection, and Reporting." Several files also had documentation of training on "Professional Boundaries, Avoiding Fraternization, and PREA."

I also reviewed staff files to determine whether background checks were conducted prior to hire and every five years per the standard. Most of the staff have been hired within the past 5 years. As a licensed CBRF, the State of Wisconsin requires the facility to conduct background checks on all employees every 4 years. The agency has a designated staff member to conduct criminal background checks, track those background checks, and document the checks. The agency uses Wisconsin Crime Information Bureau (CIB) for all staff. Some files had documentation of Wisconsin Circuit court Access (CCAP) background checks as well. A couple of files had criminal background checks conducted by Fidelitec, which does National Criminal Database searches. ATTIC reported that they conduct these checks prior to hire if they are aware the employee previously resided or worked in another state.

I also reviewed personnel files employee for disciplinary action, but no employee investigations. The Human Resources Manager said there have been no reports or investigations for sexual abuse or harassment in the past 12 months.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Foster Community Corrections Center (FCCC), 5706 Odana Rd. Madison, WI is a 20-bed halfway house operated by ATTIC Correctional Services, Inc. (ACS), Madison, WI. The facility serves 20 adult males. Eighteen beds are provided under contract to the Wisconsin Department of Corrections (DOC), Division of Community Corrections (DCC) and two beds are for Federal Probation offenders.

FCCC 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 Foster Community Corrections Center is located in the City of Madison in an area that is primarily commercial. It is in a 2-story building that also houses the Wisconsin Division of Community Corrections (DCC) offices. There are approximately 30 probation and parole agents and support staff in the building.

The mission statement for FCCC is as follows: "To conceive and develop effective interventions, which will enable individuals to avoid unnecessary levels of incarceration, enhance community safety and provide a setting that facilitates treatment and the reduction of recidivism."

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

Typically, residents are required to stay at FCCC for 90 days, but some residents spend significantly longer periods there. Many of the residents are convicted of sex offenses and some have Special Bulletin Notification (SBN) status. The SBN residents usually remain at FCCC for longer periods because they are unable to secure appropriate residence in the community.

Many of the residents leave the facility daily for employment, school, treatment, or other approved activities. Sex offenders receive treatment off-site. In-house programming includes AODA group, Cognitive Intervention Program, Independent Living Group, and house meeting. ACS staff facilitate all in-house programs. No contractors are used for in-house programming.

The Foster Community Corrections Center has eight resident rooms, housing 2-3 residents each. The facility also has a group room, dining room, kitchen, two TV rooms, laundry room, staff offices, reception, and storage/mechanical rooms. Each resident bedroom has a separate bathroom.

The facility is monitored electronically using eight closed circuit cameras located throughout the facility. In addition, two outside cameras monitor the exterior. Foster staff monitor the cameras around the clock.

## **SUMMARY OF AUDIT FINDINGS**

The interim report was completed on February 12, 2016. The interim report concluded that the agency complied with 14 standards and did not comply with 22 standards. (Three standards were not applicable). I met with the agency on March 3, 2016 to discuss corrective action. We mutually agreed that the correction action plan could be accomplished within 60 days. Most of the corrective action required the agency amending the PREA Policy and Procedure, PREA Notice to Residents and other written materials. One area that was identified as requiring compliance for a consistent period, was the completion of risk reassessments. On 5-20-16, the agency submitted documentation of risk reassessments from 16 residents, 12 of which required reassessments within 30 days of intake. However, 6 of the 12 did not have a reassessment within the 30 days required in the standard. As a result, I notified that agency that they would need to consistently demonstrate completions of reassessments for a period of an additional 60 days. On August 23, 2016, I reviewed 15 reassessments, which confirmed that reassessments have been on a consistent basis and according to the standard.

During the corrective action period, the agency submitted several amended policies and notice. The agency provided sufficient documentation to support compliance with all of the standards. The agency provided verification that all staff and residents received the amended documents. Based upon my review of the amended policies and procedures, notice to residents, and consistent completion of risk reassessments, I conclude that the agency complies with all 36 of the relevant standards.

Overall, I was impressed with the agencies commitment to implementing PREA standards. It was apparent after interviewing staff and residents, and inspecting the facility, that many of the PREA standards were in practice, but those practices had to be formalized and documented in policies and procedures.

Number of standards exceeded: 0

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 3

**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) PREA policy has clearly written language that 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 was issued in April 2013. I interviewed ten staff members and ten residents. All of the staff and most of the residents clearly understood and could generally describe the agency policy.

The agency provides each resident with a copy of "PREA Notice to Halfway House Residents" which describes the zero tolerance standard and explains the agency approach to PREA. There is also a bulletin board with PREA information and pamphlets available to all residents in the reception area. Interviews with 10 residents confirmed that they received PREA information upon intake.

The agency policies and procedures includes sanctions for both staff and residents who are involved in sexual abuse or harassment.

ACS has designated the Human Resources Manager as the PREA coordinator. She oversees PREA compliance for six halfway house operated by ACS. While she states that her PREA duties have added to her heavy HR workload, she has been able to spend significant time developing and implementing PREA policies and procedures. She answer directly to the agency CEO and is able to implement PREA policies effectively. During the audit, she was accessible and was able to readily provide information that was requested. The South Central Area Supervisor, who has experience with PREA in residential settings, also assists the PREA coordinator.

