

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report July 30, 2019

Auditor Information

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Telephone: 262-930-5334	Date of Facility Visit: March 5-6, 2019

Agency Information

Name of Agency: ATTIC Correctional Services, Inc.	Governing Authority or Parent Agency (If Applicable): SAA		
Physical Address: 601 Atlas Ave.	City, State, Zip: Madison, WI 53714		
Mailing Address: P.O. Box 7370	City, State, Zip: Madison, WI 53707-7370		
Telephone: 608-223-0017	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: 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.			
Agency Website with PREA Information: www.correctionalservices.org			

Agency Chief Executive Officer

Name: Vicki Trebian	Title: President and CEO
Email: vtrebian@correctionalservices.org	Telephone: 608-233-0017 ext. 206

Agency-Wide PREA Coordinator

Name: Kim Adams	Title: Director of Residential Culture
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Email: kadams@correctionalservices.org	Telephone: 608-223-0017 ext. 213
PREA Coordinator Reports to: President/CEO	Number of Compliance Managers who report to the PREA Coordinator 5

Facility Information

Name of Facility: Marshall House
Physical Address: 2670 University Ave. Green Bay, WI 54311
Mailing Address (if different than above):
Telephone Number: 920-469-2569

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

Facility Mission: 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.

Facility Website with PREA Information: www.correctionalservices.org

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name: Nicole Matchopatow	Title: Site Supervisor/Case Manager
Email: nmatchopatow@correctionalservices.org	Telephone: 920-436-9760

Facility PREA Compliance Manager

Name: Nicole Matchopatow	Title: Site Supervisor/Case Manager
Email: nmatchopatow@correctionalservices.org	Telephone: 920-436-9760

Facility Health Service Administrator

Name: NA	Title:
Email:	Telephone:

Facility Characteristics			
Designated Facility Capacity: 20		Current Population of Facility: 15	
Number of residents admitted to facility during the past 12 months			64
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			na
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			61
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			64
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18+	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:			90 days
Facility Security Level:			NA
Resident Custody Levels:			NA
Number of staff currently employed by the facility who may have contact with residents:			8
Number of staff hired by the facility during the past 12 months who may have contact with residents:			15
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 8	
Number of Multiple Occupancy Cell Housing Units:		6	
Number of Open Bay/Dorm Housing Units:		0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): 16 closed circuit cameras located throughout the facility. 10 interior and 6 exterior. Cameras monitored 24 hours per day by staff. Monitor located in house manager office. High speed security digital video recorder which stores video for up to 30 days.			
Medical			
Type of Medical Facility: NA			
Forensic sexual assault medical exams are conducted at:			
Other			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			1 intern
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			5

Audit Findings

Audit Narrative

The audit process of Marshall House began in January 2019 when the Notice of Audit and Pre-audit Questionnaire were sent to the facility. The Pre-audit Questionnaire and supporting documents were returned to me on about February 25, 2019. The on-site visit was scheduled for March 5-6, 2019. Prior to the on-site visit, I reviewed the questionnaire along with numerous documents submitted by the agency. These documents included the ATTIC PREA Policy and Procedures, PREA Notice to Residents, training materials, risk screening tools, staff and resident rosters, and other relevant materials. I randomly selected the names of 10 of the current 15 residents to be interviewed. The facility currently has 13 male and 2 female residents. I interviewed 8 male residents and both female residents. The facility has only 8 staff currently and all 8 were interviewed. Marshall House has not had any investigations of sexual abuse or harassment in the past 12 months, so there were no investigations to review.

The on-site visit occurred on March 5-6. After arriving at the facility, I met with Nicole Matchopatow, the Site Supervisor and Kim Adams, the agency PREA Coordinator. The site supervisor led me on a tour of the facility. I was able to view all areas of the facility. I was able to observe the video monitoring system which has 16 cameras. During the tour, I observed the Notice of Audit posted on the "PREA Board" in a main hallway, just outside of the house manager office.

Marshall House is operated by ATTIC Correctional Services, Inc. (ACS). This is the second PREA audit that I have conducted at Marshall House. The first audit occurred in 2016. Following a period of corrective action for 8 standards, the agency was able to fully comply with all standards after corrective action. I have also completed PREA audits for 5 other ATTIC facilities in Wisconsin over the past 3 years. Since the agency uses nearly identical PREA policies and procedures, training materials, and other documents at all its facilities, I have become very familiar with the agency's effort to implement PREA standards.

During the on-site visit, I interviewed all of the current 8 staff and one intern. Included in these interviews were staff responsible for conducting intake of all residents and staff who complete risk screening of residents. The facility has no medical or mental health staff. I also interviewed the Site Supervisor. In addition, I interviewed Kim Adams as the CEO Designee, PREA Coordinator, PREA Investigator, and designee to monitor retaliation.

During the on-site visit, I interviewed 10 of the current 15 residents who were randomly selected by me. One of the residents interviewed was identified as being LGBTI. All staff and residents interviewed were very aware of PREA and the purpose for the facility.

