

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

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

<b>Auditor Information</b>			
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<b>Telephone number:</b> 262-930-5334			
<b>Date of facility visit:</b> January 11, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Marshall House			
<b>Facility physical address:</b> 2670 University Ave. Green Bay, WI 54311			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 920-2569			
<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> 15			
<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> 18+			
<b>Name of PREA Compliance Manager:</b> Kim Adams		<b>Title:</b> Director of Residential Culture	
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<b>Agency Information</b>			
<b>Name of agency:</b> ATTIC Correctional Services, Inc.			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 601 Atlas Ave. Madison, WI 53714			
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<b>Agency Chief Executive Officer</b>			
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## AUDIT FINDINGS

### NARRATIVE

The Marshall House (MH), 2670 University Ave, is a 20-bed halfway house operated by ATTIC Correctional Services, Inc. (ACS), Madison, WI. The facility serves 20 adult clients. At the time the Pre-Audit Questionnaire was submitted, there were eighteen male residents and two female residents. ACS has contracts with Federal Bureau of Prison (FBOP) offenders and Wisconsin Department of Corrections (DOC). Eight beds were occupied by DOC offenders and twelve by FBOP offenders.

FCCC Marshall House currently has 14 staff, including the Program Director. There are currently no volunteers or contract staff in the facility. At least one staff member is present in the facility 24 hours per day/7 days per week. The facility has a Program Director, who oversees MH, as well as other ATTIC programs in the Green Bay area.

In addition, the staff includes a Federal Case Manager, State Case manager, a Senior Behavioral Support Specialist, two Behavioral Support Specialists, six Behavioral Support Assistants, a Federal AODA Counselor, and a Federal Anger Management and Family Relationship Counselor. There are no medical or mental health staff at the facility.

The notification of the on-site audit was posted in the facility on April 4, 2015. I verified that the Notice was posted through staff and resident interviews. Most of the agency policies and procedures were recently amended in response to an audit I conducted on another ACS facility, Foster Community Corrections Center. The Foster interim report, completed on February 12, 2016, included corrective action for 22 standards. Most of the corrective action required ACS to amend its PREA Policies and Procedures. Most of those policies and procedures were amended and submitted with the Questionnaire for Marshall.

On May 23-24, 2016, I conducted the on-site visit of Marshall House. When I arrived, Katrina Nelson, Marshall House Program Director, Erin Brawner, Human Resources Manager, who was previously the agency PREA Coordinator, and Kim Adams, who is the current PREA Coordinator for the agency, met me.

The on-site inspection of Marshall House occurred on May 23, 2016. Brawner, Adams, and Nelson participated in the tour. I observed the "Notice of Audit" clearly posted in the reception/office area along with other PREA information and telephone numbers for Crisis, Brown County, and a 24-hour sexual assault hotline. There was also a poster on sexual abuse. I had access to all areas of the facility.

During the two days of the on-site visit, I interviewed 11 staff members and 10 residents, one of which was the only female resident. 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. The residents were all cooperative and knowledgeable about most aspects of PREA. All residents reported that they received PREA information upon intake.

In addition, I interviewed Erin Brawner, who is responsible for the agency human resources. I also interviewed Brawner along with Kim Adams using the PREA Coordinator interview protocol. Brawner had been the PREA Coordinator until recently until Adams was assigned the duties. Both Brawner and Adams worked on the Pre-audit Questionnaire and related audit responses. In addition to being the PREA Coordinator, Adams also monitors retaliation for the facility and is a PREA investigator. She was interviewed using those interview protocols. I also interviewed the Program Director. Included in the staff interviews were those staff responsible for conducting intake and risk screening.

I also interviewed the ACS CEO, Vicki Trebian via telephone. I previously interviewed Trebian for the audit of another ACS facility, Foster Community Correctional Center in January 2016.

All staff interviewed said they had some knowledge of PREA and stated they were trained 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 being implemented.