**Information considered:**

- Pre-audit Questionnaire
- PREA policy and procedure
- Interviews with PREA Coordinator and CEO
- PREA Notice to Residents
- Random interviews with staff and residents
- PREA pamphlet
- On-site inspection of facility

**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.

ACS staff facilitate all programs within FCCC. The facility director and Human Resources Manager both stated that there are no contract staff that work or volunteer in the facility.

### **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)

Being a smaller facility, Foster Community Corrections Center has a simple staffing plan. The staffing plan was submitted with the questionnaire. On second and third shift, there is one staff member scheduled to work each shift. During the day, there are usually 2-4 staff members working, including the Residential Program Director, Case Manager, Senior House Manager, and/or House Manager. This staffing pattern is required by contracts with DOC and Federal Probation.

The layout of the facility is conducive to the staffing pattern. In comparison to other halfway houses, Foster Community Corrections Center's layout is better than most facilities. Most areas of the facility are visible from the staff reception/office area or can be easily monitored by 8 interior and 2 exterior cameras. From the reception area, staff are able to see into most of the common areas and down the two main hallways. Staff are required to make rounds once per hour. They are required to carry electronic wands to document their rounds. There are electronic stations in all resident rooms and at various locations in the facility. Staff are also required to keep a written log of their rounds. During interviews with staff, most described their procedure doing rounds. Most knocked on the resident room doors and announced their presence.

Foster Community Corrections Center has a capacity of 20 male residents, with 2-3 residents per room. The average age of the residents is older than most halfway houses. State law and contract require Foster to have staff coverage 24 hours per day/7 days per week. The Program Director reports that they always meet the minimum staffing pattern. Relative to other halfway houses, the staffing pattern is adequate.

Originally, the agency did not comply with this standard. The corrective action plan recommended that the agency annually assess, determine, and document whether there are needed adjustments to the staffing pattern and the use of video cameras. On May 2, 2016, I received documentation that the agency conducted such a review. The agency sent minutes of the meeting that included managers of its three halfway houses in Madison where these issues were reviewed. After the review, adjustments were not deemed necessary.

#### **Information considered:**

Pre-audit Questionnaire  
Updated PREA policy and procedure  
Interviews with PREA Coordinator, facility director and CEO  
Random interviews with staff  
On-site inspection of facility

### **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)

Foster Community Corrections Center does not conduct body searches or pat-downs of any kind. It is a non-secure facility. During interviews, staff said that they did not pat down or 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. Residents are required to do these functions in the locked bathroom attached to their room. In interviews with staff and residents, there were no reports of residents' buttocks or genitalia being viewed by any staff member.



As mentioned earlier, FCCC does not have medical staff that work in the facility.

As part of the Corrective Action, it was recommended that the agency develop and implement a policy that specifically requires female staff announce their presence to comply with the standard, 115.215 (d). During the meeting with the agency to address correction action, several changes to the policy were discussed. Since residents are able to lock bathroom doors, the agency issued a memo to all residents stating that they are "required to change clothes in the bathroom with the door shut and locked. (During the on-site visit, I verified that all bathroom doors could be locked.) Clients need to be fully dressed while in their bedrooms and common areas. Clients may sleep without a shirt if they would like, however once out of bed they must be fully clothed." On May 2, I received a copy of the memo. This practice will allow staff of both genders to conduct room checks without being able to view residents undressed at any time. The facility also amended its PREA Policy and Procedure to state, "In the case of an emergency, if a resident needs to be assessed in a bathroom, all staff will knock and announce their presence."

**Information considered:**

- Pre-Audit Questionnaire
- Random interviews with 10 staff and 10 residents
- Memo to residents dated March 28, 2016
- Updated PREA Policy and Procedure

**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 agency has a written policy and procedure, which is posted in the facility that provides services for residents with disabilities and who are limited English proficient. The policy states that residents may make a request for reasonable accommodation to any ATTIC Correctional Services' employee, including but not limited to the Program Supervisor, Case Manager, House Manager, Group Facilitator, agency Affirmative Action Officer or CEO. The policy states that employees are trained to follow procedures for accepting calls from residents who may be hearing impaired. The facility uses Wisconsin Relay System for this service. Employees are required to assist clients in placing outgoing telephone calls. A resident may also place a call to 711, which facilitates 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.

In the agency policy and procedures regarding "Serving Clients with Disabilities", it has tips for communicating with residents with various types of disabilities and language issues. The agency does not use resident interpreters, resident readers, or any type of resident assistants.

Originally, the agency did not comply with the standard. As part of the corrective action plan, it was recommended all procedures should be incorporated into its PREA policies and procedures. It was also recommended that it be in a written format or through methods that ensure effective communication residents with disabilities, including residents with intellectual disabilities, limited reading skills, or who are blind or have low vision.

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 Procedure and the amended Notice to Residents, the agency complies with the standard. Staff and Residents signed acknowledgments that they received the amended information.

**Information considered:**

Pre-audit Questionnaire  
Amended PREA policy and procedure  
Interviews with PREA Coordinator and CEO  
Amended PREA Notice to Residents  
Random interviews with staff and residents  
PREA pamphlet  
On-site inspection of facility

**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)

At the time of the audit, ACS did not have a policy that prohibits hiring or promoting anyone who has engaged in sexual abuse in a correctional setting (as defined in 42 U.S.C 1997) or has been convicted of engaging or attempting to engage in sexual activity in the community. They have since amended the agency policy to prohibit such hiring. The agency reports that they conduct criminal background checks prior to hiring all employees. Following the corrective action, the agency amended its application for employment to include applicants about prior sexual misconduct or harassment. The application includes questions about whether they ever engaged or been accused in sexual harassment and whether they resigned during an investigation of sexual misconduct or harassment.