During the on-site visit, I reviewed all 15 current resident files and 16 discharged resident files to determine if residents received PREA information at intake. Since 64 residents were admitted to the facility in the past 12 months, I reviewed about 50% of the resident files. I also reviewed completed Risk Screen for all current 15 residents and 16 discharge residents.

During the on-site visit, I reviewed all 8 staff files to determine whether background checks and hiring procedures followed the standards. I also reviewed the files to determine if staff received PREA training. As mentioned earlier, there were no investigations of sexual abuse or harassment to review.

Following the on-site visit, I again reviewed the PREA Policy and Procedure, Notice to Residents, training materials, staff and resident interview notes, risk screening form, and other documents. I also contacted the PREA Coordinator and Site Supervisor for follow-up information. I interviewed the HR Generalist regarding hiring and background procedures. I contacted Family Service-Sexual Assault Center in Green Bay, in order to verify victim support services.

As part of corrective action for 115.241, I reviewed 19 additional risk screen forms to determine if the agency completed the screens according to the standards. I also reviewed the amended PREA Notice to Residents and documentation that the agency contacted prior institutional employers when hiring staff.

Facility Characteristics

Marshall House, 2670 University Ave, Green Bay, WI 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 13 male residents and two female residents. ACS has contracts with Federal Bureau of Prison (FBOP) and Wisconsin Department of Corrections (DOC). Eight beds are typically occupied by DOC offenders and twelve by FBOP offenders.

Marshall House currently has 8 staff, including a Site Supervisor and one intern. 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 Site Supervisor also serves as a Case Manager. The remaining staff includes another Case Manager, a Substance Abuse Counselor, and 5 Behavioral Support Assistants (full-time and part-time). There are no medical or mental health staff at the facility. The facility currently has several vacancies. According to the Site Supervisor, the facility normally operates with about 14 staff.

The facility is located in a mixed area with commercial properties and residential apartment buildings nearby. Marshall House 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 is located in one building with three 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. There are 8 single rooms and 6 double rooms. 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.

The staff on duty work out of the house manager office and there are 16 cameras that are monitored from in this office. Residents are not allowed in this office and the door is locked when staff exit the office.

Marshall House 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.

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

Number of Standards Exceeded: 0

Number of Standards Met: 41

Number of Standards Not Met: 0

Summary of Corrective Action:

As stated in the interim report, the agency had corrective action for 3 standards: 115.217, 115.241, and 115.283. After a period of 4 months, the agency satisfied all of the corrective action tasks and now complies with all applicable standards.

For 115.217 (c) (2), corrective action required the agency to make its best efforts to contact all prior institutional employees for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The agency provided documentation that it has reviewed its hiring policies with HR staff. It also provided documentation from a recent hire that it made its best efforts to contact institutional employers.

Regarding 115.241, the agency amended the risk screening form to comply with the standards. Over the past 4 months has completed risk screens for all residents following the timeframes in the standard.

Regarding 115.283, the agency amended the PREA Notice to Residents to include information regarding pregnancy testing and pregnancy related services to comply with (d) and (e).

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

ATTIC Correctional Services' (ACS) issued "PREA Policy and Procedure" in April 2013. The agency amended this document in May 2016 following PREA audits in order to fully comply with the standards. ACS also amended the PREA Notice to Residents. The Policy and Procedure and Notice to Residents mandate a zero tolerance for all forms of sexual abuse and sexual harassment. The agency policy describes its approach to preventing, detecting and responding to sexual assault and sexual harassment. The policy contains definitions of prohibited behaviors and includes disciplinary sanctions for staff and residents who violate the policy. The documents list various reporting options for staff and residents. The policy describes the agency strategies and responses to reduce, prevent, and investigate sexual abuse and harassment.

Kim Adams has been the ACS PREA Coordinator for about three years. Adams is the Director of Residential Culture and has several years' experience implementing PREA standards within the agency. Adams oversees PREA compliance for five halfway house operated by ACS. During this audit and previous audits that I have conducted of ACS facilities, Adams has demonstrated that she has sufficient time and authority to develop, implement, and oversee PREA standards. She reports directly to the President/CEO and has the ability to address PREA issues with agency upper management. Her duties involve making sure all facilities are following standards, coordinating training for all staff and ensuring residents are provided information about PREA. She is directly involved in the training of staff and investigating PREA complaints.

During interviews, staff and residents showed that there is a high level of awareness of PREA and the agency demonstrates that it is committed to keeping residents safe from sexual abuse and harassment.

During the on-site visit, I observed a PREA bulletin board in the facility, which included PREA information, posters, victim support services, zero tolerance information, and the Notice of Audit.

Based upon my review of the Policy and Procedure, Notice to Residents, and interviews with the PREA Coordinator, 10 residents, and 8 staff, I conclude that the agency complies with all aspects of the standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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, the agency does not contract with other agencies to house residents.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 provided me with a copy of the facility staffing pattern. Marshall House currently has 8 staff members. According to the site supervisor, the facility ideally operates with about 14 staff. They are in the process of filling several positions. Despite the vacancies, the facility continues to maintain acceptable staff coverage at all times. State licensing requirements and the contracts with DOC/FBOP requires the facility to be staffed 24/7. There are usually 2-4 staff present in the facility during the day on Monday-Friday. Overnights and weekends, there are always at least one staff on duty. The facility has never been unstaffed. Although there are currently several vacancies, existing staff are working extra hours to cover all shifts.