I also examined staff files on 10 employees to determine whether criminal background checks were conducted and documentation of staff training. The agency conducts Wisconsin Department of Justice-Crime Information Bureau (CIB) criminal background checks on all staff prior to hire. The FBOP also requires an NCIC background checks, however, the NCIC results are not completed until several weeks after hire. 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.

Personnel files were also reviewed for any employee disciplinary action. The Human Resources Manager said there has been one administrative investigation involving staff for sexual abuse or harassment in the past 12 months.

I reviewed 13 resident files to determine whether PREA information was provided at intake and whether risk assessments and reassessments occurred.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Marshall House (MH), 2670 University Ave, is a 20-bed halfway house operated by ATTIC Correctional Services, Inc. (ACS), located in the City of Green Bay, WI. The facility serves 20 adult clients. The facility is located in a mixed area with commercial properties and residential apartment buildings.

MH 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 three levels on two floors. There are 14 resident bedrooms and 3 resident bathrooms, one staff bathroom, kitchen, two dining areas, dayrooms, storage rooms, resident laundry room, staff offices, and staff manager office. The staff on duty work out of the house manger office and the cameras are monitored from in this office. Residents are not allowed in this office and the door is locked when staff exit the office.

The facility has 16 closed circuit cameras, which are monitored 24/7 by staff in the locked office area. The cameras are recorded 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. There are 10 interior cameras and 6 exterior cameras. Staff are able to monitor the common areas and hallways leading to the resident rooms.

On the days of the on-site visit, the facility population was 14. There were 13 male beds occupied and one female bed occupied. There is one female room with two beds. The female room is located near the operations office in highly visible area of the facility. There is a bathroom across the hall from the female bedroom used only by female residents. The residents can lock the door to the bathroom. A camera monitors the area and has a clear view of the doors to the female bedroom and bathroom.

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.

There is a patio outside the building for residents, also observable by cameras. Residents must sign out to use the outdoor area. Male and female residents may use the patio at the same time, but the facility is reviewing that practice.

Residents are placed at Marshall House 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. Several DOC residents were there as an alternative to revocation. Prior to placement at MH, 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 includes AODA group and Thinking for a Change. ACS staff facilitate in-house programs. No contractors facilitate in-house programming.

## SUMMARY OF AUDIT FINDINGS

In addition to reviewing the Pre-audit Questionnaire and supporting documents, I conducted an on-site visit of Marshall House over two days. During the two days, I did an inspection of the facility in which I was able to view all areas and rooms of the facility. I interviewed 11 staff members, including the Program Director, and 10 residents. I randomly selected the staff and residents for interviews prior to the on-site visit. Included in the staff interviews were first responders and those responsible for conducting intake and risk screening. I also conducted specialized interviews with the CEO, PREA Coordinator (who is also responsible for monitoring retaliation and investigating PREA), Program Director and Human Resources Manager.

During the on-site visit, I reviewed the personnel files of 10 staff members to verify that the agency conducted criminal background checks. I also reviewed personnel files for confirmation that staff received training. I reviewed 13 resident files to confirm that residents received PREA information upon intake and risk assessments.

As mentioned above, I recently conducted an audit at another ACS halfway house. The corrective action for the Foster Community Corrections Center primarily involved amending the agency PREA policies and procedures as well as the PREA Notice to Residents. The ACS has completed the corrective action for Foster, and many of same amended policies and procedures have been implemented at Marshall House since the audit of Marshall began.

On June 21, 2016, I met with ACS administration to discuss the interim report and corrective action. Prior to corrective action, the Marshall House complied with 26 standards and did not comply with 9 standards. Since many standards requiring corrective action were identical to those at Foster, we agreed that the corrective action would be for a period of 60 days. Between June 21, 2016 and August 23, 2016, ACS provided this auditor with numerous changes to policies and procedures, resident information, and other documents. I was able to verify that staff and residents were provided with the amended documents and that the changes were in practice at the facility. As a result, ACS was able to comply with all 35 standards (4 standards were not applicable.) Although the agency changed PREA Coordinators between the Foster and Marshall House audits, the agency continued to cooperate with this auditor and maintained regular communication throughout the audit process for both facilities.