The updated application also states, "Any material misrepresentation or deliberate omission of a fact in my application may result in refusal to employ, or if employed, termination from employment."

The agency amended its policy to incorporate questions about sexual abuse and harassment into interviews and self-written evaluations as part of reviews for current employees.

The agency reports that they conduct criminal background checks on all existing employees every 4 years, which complies with the Wisconsin Caregiver Law. During the on-site visit, I reviewed all personnel files of the Foster staff. Criminal background checks were conducted all existing employees prior to hire. ACS conducted Wisconsin Background-Crime Information Bureau (CIB) checks on all employees. Some staff had multiple criminal background checks conducted, including Wisconsin CIB and Fidelitec (National Criminal Database Search) for individuals who were previously resided outside the State of Wisconsin. Personnel files also had documentation that criminal background checks were conducted in 2015 for four staff working at Foster for more than 4 years.

During interviews with 10 staff members, all employees consistently responded that they have a duty to report sexual misconduct. Many personnel files included signed acknowledgements of their duty to report.

Following corrective action, the agency submitted an amended PREA Policy and Procedure to include specific language to comply with 115.217 (h). It states that ACS will notify potential institution employers regarding a former agency employee who had substantiated allegations of sexual abuse or harassment.

The amended policy also included language that requires existing employees to complete a form asking whether they have ever engaged or been accused of engaging in sexual misconduct or harassment. The policy states that staff must complete this form after they receive annual PREA training.

**Information considered:**

Amended PREA Policy and Procedure  
Personnel file reviews/random interviews with 10 staff  
Pre-Audit Questionnaire/Interviews with PREA Coordinator/HR Manager  
Updated ACS employment application and acknowledgement of training

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

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

During an interview with the agency CEO, she states that they have no plans to expand or remodel Foster Community Corrections Center. In addition, they have not done any significant expansion or modification of the facility for several years. They also have no plans to replace or update the video monitoring system or upgrade or add additional technology to enhance the facility.

#### **Information considered:**

Interviews with CEO and facility director

### **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)

According to interviews with the PREA Coordinator and designated investigator, the facility refers all reports of sexual assaults to the City of Madison Police Department, which has a specialized Sensitive Crimes Unit. Designated ACS staff conduct administrative investigations. The designated staff are the PREA Coordinator/HR Manager and the South Central Area Supervisor. The PREA Coordinator and South Central Area Supervisor were trained in "PREA: Investigating Sexual Abuse in a Confinement Setting" online training through the National Institute of Corrections (NIC). The PREA Coordinator also completed "PREA Investigation Protocols" through Relias Learning, 3 hours. The South Central Supervisor completed the online course "PREA Coordinators' Roles and Responsibilities" through NIC.

As part of corrective action, ASC developed a uniform evidence protocol. I received a copy of the form developed by ASC to that describes these protocols. The process generally covers criteria from the DOJ publication, "A National Protocol for Medical Forensic Examinations". The new process covers areas including specific steps for securing the scene, steps for collecting worn clothing, using standard precautions, collecting other clothing and physical evidence, handling evidence intended for law enforcement, searching rooms of involved residents, and securing of evidence. Specific times for each step and staff documentation is included.

Per the Notice to Residents, the facility offers all residents who experience sexual abuse access to forensic medical exams without financial cost to the victim. Residents would go to Meriter Hospital in Madison, which is the only hospital in Madison that uses SANEs. As mentioned above, the Madison Police Department has a specialized Sensitive Crime's Unit.

As part of corrective action, 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.

**Information considered:**

Pre-audit Questionnaire  
PREA policy and procedure  
PREA Notice to Residents  
Interviews with PREA Coordinator and investigator  
DOJ "A National Protocol for Sexual Assault Medical Forensic Examinations"  
MOU between ACS and Dane County Rape Crisis Center

**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 Madison Police Department (MPD) whenever there are allegations of criminal sexual abuse. At the time of the audit, there was no specific language in agency documents specifying that the agency shall ensure that a criminal investigation will be completed for sexual abuse, per the standard.

As part of corrective action, it was recommended that the agency amend "PREA Notice to Halfway House Residents", its website, and PREA pamphlets to include specific language that ensure criminal investigations will be completed by MPD and language that defines the roles of both ACS and MPD. The agency provided me with copies of the amended Notice to Residents, pamphlets and its website. The agency made the recommended changes to the documents and website. Staff and Residents signed acknowledgments that they received the amended information. I also verified the changes on the agencies website.

**Information considered:**

Pre-audit Questionnaire  
PREA policy and procedure  
Interview with PREA Coordinator  
Amended PREA Notice to Residents  
Random interviews with staff and residents  
PREA pamphlet  
On-site inspection of facility  
ACS Website

**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)

ACS reports that all staff at Foster were trained in PREA. All new staff are trained within a few days of hire. Personnel files contained documentation that all that completed "Professional Boundaries, Avoiding Fraternization and PREA (1.25 hours). The staff has also completed "PREA: Sexual Abuse: Dynamics, Detection, and Reporting" through Relias Learning. (2 hours). The PREA Coordinator provided copies of the training slides from both of these training sessions.