In reviewing the overall staffing pattern, it is consistent with other halfway house of its size and population. The facility is relatively small and easy to monitor by staff. There are 16 closed circuit cameras located throughout the facility, 10 interior and 6 exterior. Cameras monitored 24 hours per day by staff. The system monitor is located in house manager office. It has a high speed security digital video recorder which stores video for up to 30 days. Virtually all areas, except resident bedrooms and bathrooms are monitored.

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

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.

The agency provided a copy of a memo dated June 28, 2018 which described the facility annual review of the existing staffing pattern and use of video monitoring systems. The memo described the composition of the resident population. There were no reports of sexual abuse or harassment at Marshall House in the past 12 months. According to the PREA Coordinator, the existing staffing pattern and use of technology is adequate.

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

Based upon my review of the current staffing pattern, PREA Policy and Procedure, the inspection of the facility, which included a review of the video monitoring system, and interviews with the Site Supervisor and PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No **X NA The agency policy does not allow staff to conduct strip searches or body searches of residents under any circumstances.**

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No **X NA The agency policy does not allow staff to conduct strip searches or body searches of residents under any circumstances.**
- Does the facility document all cross-gender pat-down searches of female residents?
 Yes No **X NA The agency policy does not allow staff to conduct strip searches or body searches of residents under any circumstances.**

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No **X NA The agency policy does not allow staff to conduct strip searches or body searches of residents under any circumstances.**
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No **X NA The agency policy does not allow staff to conduct strip searches or body searches of residents under any circumstances.**

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 prohibits pat-downs or body searches of residents under any circumstances. During interviews at Marshall House with staff, all staff member reported that they do not conduct pat-downs or body searches. In addition, no resident reported that they had their body searched or patted down at any time. The Policy and Procedure states that only same gendered staff may complete observed urinalysis testing.

The PREA Policy and Procedure specifically prohibits cross gender viewing. "Residents must shower, perform bodily functions, and changes clothes in a bathroom where they are not viewed by any staff." All staff, male and female, are required to knock and announce their presence before entering the bathroom.

The residents at Marshall House are able to use the bathrooms in private and are able to lock the door when they in use. There is one bathroom designated for female residents only across from the female bedroom.

According to the PREA Coordinator, the BOP or DOC makes the determination regarding a resident's genital status prior to making a referral to a male or female halfway house. Thus, the agency does not make that determination.

Based upon my review of the Policy and Procedure, and interviews with PREA Coordinator, 10 residents, and 8 staff, I conclude that the agency complies with all aspects of the standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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, although Marshall House does not typically accept residents with serious physical disabilities, deaf or hard of hearing, or visually impaired, the agency has resources for those residents. ACS has extensive information on how to deal with residents with disabilities and other language limitations. Along with the Pre-audit Questionnaire, the agency attached copies of "Serving Clients with Limited English Proficiency (LEP)" and "Serving Clients with Disabilities." ACS provides interpreter services and other resources for residents. It also includes tips for staff in communicating with clients with disabilities including those who are blind or visually impaired, deaf or hard of hearing, those with mobility impairments, speech impairments, and cognitive disabilities.

The PREA Policy and Procedure and Notice to Residents address how the facility deals with PREA related issues for residents. The Notice to Residents provides residents with LEP and disability resources.

The Policy and Procedure and "Serving Clients with Limited English Proficiency (LEP)" and "Serving Clients with Disabilities" provides staff who conduct intake and provide PREA orientation to residents with information on how to communicate with residents with LEP and disabilities and provide resources to them.

The PREA Notice to Residents is also available in large print and Spanish.

The PREA Policy and Procedure states that the "agency prohibits the use of resident interpreters, resident readers, for PREA related incidents, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations."

Based upon my review of the PREA Policy and Procedure, Notice to Residents, "Serving Clients with Limited English Proficiency (LEP)" and "Serving Clients with Disabilities," along with the interview with the PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 confirmed this policy. 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. According to the PREA Coordinator, the agency conducts criminal background checks on all potential employees through the Wisconsin Department of Justice (DOJ). In addition, the FBOP conducts background checks using NCI for all potential employees. The agency reports that all candidates for employment and existing employees are asked annually about previous misconduct described in this standard. The agency considers incidents of sexual harassment in determining whether to hire or promote anyone.

The facility does not use contract staff.

During the on-site visit, I reviewed the personnel files of 8 staff. The files showed that criminal background checks from both DOJ and NCIC were conducted on all of the existing employees prior to hire. Personnel files also had documentation that the agency conducted updated criminal background checks for two staff who have worked at Marshall House for more than 4 years.

The agency's employment application asks all applicants and employees about previous misconduct described in Standard 115.217 (a) and (b). The 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." Current employees annually sign a document which asks them about previous misconduct and acknowledge that they have been trained on the agency PREA policy. Copies of these forms were provided to me during the file review.

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 states 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.