The level of cooperation and quality of work demonstrated the agency commitment to implementing PREA standards.

Number of standards exceeded: 0

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 4

**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 and Procedure was originally issued in April 2013. In response to an audit that I conducted at another ACS facility, the PREA Policy was amended in April 2016. The amended policy 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 policy describes the agency strategies and responses to reduce and prevent sexual abuse and harassment.

During the on-site visit, I interviewed 11 staff members and 10 residents. All of the staff understood the basic concepts of PREA. All residents were aware of PREA and received information upon arrival at Marshall House.

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. 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.

Prior to the audit of Marshall House, ACS assigned Kim Adams as the PREA coordinator. Adams is the Director of Residential Culture and has several years' experience implementing PREA standards within the agency. The previous PREA Coordinator was Erin Brawner. During the audit of another ACS halfway house, Foster Community Correctional Center, I worked primarily with Brawner, but Adams was also involved in audit activities. Adams oversees PREA compliance for six halfway house operated by ACS. During the audit, she was accessible and was able provide information that was requested.

During the interview with Adams, she stated 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 corrective action period, Adams was very organized and submitted the various documents necessary to meet compliance in a timely manner.

Based upon my review of the agency policies, interviews with staff, residents, and the PREA Coordinator, I conclude that the agency complies with 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, Marshall House has 14 staff members, including the Program Director. Other staff include a Federal Case Manager, State Case manager, a Senior Behavioral Support Specialist, two Behavioral Support Specialists, six Behavioral Support Assistants, a Federal AODA Counselor, and a Federal Anger Management and Family Relationship Counselor. There are no medical or mental health staff at the facility.

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 Managers, counselors, and Director. The facility always has a fulltime staff member on call. The facility is never unattended. The State of Wisconsin CBRF regulations require 24/7 coverage. Staff are required to conduct rounds of the facility every hour. Staff are required to use electronic wands, which the areas observed by staff.

The staff manager's 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. There are 10 interior cameras and 6 exterior cameras. Staff are able to monitor the common areas and hallways leading to the resident rooms and bathrooms.

There is one only female resident room with two beds. The female room is close to the staff manager's office and a camera monitors the hallway between the resident bedroom and bathroom. I interviewed the only female resident of the facility at the time of the on-site visit. She stated that she feels very safe at the facility.

There are 14 resident rooms, with five on the lower ground level, 6 on the upper level and three on the main level.

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 recently reviewed the staffing pattern at Marshall House and determined that the staffing pattern is sufficient. The agency provided a copy of the staffing pattern dated May 6, 2016. According to the ACS CEO, the agency recently reviewed the use of video monitoring equipment at Marshall House and decided to add additional cameras to the exterior areas of the facility. According to the PREA coordinator, the agency plans to review each facility of July 1 of this year and annually.

Based upon my review of the agency policies, 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 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.

During interviews with 10 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.

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

Marshall House does not have medical staff that work in the facility.

Based upon review of the agency policies, 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 Procedure 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 ten staff. Criminal background (CIB) checks were conducted on of the 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 10 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 with the agency CEO, she stated that the agency has no plans to expand or modify Marshall House. In addition, they have not done any significant expansion or modification of the facility for several years. However, the agency recently reviewed the video monitoring system at Marshall House. The agency decided to install additional cameras to the exterior of the building to enhance resident safety. Based on the information from the CEO, 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)

Following a report of sexual assault or harassment, it is the agency policy to conduct an administrative investigation. 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 PREA Policy and Procedure and Notice to Residents states, "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 St. Vincent's Hospital using Sexual Assault Nurse Examiners (SANE). It states that residents may request a victim advocate at the forensic medical exam and investigation.