The Director also reports that PREA is often discussed at staff meetings. During interviews, all staff consistently reported that they were trained PREA on several occasions and were able to describe the agency's zero-tolerance policy, reporting alternatives for residents, staff responsibilities when a report is made, protection of victims, evidence retention, and other aspects of the agency policy.

ACS reports that their policy is to provide refresher training every 2 years and personnel files confirm that employees receive on-going training.

Prior to the audit, ACS did not tailor training to the gender of the residents, nor did it provide specific training for staff who worked previously at female halfway houses. In response to corrective action, the training has been up-dated to include specific information for dealing with male clients and information regarding male clients and PREA issues. The agency provided a copy of the up-dated training curriculum and I reviewed staff acknowledgments of the updated training.

**Information considered:**

Pre-audit Questionnaire  
PREA policy and procedure  
Interviews with PREA Coordinator and facility director  
Random interviews with staff  
ACS PREA training curriculum  
ACS up-dated PREA training curriculum  
Review of personnel files  
On-site inspection of facility

**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)

Foster currently does not have any volunteers or contractor staff. There is one intern. The intern was trained in PREA issues and this was confirmed by file review and phone interview with the intern.

**Information considered:**

Pre-Audit Questionnaire  
Personnel file reviews  
Interviews with facility director, PREA Coordinator, and intern  
ACS PREA training curriculum

**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)

ACS reports that all residents receive education on PREA shortly after arrival. A copy of "PREA Notice to Halfway House Residents" is given to all residents and they sign an acknowledgment. During resident file reviews, the signed forms for 19 residents were identified. Signing the Notice is optional for residents. During resident interviews, 9 of 10 residents reported that they received information about PREA within 1-3 days of arrival. It should be noted that the one resident who said he didn't receive PREA information actually signed an acknowledgement that he received PREA information.

All residents reported they had some knowledge of PREA and most were able to articulate how to report an assault to either themselves or others. Most residents were also aware of the various options they had for reporting incidents. PREA information, including a pamphlet, is posted by the office/reception area and available to anyone at any time. FCCC staff reported that all residents receive the same PREA information regardless of where they lived or were confined prior to coming to the facility.

Prior to the audit, the agency did not provide resident education in a format that is accessible for limited English proficient, deaf, visually impaired, or has limited reading skills. For corrective action, the agency translated the PREA pamphlet and PREA Notice to Residents to Spanish and converted the notice to large print for visually impaired residents. The PREA policy and procedure was also amended to include language that staff read the Resident Notice to residents. This auditor reviewed copies of the amended documents to verify the documents complied with the standard.

**Information considered:**

- Pre-audit Questionnaire
- Amended PREA policy and procedure
- Interviews with PREA Coordinator and facility director
- Amended PREA Notice to Residents
- Random interviews with staff and residents
- Amended PREA pamphlet
- On-site inspection of facility

**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 three staff from the agency to conduct all investigations, the HR Manager/PREA Coordinator, Residential Program Director and the South Central Area Supervisor. The PREA Coordinator and South Central Supervisor have completed training in various aspects of PREA, including, "PREA: Investigating Sexual Abuse in a Confinement Setting" an on-line course presented by the National Institute of Corrections (NIC).

I interviewed the PREA Coordinator using the specialized questions for investigative staff. She was able to describe the various steps in the investigation process and was familiar with Miranda/Garrity, evidence retention and other aspects of investigations.

I reviewed training records for the PREA Coordinator and the South Central Area Supervisor. The PREA Coordinator reported that the Residential Program Director has not completed the NIC training, but has completed other PREA training.

As part of corrective action, it was recommended that the Program Director complete the NIC training. The Program Director has completed the training and a certificate from NIC was provided.

**Information considered:**

- Pre-audit Questionnaire
- PREA policy and procedure
- Interview with PREA Coordinator
- NIC Training slides: "PREA: Investigating Sexual Abuse in a Confinement Setting"
- Training certificates from NIC
- Letter from NIC

**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)
- X Not Applicable

The CEO and HR Manager report that FCCC does not have any medical or mental health personnel in the facility. Residents are referred to community agencies for these services.

**Information considered:**

Pre-Audit Questionnaire  
Interviews with CEO and HR Manager/PREA Coordinator  
On-site visit

**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)

Foster Community Corrections Center uses a PREA Screening Form with all residents within 48 hours of arrival at the facility. 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. The agency states that a transgender or intersex resident’s own view of their safety is seriously considered in placement. All residents at Foster are allowed to shower separately, so this is not an issue. Residents are not required to answer any or all of the questions. I interviewed the Case Manager who administers the risk screening. The Case Manager reports that the facility assesses all new residents with 48 hours, but does not reassess residents at any point. The assessment is maintained in the Case Manager’s file.

According to ACS, in the past year, 76 residents of 78 were screened for risk. I interviewed ten residents during the on-site visit. When asked about the interviews, 4 residents recalled answering the questions from the screening form, 4 could not recall, and 2 said they were not asked these questions. However, I reviewed screening forms for these residents and it was confirmed that all 10 had risk screens completed.