During file review, I identified that one staff member previously worked in a correctional institution. There was no documentation in the file that the agency contacted the previous employer regarding information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The agency acknowledged that they did not contact the previous employer. Although the agency has a policy that states it will contact previous institutional employers, it did not follow the policy in this case. This issue was addressed in corrective action. The agency provided documentation that it attempted to contact a prior institutional employers for a recent Marshall House applicant. The agency also provided documentation that it reviewed its policy of contacting prior institutional employers with its HR and management staff involved in hiring. Following the on-site visit, I interviewed Andy Yang, the HR Generalist for ACS facilities and reviewed the hiring and background checks procedures with him.

Based upon my review of the agency's hiring and background policy, application materials, a review of all 8 personnel files, and interviews with the PREA Coordinator and HR Generalist, I conclude that the agency has satisfied corrective action and complies with all aspects of the standard.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 CEO designee/PREA Coordinator, there have been no substantial changes or expansions since the last audit. The video monitoring system at Marshall House has been in operation for several years.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 conducts administrative investigations for all reports of sexual abuse or harassment. ACS follows a uniform evidence protocol. I reviewed a copy of the form developed by ASC to that describes these protocols. The process includes criteria from the DOJ publication, "A National Protocol for Medical Forensic Examinations" and 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 are included. The PREA Policy and Procedure and ACS training materials include information on preserving physical evidence following a report of sexual assault. Marshall House has had no known reports of sexual abuse or harassment in the past 12 months.

The PREA Notice to Residents states that residents who have been victims of sexual abuse will have access to medical treatment and crisis intervention without financial cost to the victim. Forensic exams would occur at St. Vincent Hospital in Green Bay. SAFE and SANE nurses perform the forensic medical exams.

The PREA Policy and Procedure states victims will be offered forensic medical exams free of charge.

ACS policy states that all reports of sexual abuse and sexual harassment that are criminal will be referred to the Green Bay Police Department. The agency recently sent a letter date March 11, 2019 to the Green Bay Police Department requesting that they follow the requirements of paragraphs (a) through (e) of this section. I reviewed a copy of that letter.

The PREA Coordinator states that victims of sexual abuse would be offered a victim advocate from the Sexual Assault Center of Green Bay. Although the agency does not have a signed MOU from the Sexual Assault Center, I confirmed that the victim advocacy services would be provided to any resident of Marshall House. On 3-13-19, I spoke with Samantha Bouressa, Program Supervisor with Sexual Assault Center of Green Bay, who confirmed that their agency would provide victim support services for any resident of Marshall House. The agency would provide 24/7 support services including accompanying a victim to the forensic medical exam, investigative interviews and follow-up services. The agency provides services which are confidential and free of charge, including crisis intervention, support counseling, medical and legal advocacy, and follow up assistance, to include support groups. Marshall House has the telephone of the Sexual Assault Center posted in the facility.

Ms. Bouressa states that the Sexual Assault Center has not received reports of sexual abuse from Marshall House residents in recent memory and they have not provided victim services to anyone at Marshall House.

Based upon my review of the Notice to Residents, Policy and Procedure, ACS training materials, ACS uniform evidence protocol, letter to Green Bay Police Department, and interviews with the PREA Coordinator and the Program Supervisor at Sexual Assault Center of Green Bay.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 Pre-audit Questionnaire states that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. The ACS website states that "all reported incidents will be investigated." It states that an administrative investigation will occur and "the local law police department will also be contacted to conduct a criminal investigation, when applicable." ACS states that their practice is to contact Green Bay Police Department whenever there are allegations of criminal sexual abuse. The Policy and Procedure states "all reported incidents will be reported." It references administrative and criminal investigations several times in the document. The Policy and Procedure describes the role of the agency in the administrative and criminal investigations.

The PREA Notice to Residents states that the agency will conduct administrative investigations for all allegations and that local law enforcement will be contacted to conduct a criminal investigation. In the past 12 months, Marshall House has not received any reports of sexual abuse or harassment.

Based upon my review of the Pre-audit Questionnaire, the PREA Notice to Residents, PREA Policy and Procedure, and the ACS website, I conclude that the agency complies with all aspects of the standards.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 "employees will be trained on PREA prior to working a shift alone." The policy also states that ACS will provide refresher training every two years. During the other year, the policy states that staff shall receive "refresher information on our policies prohibiting sexual misconduct and fraternization."

According to the PREA Coordinator, new employees are required to view the Relias on-line training, PREA Sexual Abuse and Dynamics, and PREA Boundaries, Fraternization before working alone with clients. The agency also developed a Power Point training on PREA. Also, upon hire new staff must review the PREA Policy and Procedures. Usually this occurs on the employee's first day. The Site Supervisor reviews the Policy and Procedure with the new staff. The Power Point training includes information for dealing with male and female residents as they relate to PREA issues. The training materials provided for all staff covers the criteria in the standard.

During the on-site visit, I interviewed all 8 current staff. Six of the current 8 staff were hired in the past 2 years. All six of those staff stated that they were trained on PREA shortly after hire. The 2 other staff were hired over 5 year ago, and they first received PREA at least 2 years ago. All staff, except the most recently hired, reported receiving update training on several occasions. The update training involves reviewing the same information reviewed upon hire.