With the questionnaire, the agency provided a copy of a letter to Family Services –Sexual Assault Center (SAC), Green Bay. The letter requests that Family Services accept the letter as a MOU between the two agencies. In the letter, it states that SAC agrees to the following: to provide advocacy when residents are at the hospital for forensic medical exams, respond to resident calls on SAC's crisis hotline, and provide follow-up services and crisis intervention contacts to victims at ACS. The PREA Coordinator stated that if the SAC were unavailable, the Marshall House Program Manager would accompany the victim through the process.

On 8-16-2016, I spoke with Susan Lockwood, Director of Sexual Assault Services, Green Bay. Ms. Lockwood confirmed that their agency would provide the support services detailed in the MOU.

I interviewed the Program Manager, Katrina Nelson. She reports extensive experience dealing with sexual abuse and victims. A copy of her resume was included with the questionnaire. Nelson was a member of the Brown County Coordinated Response Team, a trainer for SART/SASP, member of the Brown Co. SART Team, a victim advocate, and completed training at WCASA (Sexual Assault Victim Advocacy School.) She also had the position of African American Service Coordinator for the Sexual Assault Center.

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 Sexual Assault Center, and interviews with the PREA Coordinator and Program Manager, 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 Green Bay 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 policy states The ACS website has similar language. The PREA Policy and Procedure states, "All reported incidents will be investigated." According to the policy, all referrals of allegations of sexual abuse or harassment are documented. The policy also states "Specially trained individuals will be assigned to investigate promptly, thoroughly and objectively."

The agency reports that there was one allegation made of sexual abuse or harassment at Marshall House in the past 12 month. The incident resulted in an administrative investigation and determined to be unfounded and the incident was not referred for criminal investigation.

### **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."

Nine of the ten staff interviewed (excluding the director) reported that they received PREA training within a short time after hire. One staff member who was hired more than 5 years ago did not immediately receive PREA training, but was trained 1-2 years after hire. During interviews, all staff consistently reported that they were trained PREA 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. Staff were asked whether the training covered the areas listed in 115.231 (a) (1). Seven staff said all areas were covered, but three said that the training did not cover (a) (9), "How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming resident."

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. Since the facility is coed, this training complies with the standard. The training slides were recently amended due to the Foster Community Corrections Center audit. The agency reports that all Marshall staff have reviewed the up-dated training slides.

I reviewed the personnel files of 10 staff in order to verify training completion. Ten staff signed acknowledgments that PREA training was provided. The file reviews had documentation that nine of the ten staff completed the "Professional Boundaries, Avoiding Fraternalization and PREA" training.

Regarding update training, several staff stated they have received some type of update, either at staff meeting or reviewing the policy and procedure. I reviewed the files of five staff who were hired more than two years prior to the audit to verify that up-date training was provided. All five files contained documentation that training was provided. In addition, the Director reported that PREA is addressed often at staff meetings.

Based upon my review of the agency policy and procedure and the training slides, along with staff interviews, I conclude that the agency complies with all areas 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)
- X Not applicable

According to the Questionnaire and the PREA Coordinator, Marshall House does not have any volunteers or contractor staff.

### **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)

The PREA Policy and Procedure states, "Upon arrival all residents receive a PREA Notice on sexual assault/abuse prevention, awareness, and reporting. PREA educational materials are posted on a bulletin board in the resident's common area/living area and includes brochures, poster, and PREA Notice to Halfway House Residents."

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 will read the forms or explain the information if asked.

ACS reports that all residents receive education on PREA shortly after arrival. Residents are given a copy of a "PREA Notice to Halfway House Residents". Residents sign an acknowledgment that they received the notice and it is placed in the resident file. Signing the Notice is optional for residents.

I reviewed 13 resident files during the on-site visit. Nine files had documentation that the facility provided PREA information within 72 hours of arrival. Two files had documentation that information was received between 7-11 days of arrival. One resident file did not contain documentation, but when interviewed, the resident stated that he received PREA information on the day he arrived.