Based on interviews with the Case Manager and Residential Program Director, they share the information and protect sensitive information. If risk is identified, the Case Manager will ask other staff to monitor certain residents and ask if there is anything unusual going on with that particular resident. The Case Manager said she notes in the staff log that vulnerable or at-risk residents need monitoring.

As part of corrective action, the agency was required to set up a system to ensure that residents are reassessed within 30 days of the resident’s arrival. On March 28, I received a copy of a memo directing case managers to reassess all residents within 30 days of arrival. On 5-20-16, the agency submitted documentation of risk reassessments from 16 residents, 12 of which required reassessments within 30 days of intake. However, 6 of the 12 did not have a reassessment within the 30 days required in the standard. As a result, I notified that agency that they would need to consistently complete reassessments according to the standard for an additional 60 days. On August 23, 2016, I reviewed 15 resident reassessment forms that confirmed that the facility consistently complied with the standard during the corrective action period.

**Information considered:**

Pre-audit Questionnaire  
ACS PREA screening form  
PREA policy and procedure  
Interviews with PREA Coordinator  
Interviews with Foster case manager  
Random interviews with 10 residents  
Review of resident files  
On-site inspection of facility  
ACS memo to case managers

**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)

The PREA Coordinator and Residential Program Director were interviewed regarding screening information. Since Foster is a 20-bed halfway house, they have limited options for housing residents within the facility. However, they do consider risk factor when determining housing assignments. The agency considers the location of the room (proximity to the office/reception area) and whom the resident will have as roommates. With transgender or intersex residents, ACS would consider on a case-by-case basis where to house the resident. There has been one transgender resident previously and they were placed at another halfway house in a single room. ACS has other male and female halfway houses, some of which have single rooms (Foster has 2-3 residents per room). If necessary to protect a resident, they are able to place a certain resident at another facility if needed to protect the resident.

**Information considered:**

Pre-audit Questionnaire  
Interviews with PREA Coordinator and Residential Director  
Random interviews with staff and residents  
PREA risk screening form  
On-site inspection of facility

**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)

In reviewing the PREA Notice to Residents, it lists several different ways for residents to report, verbally, in writing, anonymously, and third party. A number of people within the Foster Community Corrections Center and ATTIC Correctional Services agency are listed as possible contacts for residents. The PREA coordinators at ACS and the Department of Corrections are listed. Residents are advised that they may report directly to law enforcement by calling 911. This information is given to residents upon intake and is clearly displayed in the facility. During the on-site visit, I observed that Foster has pamphlets readily available in the reception area for residents that also includes information on reporting. There was a bulletin board in the reception area that included the phone number and email address of the agency PREA Coordinator and the address of the DOC PREA Coordinator.



When interviewing residents, 8 out of 10 residents reported some awareness of multiple reporting processes. Residents were aware that reports could be made verbally or in writing. Staff interviews also confirmed that they are aware of multiple reporting options for residents.

**Information considered:**

- Pre-audit Questionnaire
- PREA policy and procedure
- PREA Notice to Residents
- Random interviews with staff and residents
- PREA pamphlet
- On-site inspection of facility

**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)

During the audit, I reviewed the ACS PREA Policy that stated that residents may submit a written grievance “following the grievance chain of command up to the CEO.” The grievance procedure states that a grievance must be submitted within 45 days of the occurrence, but the Program Manager may extend the 45-day limit for good cause. This language did not comply with the standard regarding time limits. In addition, the policy did not specifically state that residents should be able to file with someone other than the staff member is subject of the complaint.

The PREA notice to residents did not include information regarding a grievance procedure. While the ACS policy briefly addressed grievances, it did not give details that would comply with all sections of the standard.

As part of corrective action, ASC amended its grievance process which now that states there is be no time limits with a filing of grievances and that the grievance can be submitted to a staff member who is not the subject of the complaint. The changes to the grievance process are included in the amended policy and procedure and Notice to Residents. The agency provided documentation that staff and residents have received the amended policies.

**Information considered:**

- Pre-audit Questionnaire
- Amended PREA policy and procedure
- Interviews with PREA Coordinator
- Amended PREA Notice to Residents
- Random interviews with staff and resident
- Resident and staff acknowledgment of amended policies

**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 Foster PREA policy and procedure states that residents who are victim of a possible assault “shall be evaluated by a member of the treatment team to determine mental state to ensure stability, and signs of post-traumatic stress disorder, etc., and to offer support and referrals to community resources and assistance.

During the audit process, ACS developed a MOU with Dane County Rape Crisis Center to provide victim advocacy services, and emotional support services. The MOU is lengthy and identifies provided services and confidentiality described in the standard. ACS provided a copy of MOU as part of corrective action. I verified the details of the MOU with Erin Thornley Parisi, the executive director of Dane County Rape Crisis Center.

ACS also amended the PREA Notice to Residents to include information regarding the extent to which communication with support services shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The agency submitted verification that residents received the amended notice.

**Information considered:**

- Pre-audit Questionnaire
- Amended PREA policy and procedure
- Interviews with PREA Coordinator
- Amended PREA Notice to Residents
- PREA pamphlet
- Erin Thornley Parisi, Executive Director of Dane County Rape Crisis Center
- On-site inspection of facility
- MOU with Dane County Rape Crisis Center

**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 Halfway House Residents” states that residents may report sexual abuse or harassment to a third party, as well as other methods for reporting. This notice also includes how to report on behalf of another resident. A copy of the Notice is provided to residents upon arrival and this information is posted in the office/reception area. During interviews with residents, eight out of ten stated that they were aware of various methods of reporting.