All staff were very aware of PREA and were able to recite reporting duties, first responder duties and other responsibilities as a staff member. During the on-site visit, I reviewed all 8 staff files to verify that PREA training was received. All 8 staff signed acknowledgments that initial and update training (if relevant) was provided.

Based upon my review of the ACS PREA training materials, PREA Policy and Procedure, and interviews with 8 staff and the PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 currently has no contract staff or volunteers. There is currently one intern. The PREA Policy and Procedure states that volunteers, interns and contractors will be trained on PREA based on the level of contact with residents, prior to working with residents.

During the on-site visit, I interviewed the intern, who confirmed she was trained on PREA. The Site Supervisor reviewed the policies and procedure with her and she reviewed the on-line materials.

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

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions?
 Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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." Staff must read the materials to the resident. The Pre-audit Questionnaire states 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.

The Notice to Residents includes information on the agency zero tolerance policy and other criteria identified in the standard.

During the on-site visit, I interviewed 10 of the current 15 Marshall House residents. All 10 of the residents reported that they received information about PREA within 1-3 days of arrival, most within 24 hours. I also reviewed the files of all 15 current residents and 16 discharged resident files. All current and discharged resident files contained signed acknowledgements that residents received PREA information within the first 72 hours of arrival. Overall, I reviewed the files of 31 of the 64 residents admitted to the facility in the past 12 months.

During interviews, all 10 residents were very aware of PREA and were familiar with various ways to report an assault. PREA information, including posters and information about victim support services, is posted by the hallway outside of the staff office in clear view of all residents.

During the on-site visit, I interviewed the staff member who conducts PREA orientation with all residents. He stated that he reviews the PREA Notice to Residents with residents at intake, usually within 24 hours of arrival. He reads the materials to every resident. He will assess if the resident is able to read and comprehend the information. If the resident has difficult reading or comprehending the information, he will spend extra time reviewing the materials to them.

The agency has the PREA pamphlet and PREA Notice to Residents in Spanish and large print for visually impaired residents. The PREA policy and procedure states that staff read the Resident Notice to residents. The agency does not accept residents who are deaf or hard of hearing, residents who are blind or visually impaired, or with physical disabilities due to licensing requirements and programming issues.

Based upon my review of the Pre-audit Questionnaire, the PREA Policy and Procedure, the PREA Notice to Residents, 15 current resident files, 16 discharged resident files, and interviews with 10 residents and the staff member who conducts intake, I conclude that the agency complies with all aspects of the standards.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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, the agency has designated 5 supervisory staff to investigate PREA complaints within the agency. The agency provided documentation these staff completed the National Institute of Corrections training, "PREA Investigating Sexual Abuse in a Confinement Setting."

Kim Adams, the PREA Coordinator is the lead PREA investigator for the agency. During the on-site visit, I interviewed her regarding investigations. She has been involved in all of the agency PREA investigations in the past couple of years. Adams was able to describe the investigative process and the steps to follow. Although Marshall House had no investigations in the past 12 months, I have reviewed several previous investigations while conducting PREA audits at other ACS facilities. The agency documents the investigations in a detailed report. The response of the local police/investigating agency was included.

Adams stated that whenever a complaint is received, an investigation is immediately commenced. The previous investigations were completed between 48 hours and 2 weeks from when the complaint was received. Adams described the investigation process. I believe that that Adams and other investigators have applied the techniques from the investigator training and the criteria in the standard to the investigations.

Based upon my review of the questionnaire, training documentation of the agency's PREA investigators, and the interview with the PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
-
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 any mental health staff. Some of the other ATTIC facilities have medical staff. The PREA Policy and Procedure states the medical staff, shall receive the same training as other SATC staff.

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No

- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 facility, residents will be assessed for risk of victimization and abusiveness using an objective tool within 72 hours of arrival and be reassessed within 30 days of the resident's arrival." The policy goes on to state that residents will not be disciplined for refusing to answer questions. It states that the agency will control the results of the risk assessment within the facility and not allow staff to exploit sensitive information.

The policy also states that a resident's risk level will be reassess when warranted due to a referral, request, and incident of abuse or receipt of additional information that's bears on the resident's risk of victimization or abusiveness. The policy addresses steps that the facility will take if residents are determined to be at substantial risk of abuse or other safety factors. Such steps may include transfer to a different facility, moving to a different room closer to staff office, and other placement issues.

The facility uses a "PREA Screening Form" with all residents. The form included most of the criteria from the standards, but there were several criteria missing from the screening form. In addition, there were numerous questions asked in the screening process that are confusing or irrelevant to the screening process.

Since the on-site visit, the agency amended the screening form. The amended form includes criteria from the standard. The agency also removed several criteria that were not required in the standard. The agency began using the amended form shortly after the on-site visit.