During interviews with ten residents, all ten reported that they received information about PREA within 1-3 days of arrival. All residents reported they had knowledge of PREA and most were able to articulate how to report an assault either to 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.

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 no available in Spanish and large print (copies provided).

Based upon my review of the PREA Policy and Procedure, the Notice to Residents, 13 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 five supervisory staff from the agency to conduct all investigations, including the HR Manager and PREA Coordinator. The five staff have completed, "PREA: Investigating Sexual Abuse in a Confinement Setting" an on-line course presented by the National Institute of Corrections (NIC). The agency provided verification that the investigators completed the training.

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 trainers, 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)
- NOT APPLICABLE**

The agency reports Marshall House does not have any medical or mental health personnel in the facility.

**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. A transgender or intersex resident's own view of their safety 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 with 48 hours, but does not reassess residents at any point. She keeps the assessments in the Case Manager file. After completing the assessment, the Case Manager and Program Director discuss the results of the assessment.

During the on-site visit, I conducted interviews with ten residents who were randomly selected. Eight residents stated that they were assessed shortly after arriving. Two residents said they were not sure if they were assessed and one resident said they were not assessed. However, file reviews showed all ten residents had initial assessments. I reviewed a total of 13 resident files during the on-site visit and the review showed that assessments were completed within 72 hours on all thirteen residents.

Regarding reassessments, six of the ten residents interviewed arrived at MH within 30 days. I asked four of the remaining residents if they received a follow-up assessment during the first month of arrival. All four said they weren't sure if the questions were asked. My review of thirteen resident files showed that five of the 13 resident files had arrived less than 30 days. Of the eight residents who were there more than 30 days, six residents were reassessed, but only two within 30 days.

The agency acknowledged that the case manager only recently completed reassessments. From my review of the resident files, the agency started doing reassessments of the existing residents in April 2016.

Based upon a review of the agency policies, interviews with residents and the case manager, and resident file reviews, I concluded that the agency did not comply with the standard. The agency complied with most of the standard, but did not comply with (f) that reassessments of all residents shall occur within 30 days of arrival.

As part of the corrective action process, the agency provided this auditor with copies of 15 resident risk reassessments that were completed between May, 2016 and August, 2016. All reassessments were completed within 30 days of the resident's arrival. As a result, the agency now complies with 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)

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. Individual determinations are made about how to ensure the safety of each resident, including LGBTI individuals and residents will limited English proficiency, disabilities, or special needs. Only staff with a need to know will have access to the risk screening report."

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.

With transgender or intersex residents, the PREA Coordinator said they would likely consider a single room and educate staff about the risk issues. Transgender and intersex residents, as well as all residents are able 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. Standard 115.242 (f) is not applicable given the size and layout of the facility.

In reviewing the agency policies and the interview with the 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)

In reviewing the PREA Notice to Halfway House Residents, it 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 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, this information is given to residents upon intake and is clearly displayed in the facility. There also a PREA pamphlet for residents that has addresses and telephone numbers of contacts.

The PREA Policy and Notice to Residents states that staff will accept and investigate reports verbally, in writing, anonymously, and by a third party.

When I interviewed residents, I asked them how they would report sexual abuse or harassment. The residents gave a variety of answers. Most of the residents said they would tell a staff member and two said they would call 911. Eight of the ten were aware of multiple reporting options, but not all were able to recite the various options. One resident said they would read the pamphlet. Only one said they were unaware of other reporting methods. Eight of the ten were aware that reports could be anonymously. No residents have made reports that they were sexually abused or sexually harassed at the facility.

Regarding staff reporting of sexual abuse and harassment of residents, the PREA Policy states that staff are to report to your supervisor, Program Supervisor, or PREA Coordinator. The training Power Point states that staff have a duty to report abuse to their supervisor immediately. During interviews with the ten staff members, all of them said they would report abuse to the program director or supervisor within the facility. Several others said if a staff member was involved, it would depend on which staff member was involved. Several cited they would report incidents to the agency PREA Coordinator or the police.