**Information considered:**

- Pre-audit Questionnaire
- PREA policy and procedure
- PREA Notice to Residents
- Random interviews with staff and residents
- PREA pamphlet
- On-site inspection of facility

**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)

Prior to the audit, the agency policy and procedure did not clearly state that staff are required to report sexual abuse or harassment or retaliation. As part of Corrective Action, ACS modified the PREA Policy and Procedure. The updated policy and procedure states, "Any staff that has knowledge, suspicion, or information of sexual abuse as well as retaliation, must immediately report this information to the program manager. Failing to immediately report this information is a violation of PREA regulations and may result in discipline and/or termination." The agency provided verification that all staff received the amended policy.

All staff interviewed reported that they were required to immediately report any knowledge, suspicion, or information regarding sexual abuse or harassment. Personnel files on some, but not all, employees had signed acknowledgement forms stating that failure to report could result in termination.

According to the PREA Coordinator, FCCC does not accept residents who are under the age of 18.

In addition to amending the PREA policy and procedure, the agency has amended the "PREA and Professional Boundaries Annual Acknowledgment" form and had all staff sign the form.

**Information considered:**

- Pre-audit Questionnaire
- Amended PREA policy and procedure
- Interviews with PREA Coordinator
- Random interviews with staff
- Personnel files
- PREA and Professional Boundaries Annual Acknowledgment form
- On-site inspection of facility

**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)

ASC reports that they have had no incidents in the past 12 months in which a resident has been subject to a substantial risk of imminent sexual abuse. Prior to the audit, ACS did not have written procedures to follow if a resident is subject to a substantial risk of imminent sexual abuse. However, all staff interviewed described specific steps they would take if a resident was at risk i.e. , protect the victim, remove the alleged perpetrator, control the environment, call 911, call a supervisor. The staff-training slide addressed this issue, but the agency policy and procedure does not specify the steps to take. As part of corrective action, the agency amended the PREA Policy and Procedure to include specific steps for staff to follow in the event of an imminent sexual assault. The agency provided verification that staff reviewed the amended policy.

**Information considered:**

- Pre-audit Questionnaire
- Amended PREA policy and procedure
- Random interviews with staff
- PREA training slides

**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)

According to the questionnaire, FCC has had no reports of a resident being sexually abused while confined at another facility. The agency policy and procedure stated that any disclosures to staff by residents of prior sexual abuse shall be immediately reported to the Program Manager, who would notify the appropriate agency, DOC, FBOP or others depending on the resident's status within 72 hours. As part of corrective action, the agency amended the policy to state that the Program Manager shall report the allegation to the head of the facility where the incident occurred.

All staff interviewed stated that they would report previous abuse to the Program Director or Senior Case Manager.

**Information considered:**

Pre-audit Questionnaire  
Amended PREA policy and procedure  
Interviews with PREA Coordinator  
PREA Notice to Residents  
Random interviews with staff  
On-site inspection of facility

**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)

ACS reports that they have had no allegations of sexual abuse at Foster in the past 12 months.

The agency policy and procedure states that the first responder shall separate the victim and abuser and protect the crime scene. The staff will direct the victim to remain in the company of staff and not shower, toilet, brush teeth, etc. to maintain evidence. 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 taking the abuser into custody by DOC, FBOP, 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.

During interviews, staff were consistent in describing the procedures and the steps they would take as first responders. These steps were consistent with the agency's written procedures.

**Information considered:**

Pre-audit Questionnaire  
PREA policy and procedure  
PREA Notice to Residents  
Random interviews with staff  
On-site inspection of facility

**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)

Prior to the audit, the agency did not have a coordinated response plan for Foster. As part of corrective action, the agency developed a coordinated plan for the facility. The plan defines steps that staff shall take if an assault occurs. Line staff/first responders, the program manager, and the PREA coordinator have defined roles that include contacting 911, reporting to the program manager, contacting victim services, initiating an investigation, etc. The coordinated response plan was forwarded to the Program Managers.

**Information considered:**

- Pre-audit Questionnaire
- PREA policy and procedure
- Interviews with PREA Coordinator and Program Director
- Copy of coordinated response plan

**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 and PREA Coordinator reported 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 agency website and PREA Policy and Procedure describes protection against retaliation. The PREA Coordinator is responsible for monitoring residents or staff that have reported sexual abuse or cooperated with investigations “for at least 90 days”. The PREA Coordinator said she would work closely with the facility director to monitor. In response to reports of retaliation, the policy and procedure lists options, including disciplinary reports, housing or program changes.

In interviews, the PREA coordinator and Program Director mention a variety of steps, per Standard 115.267 (b) that they would employ, including removing any resident or staff member who retaliate. The facility would specifically direct staff to do status checks on the victim and monitoring if there are behavior changes, disciplinary reports, etc. The Program Director said he would personally monitor the resident by doing observations, viewing of videos and other steps. If any resident would start retaliating, the director would contact DOC and have the resident placed in custody.

If there is suspected retaliation by staff, steps could include warnings or suspensions.

During interviews with staff and residents, most were clearly aware of the agency policy against retaliation.

The PREA Notice to Halfway House Residents, given to residents upon arrival, also addresses and prohibits retaliation. The PREA pamphlet, which is available to residents in the reception area, also addresses retaliation.