I interviewed the Case Manager, who is primarily responsible for completing the risk screening for new and existing residents. The Case Manager said that she assesses all new residents within 72 hours, but most are done within 24 hours. The facility has been regularly screening all residents since 2016. Re-assessments are usually completed between 15-30 days of the resident's arrival. The facility maintains the completed assessments in a locked drawer in the Case Manager's file. Only the case manager and site supervisor have access to the file. If a resident presents risk factors from the screening, the Case Manager refers the case for staffing with the clinical staff. They staff cases weekly, but if there was a high risk situation, they would staff it immediately. The Case Manager said that they staff would look at several issues if someone is at risk or poses a risk, including room assignment and placement. The facility has the option of placing someone in a single room if needed.

During the on-site visit, I conducted interviews with 10 of the current 15 residents. All 10 of the residents stated that they were assessed within a few days of intake. Nine of the 10 residents said they were assessed a second time within the first month. One resident had only been in the facility less than three weeks and was not due for a second assessment.

In addition to resident interviews, I reviewed completed risk assessments for all 15 of the current residents and 16 discharged residents. All of the current residents had the initial risk assessment within 30 days of arrival. Twelve of the 15 current residents were in the facility for over 30 days and required a second assessment. Ten of the twelve had a second screen within 30 days. One resident did not receive a second screen until 45 days after arrival and one resident did not receive a second screen until about 2 ½ months after he arrived.

Regarding the review of discharged residents risk screenings, I randomly selected the files for 16 residents who were discharged within the past 12 months. Of those 16 residents, 13 received their initial screen within 72 hours. The remaining three received the initial screening within 14 days, 11 days, and 4 days. Regarding the second assessment, 14 of the 16 residents were in the facility over 30 days and required a second screening. Of those 14 residents, 11 were screened with 30 days. One resident was screened 40 days after arrival and 2 residents did not receive a second screening during their time in the facility.

Corrective action was necessary because the screening form did not include all of the criteria from the standards. In addition, the agency did not complete all screens according to the timeframes in the standard. Of the original 32 risk screens reviewed, 7 were not done within the time frames in the standard. Immediately after the on-site visit, the agency amended the risk screening form to comply with the standards. The agency began using the amended form shortly after the on-site visit.

Following the corrective action period of four months, the agency forwarded completed risk screens for 12 residents admitted since the on-site visit along with a resident roster of all admits and discharges. The agency demonstrated consistent and timely completion of the risk screens.

Overall, I reviewed completed risk assessments for 43 of the 76 residents admitted to the facility within the past 16 months. This included risk screens submitted as part of corrective action.

Based upon my review of the PREA Policy and Procedures, the PREA Risk Screen Form, completed risk screens for all residents admitted prior to the on-site visit and through corrective action, and interviews with 10 residents and the Case Manager who completes risk screening, I conclude that the agency complies with all aspects of the standard.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 any other resident whom staff has expressed concerns regarding a resident's safety from sexual abuse/assault, shall notify their supervisor immediately." The supervisor and PREA Coordinator will ensure that appropriate steps are taken to protect the resident, including, but not limited to, transferring to another facility where they can be housed more appropriately (i.e. single room) moved to another room in the facility closer to the staff office increased contact with case management staff to provide ongoing support, etc." The facility does not have separate units or wings, so section (f) is not applicable.

Regarding transgender or intersex residents, the Policy and Procedure states that ACS would consider on a case-by-case basis where to house the resident. ACS has other male and female halfway houses, some of which have single rooms. If necessary to protect a resident, they are able to place a certain resident at another facility if needed to protect the resident. The risk screening done at Marshall House asks all residents, including LGBTI residents, about their own views of their safety. All residents are allowed to shower separately from other residents. All ten residents interviewed said they were able to shower privately without be viewed by staff or other residents.

Based upon my review of the PREA Policy and Procedure, and interviews with the Case Manager, PREA Coordinator, and 10 residents, I conclude that the agency complies with all aspects of the standards.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 residents have several ways for residents to report: verbally, in writing, anonymously, and third party. The Policy and Procedure and Notice to Residents state that residents may report sexual abuse, harassment, or retaliation to any staff member, the case manager, probation and parole agent, the residential supervisor, the ACS PREA Coordinator, the Department of Corrections PREA Coordinator or 911. Residents receive the Notice to Residents at intake. During the on-site visit, I observed a "PREA board" which included the names and telephone numbers of agencies for residents to report sexual abuse. The board has the phone number for the Sexual Assault Center. The Sexual Assault Center confirmed that Marshall House residents are able to confidentially report sexual abuse or harassments 24 hours per day. The Policy and Procedure also lists different ways residents may report abuse. The Policy and Procedure states that staff shall accept third party reports and must immediately report the information to a supervisor.

During the on-site visit, the 10 residents that I interviewed were aware of multiple reporting option for residents. In addition, staff interviewed were aware of the agency policy regarding multiple reporting options for residents and receiving third-party reports.