Based upon my review of the Resident Notice, PREA Policy, agency training slides, 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 ACS PREA Policy and Procedure "Residents may report concerns by filling out a grievance form, as well as other reporting methods described above." The Resident Notice did not originally address grievances for PREA related complaints.

The grievance procedure is addressed in the "Residential Phase System" which is a resident handbook. It states, "Residents may file a grievance in writing to the Program Manager. The Program Manager and any other person involved in the complaint will meet with the resident to attempt to resolve the issue." This language did not comply with the standard, which states the process shall not require a resident to use any informal grievance process. 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 also did not comply with the standard, which states "the agency shall not impose a time limit when a resident may submit a grievance regarding an allegation of sexual abuse."

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. There was not language in any of the documents that state that residents should be able to file a grievance with someone other than the staff member is subject of the complaint.

As a result of corrective action process, the agency amended its grievance process to specifically 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 PREA Policy and Procedure and The PREA Notice to Residents were amended to include the grievance information. The agency provided verification that staff and residents received the amended information.

### **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 states that ACS will provide the victim with follow-up medical and mental health services as appropriate. It states that residents will be provided access to victim support services when requested, a list of support services and their phone numbers will be posted on the PREA Bulletin Board. 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 are 24-Hour Crisis Hotline, Brown County United Way, and 24-Hour Sexual Assault Centers for four area counties. This notice 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.”

With the questionnaire, the agency provided a copy of a letter to Family Services–Sexual Assault Center (SAC), Green Bay. The letter requests that Family Services accept the letter as a MOU between the two agencies. In the letter, ARC will facilitate access between the resident and a SAC advocate by mail or telephone and will provide residents with confidential 24-hour access to the SAC’s Crisis Hotline. It also states SAC advocates are cleared to enter ACS facilities to meet with residents. In the letter, it states that SAC agrees to the following: to provide advocacy when residents are at the hospital for forensic medical exams, respond to resident calls on SAC’s crisis hotline, and provide follow-up services and crisis intervention contacts to victims at ACS. On 8-16-2016, I spoke with Susan Lockwood, Director of Sexual Assault Services, Green Bay. Ms. Lockwood confirmed that their agency would provide the support services detailed in the MOU.

The PREA Policy, Notice to Residents, and agency website contains information 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 MOU with Sexual Assault 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 Residents" states that residents may report sexual abuse or harassment to a third party, as well as other methods for reporting. The agency provides residents with a copy of the notice upon arrival and this information is posted in the office/reception area. During interviews with 10 residents, six residents said they were aware of third party reporting. Four residents were not familiar with third party reporting. The PREA Policy and Procedure also has information regarding third party reporting. The policy states, "All reported incidents will be investigated."

The agency website states that reports can be made by a third party and it lists a number of reporting methods including ACS staff, ACS PREA Coordinator, DOC PREA Coordinator, and local law enforcement by calling 9-1-1.

Based upon a review of the Notice to Residents, agency policy and procedure, and the agency website, along with interviews with 10 residents, I conclude that the agency complies with the standard.

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

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

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

All ten staff who were 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 forms state " 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. "

The agency policy prohibits staff from revealing any information related to a sexual abuse report other than defined in the standard. Marshall House does not accept residents who are under the age of 18. The facility does not have medical or mental health practitioners.

Based upon the review of the PREA Policy and Procedures, and "PREA and Professional Boundaries Annual Acknowledgement" and interviews with ten staff, I conclude that the agency complies with 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.

All ten staff interviewed described specific steps they would take if a resident was at imminent risk such as, protect the victim, remove the alleged perpetrator, call a supervisor, document the information, and call 911.