**Information considered:**

- Pre-audit Questionnaire
- PREA policy and procedure
- Interviews with PREA Coordinator and Program Director
- PREA Notice to Residents
- Random interviews with staff and residents
- PREA pamphlet
- On-site inspection of facility

**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)

ACS reports that their practice is to contact law enforcement whenever there is reason to believe that an act of criminal sexual assault occurred. In the PREA Policy and Procedure, staff are directed to call 911 if the act is in progress or recently occurred. ACS has three designated staff for administrative investigations. All criminal acts are reported to the Madison Police Department (MPD), which has a specialized Sensitive Crimes Unit.

The agency has not had the experience of doing compelled interviews in a sexual abuse case, but they report that they would discuss it with the investigator or prosecutor. The agency did previously contact MPD on 2 occasions regarding staff sexual misconduct that occurred in other ACS halfway houses (not Foster). In both cases, the staff member resigned before an administrative interview was conducted. I interviewed two designated agency investigators. Both detailed what factors would be considered in determining if a resident was credible. Polygraphs or other truth-telling devices are not used or required. The process of the investigation was described, including evidence gathering, monitoring electronic monitoring data, interviews of victim, abuser, and witnesses.

Regarding administrative investigations, the ACS SART checklist specifically address whether staff took appropriate action.

Prior to the audit, the agency policy and procedure regarding PREA did not specifically address criteria described in sec. (2) (g), (h) and (i). ACS has amended the policy and procedure to include language that criminal investigations shall be documented in a written report and that criminal allegations shall be referred for prosecution. ACS will also shall retain all written reports for a minimum of 10 years. If an abuser is an employee, the agency will keep the report on file as long as the abuser is employed by the agency, plus five years. This amended language complies with the standard. The agency provided acknowledgments that staff received the amended policy and procedure.

**Information considered:**

- Pre-audit Questionnaire
- Amended PREA policy and procedure
- Interviews with PREA Coordinator and Human Resources Director
- Random interviews with staff and residents
- Interview with ACS designated PREA investigator
- On-site inspection of facility

**Standard 115.272 Evidentiary standard for administrative investigations**

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

According to the Pre-Audit Questionnaire submitted by ACS, the agency follows “preponderance of the evidence” in determining whether allegations of sexual abuse or sexual harassment are substantiated. The PREA Coordinator, who is also the Human Resources Manager and is a designated investigator, confirmed this information.

**Information Considered:**

Interview with PREA Coordinator  
Pre-Audit Questionnaire

**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)

ACS’s policy and procedure specifically addressed reporting to the victim. The policy states that the victim shall be informed 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 PREA Notice to Halfway House Residents provided to residents upon arrival, also describes “possible outcomes of an investigation” and reporting to the victim.

ACS reports that they have had no reports of sexual abuse in the past 12 months, thus they have not done any notifications. Prior to the audit, the agency did not have a policy of documenting all notifications to residents. However, as part of corrective action, the policy was amended to comply with Standard 115.273 (e) “All such notifications or attempted notifications shall be documented.”

**Information considered:**

Pre-audit Questionnaire  
Amended PREA policy and procedure  
Interviews with PREA Coordinator  
PREA Notice to Residents  
On-site inspection of facility

**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 states, “Disciplinary measures 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 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 reported terminations or resignations for sexual abuse/harassment will be reported to law enforcement unless the activity was clearly not criminal.

During the interview, the PREA Coordinator said that they have not received reports of staff sexual misconduct at Foster for the past several years. ACS did have two investigations of staff sexual abuse at other halfway houses. Both staff resigned prior to investigations. ACS notified law enforcement of the allegations.

**Information considered:**

Pre-audit Questionnaire  
PREA policy and procedure  
Interviews with PREA Coordinator

**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)

Foster does not currently use contract staff or volunteers. The currently has one intern. The ACS policy 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."

**Information considered:**

Pre-audit Questionnaire  
PREA policy and procedure  
Interviews with PREA Coordinator  
Interview with Foster intern  
On-site inspection of facility

**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)

In the past 12 months, Foster Community Corrections has had no reports of sexual abuse by residents or staff. The PREA Coordinator states that if a resident were suspected of sexual abuse, they would be immediately removed from the program. The staff would contact the Probation and Parole Agent and have the resident placed in custody. The Department of Corrections has a mandatory custody policy for offenders who are alleged to have committed an assaultive act, so the resident would be detained pending the investigation. If was the abuse was substantiated, the sanction will be determined by the referring agency i.e. Dept. Of Corrections or Federal Probation. The resident would be afforded 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 return to the facility.

The agency policy and procedure address sanctions and states the sanction will be "commensurate with the nature and circumstance of abuse with consideration given to resident perpetrator's mental disabilities or illness."

The PREA coordinator states that the agency disciplines residents for non-consensual sexual conduct with staff, but prior to the audit, the agency policy and Notice to Residents do not address this issue. Foster does not prohibit sexual activity between residents.

As part of corrective action, the policy and procedure and "PREA Notice to Halfway House Residents" was amended to include specific language regarding discipline for residents who engage in sexual conduct with staff who do not consent to the contact per sec. (e). The agency policy also addresses the issue of requiring the offending resident to participate in programming. Offering programming is not an issue, because according to the policy, "Any resident who has been found to engage in sexual abuse would not be allowed to return to the facility."