During interviews with 10 staff, all staff said they would be able to privately report abuse to the supervisor or PREA Coordinator

Based upon my review of the PREA Policy and Procedure, Notice to Residents, posted information in the facility, interviews with 8 residents and 10 staff, and staff at the Sexual Assault Center, I conclude that the agency complies with all aspects of the standard.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
 Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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, the grievance process is not to be used by residents for PREA complaints. The PREA Notice to Residents states "the ACS grievance process will not be used to address resident grievances regarding sexual abuse. As a result, the agency is exempt from this standard.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 Policy and Procedure states that residents will be allowed to contact support services privately and will not be monitored by staff. It states that the agency will ensure that communications with community resources/advocates are confidential to the extent allowable by law. It also states that victims 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.

The PREA Notice to Residents states that residents who are victims of sexual assault will be given timely access to crisis intervention and mental health services. It states that residents will be allowed to contact support services privately and will not be monitored by staff. It does state that there are limits to confidentiality if information falls under mandatory reporting laws.

ACS has a PREA pamphlet, posted on the bulletin board and available to residents, which states that victims have access to community treatment and mental health services in a timely manner. The PREA bulletin board also has the names and telephone numbers of agencies that can provide confidential support services. Specifically, information about the Sexual Assault Center of Green Bay is posted on the board.

The PREA Coordinator provided me with a copy of a letter to the Sexual Assault Center requesting an agreement with the center to provide support services for residents of Marshall House. The Sexual Assault did not sign the agreement, but I contacted the agency to verify that support services were available. On 3-13-19, I spoke with Samantha Bouressa, Program Supervisor with Sexual Assault Center of Green Bay, who confirmed that their agency would provide victim support services for any resident of Marshall House. The agency would provide 24/7 support services. The agency provides services which are confidential and free of charge, including crisis intervention, support counseling, medical and legal advocacy, and follow up assistance, to include support groups. Marshall House has the telephone of the Sexual Assault Center posted in the facility. According to Ms. Bouressa, her agency has not received reports of sexual abuse or harassment from Marshall House residents and has not provided support services.

Based upon my review of the PREA Policy and Procedure, Notice to Residents, PREA bulletin board, PREA pamphlet and the Sexual Assault Center of Green Bay, I conclude that the agency complies with all aspects of the standard.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Notice to Residents states that residents may report sexual abuse or harassment to a third party, as well as other ways to report sexual abuse. The agency provides residents with a copy of the notice upon arrival and posts information in the office/reception area. During interviews with 10 residents, all were aware of multiple ways to report sexual abuse and all were aware that they could report through a third-party. The Policy and Procedure and ACS website have information regarding third party reporting. All staff interviewed were familiar with third party reporting for residents. The ACS website states that the agency accepts third party reports and has information on how to file a third party report: "By completing the contact information on this page – it will go to the confidential email address of PREA@correctionalservices.org"

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

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No NA Marshall has no medical or mental health staff.
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No NA Marshall has no medical or mental health staff.

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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

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

During the on-site visit, I interviewed all 8 staff who stated that they were required to immediately report any knowledge, suspicion, or information regarding sexual abuse or harassment. Employee files included a signed "PREA and Professional Boundaries Annual Acknowledgement". The form signed annually states "I understand that I can be liable for not informing my supervisor of any PREA or Professional Boundary related issues that I have witnessed, heard, or suspect."

Based upon my review of the Policy and Procedure and interviews with the PREA Coordinator and all 8 staff, I conclude that the agency complies with all aspects of the standard.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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."

According to the Pre-audit Questionnaire, Marshall House had not an incident in the past 12 months where a resident has been subject to a substantial risk of imminent sexual abuse.

During interviews with all 8 staff, all staff identified specific steps they would take if a resident were at imminent, including protecting the victim and separating the victim from the alleged perpetrator. Staff consistently said they would protect the victim, call 911 and the supervisor.

The Site Supervisor was also interviewed and she was able to cite various steps that the facility would take to protect a victim who is at from imminent risk.

Based upon my review of the PREA Policy and Procedure and interviews with 8 staff, including the Site Supervisor, I conclude that the agency complies with the standard.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 if a resident reports a sexual assault that occurred while in an institution, jail, or other correctional facility, the staff shall report this information immediately to the Program Manager. The Program Manager will report the incident to the "head of the facility" where the abuse occurred. It also states the Program Manager will make this notification as soon as possible, no later than 72 hours after receiving the allegation. The Pre-audit Questionnaire states that the agency has not received any allegations from residents that they were sexually abused while confined at another facility. In an interview with the facility supervisor, she confirmed that Marshall House has not received such reports.

Based upon my review of the PREA Policy and Procedure and interview with the Site Supervisor and PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

All staff at Marshall House are considered first responders. 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 policy directs staff to immediately call 911 for law enforcement and medical assistance if needed for the victim. There are specific notification procedures for the staff and Program Manager. There are procedures described for having the abuser placed into custody by DOC or law enforcement. It includes securing of the crime scene, writing of reports, and notifying the victim of their option to proceed with the investigation. It includes information for the victim to be evaluated by the treatment team to determine mental state to ensure stability and signs of post-traumatic stress and to offer victim support.

In the PowerPoint training slides that all staff are required to view, first responder duties are described on several slides. The first step is protecting the victim. There is a PREA First Responder flow-chart for staff to follow. During the on-site visit, I interviewed 8 staff who all were to identify important steps in the process if they were the first staff made aware of an assault. These steps included the criteria identified in the standard.