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 that a resident was sexually abused while confined at another facility. The PREA Policy and Procedure states, "In the event 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 through a progress report and attempt to gain a written statement from the resident. The Program Manager reports the disclosure to our PREA Coordinator and either FBOP or DOC and law enforcement." Prior to the audit, this language did not comply with the standard since it did not contain language that states the Program Manager shall report the information to the "head of the facility" where the abuse occurred. It also did not include language that states the facility head "provides such notification as soon as possible, but no later than 72 hours after receiving the allegation."

As part of the corrective action process, the agency amended the PREA Policy and Procedure to state that the Program Manager "shall report the information to the head of the facility where the abuse occurred" and "the Program Manager provides such notification as soon as possible, but no later than 72 hours after receiving the allegation." As a result, the agency complies with the standard. The agency provided verification that staff received the amended policy and procedure.

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

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

The PREA Policy and Procedure states "In the immediate aftermath of an alleged assault...on-duty staff will follow the first responder protocol if the report is made immediately following the assault. The victim and the abuser will be separated and staff will preserve and protect the crime scene so evidence can be collected. If physical evidence can be collected, staff will request the victim to remain in the company of staff and not take any actions that could destroy evidence (i.e. showering, toileting, brushing teeth, eating, rinsing mouth, drinking, changing clothes, etc.)" The staff are directed to immediately call 911 for law enforcement and medical assistance if needed for the victim. There are specifications notification procedures for the staff and Program Manager. There are procedures described for having the abuser placed into custody by DOC, 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.

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 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.

In past 12 months, the agency reports no allegations were made of a sexual abuse at Marshall House.

Based upon a review of the agency policy and training materials, and interviews with ten staff, I conclude that the agency complies with the standard.

**Standard 115.265 Coordinated response**

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

Prior to the audit, the agency reports did not have a written plan specifically for Marshall House to coordinate actions taken in response to an incident of sexual abuse.

As a result of the corrective action process, the agency developed a facility specific plan for Marshall House. 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. Based upon interviews with the PREA Coordinator and a review of the facility plan, I conclude that the agency complies with the standards.

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

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

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

**Standard 115.267 Agency protection against retaliation**

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

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

The PREA Coordinator is responsible for monitoring retaliation at Marshall House. 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 take 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 Program Director was also interviewed regarding retaliation. If retaliation were suspected, she would make staff aware of the situation. She would separate the person being retaliated from the abuser. Removal of the perpetrator would occur, not the victim if possible. If staff were involved, they would be suspended until the end of the investigation.

When staff and residents were interviewed, most were clearly aware of the agency policy against retaliation. The ACS website describes 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 agency policies and the agency website 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 Green Bay Police Department. The agency policy states, "all reported incidents will be investigated." The policy states, "Specially trained individuals will be assigned to investigate promptly, thoroughly and objectively and gather and preserve direct and circumstantial evidence." The agency has designated five ACS supervisory staff as PREA investigators, who 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. I interviewed her during the on-site visit. She was able to describe the various steps in the investigation process, evidence retention, interviewing the victim, consulting with law enforcement on prosecution, judging credibility, and other aspects of investigations. The agency has not had the experience of doing compelled interviews in a sexual abuse case, but they report that they would discuss it with the investigator or prosecutor. The agency has not had a criminal investigation completed in the past year. However, the agency policy states that substantiated allegations of conduct that is criminal shall be referred for prosecution. This complies with (d).

The PREA Coordinator said that the agency policy prohibits the agency from using polygraphs or truth-telling device as part of an investigation.

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 an employee, the agency will keep 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 agency developed a SART checklist that is used following an investigation. A copy of the checklist was included with the questionnaire. The checklist reviews resident safety, staff action, Consideration is given to changes needs, if the incident was motivated by race, gender, LGBTI status, gang affiliation or other group dynamics at the facility. The checklist includes a review of staff actions, whether agency policies were followed and whether additional training is needed.

Based on my review of the agency policies and the SART checklist, and interviews with the PREA Coordinator and designated investigator, I conclude that the agency complies with 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.