**Information considered:**

Pre-audit Questionnaire  
Amended PREA policy and procedure  
Interviews with PREA Coordinator  
PREA Notice to Residents

**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 agency policy and procedure state that following a report of sexual abuse, staff shall contact 911 for local law enforcement to respond, and if the resident is in need of medical attention, an ambulance should also be requested." It also states, "The victim shall be evaluated by a member of the treatment team to determine mental state to ensure stability, and signs of post-traumatic stress disorder". It also states that there will no cost to the victim for medical exams. "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 Residential Program Director reports that victims in need of medical treatment or exam would be taken to Meriter Hospital in Madison.

Prior to the audit, the "Notice to Halfway House Residents" and the PREA pamphlet did not have language that addresses 115.282 sec. (a) timely access to medical treatment and crisis intervention service and (d) 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.

The agency did not have language in its documents from sec. (c) that state that residents shall be offered timely information and access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care.

As mentioned throughout this report, FCCC has not had any reports of sexual abuse in the past 12 months, so there is no documentation to review regarding the criteria in this standard. FCCC has no medical or mental health staff in the facility.

As part of corrective action, ACS amended the PREA policy and Procedure, the "Notice to Halfway House Residents", and PREA pamphlets to include language from Standard 115.282 sec. (a) regarding timely access to medical treatment and crisis intervention, (c) access to sexually transmitted disease prophylaxis, and (d) no financial costs to the resident. The amended language complies with the standard. The agency provided verification that residents and staff received the amended documents.

**Information considered:**

Pre-audit Questionnaire  
Amended PREA policy and procedure  
Interviews with PREA Coordinator and facility director  
Amended PREA Notice to Residents  
Random interviews with staff  
Amended PREA pamphlet  
On-site inspection of facility

### **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)

Prior to the audit, the agency PREA policy had language that describes a process for on-going medical and mental health treatment, but the policy was not specific to the type of follow-up services available to residents. The PREA Notice to Halfway House Residents" states: "ACS will work with you and your Probation and Parole Agent to obtain community treatment, medical and mental health services in a timely manner." The standard requires the agency to be responsible for on-going care and this language did not comply with sec. (a), (b), and (c). Since Foster has male residents only, sec. (d) and (e) are not applicable.

As part of corrective action, ACS amended the agency policy/procedure, the PREA Notice to residents and the PREA pamphlet to include additional information regarding on-going care, including a statement that treatment will be at no cost to the victim and that tests/treatment for sexually transmitted diseases will be done. The agency also amended the policy to include a process for evaluating residents who previously engaged in sexual abuse while incarcerated or residing in a different facility. The agency provided verification that residents and staff received the amended documents.

#### **Information considered:**

Pre-audit Questionnaire  
Amended PREA policy and procedure  
Interviews with PREA Coordinator  
Amended PREA Notice to Residents  
Amended PREA pamphlet  
On-site inspection of facility

### **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)

According to the PREA Coordinator, ACS has a Sexual Abuse Response Team (SART), which includes the Program Director, a member of the treatment team and the Division Director (or designee). The agency policy and procedure details the responsibilities of the SART. The review would occur within 30 days of the conclusion of the investigation. The policy addresses sec. (d) (1), (2), (3) (4) and (6). The SART checklist, developed in 2013, has specific steps for the agency to follow in response to an assault or incident.

#### **Information considered:**

Pre-audit Questionnaire  
PREA policy and procedure  
Interviews with PREA Coordinator, CEO, and Program Director  
On-site inspection of facility  
ACS SART Checklist

### 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)

In response to the audit, ACS developed a PREA Incident Log. The collected data includes location of incident within the facility, date of incident, date reported, primary PREA investigator, initial determination, referral to law enforcement, incident type, situation or circumstances, and disposition. The agency began the incident log in 2015. There were three incidents reported on the log. All three of the incidents occurred at other ACS halfway houses. As part of corrective action, the agency amended the data collected to include data from the DOJ Survey on Sexual Violence. 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.

#### Information considered:

Pre-audit Questionnaire  
Interviews with PREA Coordinator  
Amended PREA Policy and Procedure  
PREA Incident Log

### 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 corrective action, the agency recently collected uniform data of sexual abuse at its facilities for 2015. The data was included on the PREA Incident Log described above. The policy and procedure was amended 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. The "Annual PREA Report" for 2015 was recently published on the ATTIC Correctional Services, Inc. website. The agency provided a copy of the report and I accessed the report on the agency website. Initially, the report did not include specific language that identifies problem areas and corrective action in response to the incidents. On August 23, 2016, the agency reposted the annual report on its website to include language that complies with the standard.

#### Information considered:

Pre-audit Questionnaire  
Amended PREA policy and procedure  
Interviews with PREA Coordinator and CEO  
PREA Incident Log  
ACS Website

**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 agency has a lengthy and detailed policy that includes a policy that states data will be securely retained. It also states that it will protect individual residents, by removing personal identifiers.

In response to corrective action, the agency recently published its annual report for 2015. The report was placed on the agency website. The report included collected data from all of its hallway houses.

The agency policy states that it will maintain the collected sexual abuse data for at least 10 years.

**Information considered:**

Pre-audit Questionnaire  
Interview with PREA Coordinator  
PREA policy and procedure  
ACS Website

**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  
Auditor Signature

August 23, 2016  
Date