ACS reports that they have had no reports of sexual abuse in the past 12 months, thus they have not done any notifications.

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 the agency will report terminations or resignations for sexual abuse/harassment will be reported to law enforcement unless the activity was clearly not criminal. All staff have signed acknowledgments that they are aware of the agency policy.

Based upon my review of the 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)

Marshall House does not have contract staff or volunteers. There are currently no interns. 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 states that if a resident were suspected of sexual abuse, they would be immediately removed from the program. The staff would contact DOC or FBOP and have the resident placed in custody. In any instance of sexual abuse, the perpetrator would be detained by DOC or FBOP 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. Due process would be afforded 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 to the facility.

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).

Marshall House policy does not prohibit sexual activity between residents.

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

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

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

The PREA Policy and Procedures state that following a report of sexual abuse, staff shall contact 911 for local law enforcement to respond, and if the resident is in need of medical attention, an ambulance should also be requested." It also states, "The victim shall be evaluated by a member of the treatment team to determine mental state to ensure stability, and signs of post-traumatic stress disorder". It also states that there will no cost to the victim for medical exams (regardless if the victim cooperates). "The victim will be provided with unimpeded access to emergency and crisis intervention services, which will also be provided free of charge to the victim." The Policy and Procedure did not include information 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 as required in (c).

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.

The Notice to Residents did not state that residents will be offered timely information about and timely access to emergency contraception per (c). Since Marshall House has female residents, language about contraception is required.

Per sec. (b), the agency defines steps that first responders would take to protect the victim and notify medical and mental health practitioners. Marshall House does not have medical or mental health staff in the facility.

As a result of the corrective action process, the agency amended the PREA Policy and Procedure to state 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 as required in (c). The "Notice to Halfway House Residents" was be amended to state that victims will be offered timely information about and timely access to emergency contraception in accordance with professionally accepted standards of care. The agency provided verification that residents and staff were provided the amended documents.

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

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

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

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

Although Marshall has female residents, there was no language in the policy that states victims of sexually abusive vaginal penetration shall be offered pregnancy tests and timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Although the Notice to Residents contained language about victims receiving tests for sexually transmitted diseases, the PREA Policy did not contain such information.

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 did not address sec. (h), which provides that residents who have abused residents/inmates in a previous setting would need to be evaluated. Although residents who abuse residents at Marshall House would be removed, it is possible that a resident may have sexually abused another resident or inmate in another facility. If that information is known, the agency is required to conduct an evaluation on the abuser and offer treatment when deemed appropriate.

As a result of corrective action, the agency amended the PREA Policy and Procedure, to state that victims of sexually abusive vaginal penetration shall be offered pregnancy tests and timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The policy was also amended to include language that states victim shall be offered tests for sexually transmitted diseases. The policy was amended to include language that 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. The amended policy and procedure complies with the standard and staff have been provided with the amended document.

### **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 responsibilities are detailed in the agency policy and procedure. The review would occur within 30 days of the conclusion of the investigation. The policy addresses sec. (d) (1), (2), (3) (4) and (6). Marshall House has had no sexual abuse allegations in the past 12 months and the agency has not used the SART.

### **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. Prior to the audit, the data collected was not sufficient to respond to all questions of 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, etc. and more extensive information about the incident. As a result, the agency did not comply with the standard.

As a result of the corrective action process, 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.

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

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

The PREA Policy and Procedure states that data collected will be reviewed annually, but the policy was not specific to comply with the language in 115.288 (a). The policy states the an annual report will be prepared comparing current and past year's data, which is approved by the CEO and made readily available to the public through its website. The agency began collecting the data for 2015. In reviewing the report on the agency website, it did not address corrective actions for each facility, as well as the agency as a whole and it did not provide an assessment of the agency's progress in addressing sexual abuse.

The CEO confirmed that she approves the report. The policy address redaction prior to publication.

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. Based on my review of the amended procedures and a review of 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 state 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

8-23-2016

Auditor Signature

Date