Based upon my review of the PREA Policy and Procedure, the PowerPoint training slides, and interviews with 8 staff, I conclude that the agency complies with all aspects of the standard.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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

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

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

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No NA
ACS has no collective bargaining agreements and does not have contracts with other agencies to house residents.

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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/CEO Designee, ACS does not have any collective bargaining agreements and does not anticipate such agreements in the near future.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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.

During the on-site visit, I interviewed the PREA Coordinator regarding retaliation. She monitors retaliation at Marshall House along with the Site Supervisor. She stated "We monitor all retaliation." While they have not had issues of retaliation at Marshall House, ACS has monitored retaliation other facilities that she supervises. The PREA Coordinator cited several actions to take in order to determine if retaliation was occurring and would follow the criteria in the standard for monitoring retaliation.

If a staff member is involved, she said the first step would be to place the staff member on suspension. In any situation, 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. 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.

If there is harassment occurring, the agency would contact police. The PREA Coordinator said she would monitor the retaliation for at least 90 days and longer if the situation needed more monitoring.

The PREA Policy and Procedure and the ACS website include information on retaliation and how to report retaliation. The Notice to Halfway House Residents, which is provided 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."

ACS has a PREA pamphlet, which is available to residents, addresses retaliation and has similar language to the Notice to Residents. This information is also posted on the PREA bulletin board.

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

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 has not had received any reports of sexual abuse or harassment in the past 12 months.

The PREA Policy and Procedure has information regarding 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. The agency provided documentation that all 5 have completed NIC training for PREA investigations.

The agency complies with (b) and (c) regarding investigators and training. The Policy and Procedure states that the agency will communicate with law enforcement and keep reports on file for a minimum of 10 years.

The PREA Coordinator is one of the designated investigators and directs all investigations. She has been involved in several PREA investigations over that past couple of years. I interviewed her regarding investigations. She was able to describe the various steps in the investigation process, evidence retention, interviewing the victim, consulting with law enforcement on prosecution, judging credibility, and other aspects of investigations. The agency has not had the experience of doing compelled interviews in a sexual abuse case, but they would discuss it with the investigator or prosecutor. The 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 staff member; the agency keeps the report on file for as long as the abuser is employed by the agency, plus five years.

Although there were no investigations at Marshall House to review, during previous audits I have reviewed several investigations that occurred at other ACS facilities. The agency follows the criteria in the standards and works closely with law enforcement when necessary.

Based upon my review of the PREA Policy and Procedure and previous investigations conducted by ACS, and the interview with the PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No

- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 the criteria in the standard regarding reporting to the victim. The Policy and Procedure states it will inform the victim if the allegation is substantiated, unsubstantiated, or unfounded. There is a definition for each of these findings. In a case of staff sexual misconduct, a victim is informed if the staff is no longer posted in the facility, if the staff is no longer employed and if the staff has been charged or convicted. The policy states, "All such notifications or attempted notifications shall be documented. ACS's obligation to inform the victim ends when the victim is discharged from the agency."

The PREA Notice to Residents provided to residents upon arrival, also describes "possible outcomes of an investigation" and reporting to the victim. The Notice includes similar information to the agency policy. In the past 12 months, Marshall House had not had any PREA investigations.

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

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedure addresses Disciplinary Sanctions for staff. It states, "Disciplinary measure will be taken, up to and including termination. If staff was found to have engaged in sexual abuse, termination will result. Other disciplinary action for violating agency policy regarding sexual abuse or harassment is commensurate with the nature and circumstances of acts committed, staff disciplinary history, and sanctions imposed for comparable offenses by other staff for similar histories."

The policy also states that terminations or resignations for sexual abuse/harassment will be reported to law enforcement unless the activity was clearly not criminal, and to relevant licensing bodies. All staff have signed acknowledgments that they are aware of the agency policy. I reviewed the signed acknowledgment in the staff files. As mentioned earlier, Marshall House has received no complaints of sexual abuse or harassment in the past 12 months.

Based upon my review of the PREA policy and Procedure and interview with the PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 and questionnaire, Marshall House does not currently have contract staff or volunteers. There is currently one intern at Marshall House. The PREA Policy and Procedure addresses "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 and Pre-audit Questionnaire, and the interview with the PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 for resident-on-resident abuse, sanctions will be determined by the referring agency (Wisconsin Department of Corrections –DOC or Federal Bureau Prison). In the interview with the PREA Coordinator, she said that if a resident were suspected of sexual abuse, they would be immediately removed from the program. The staff would contact DOC or Federal Bureau of Prisons and have the resident placed in custody. DOC would detain any resident accused of sexual abuse pending investigation. If was the abuse was substantiated, the sanction is be determined by the Dept. Of Corrections. DOC would provide due process prior to return to prison or court. In any event, ACS reports that any resident found to have engaged in sexual abuse would not likely return.

The agency reports that they have had no criminal or administrative findings of resident on resident sexual abuse in the past 12 months. The agency policy and procedure states that sanctions will be determined by the referring agency, "commensurate with the nature and circumstance of abuse with consideration given to resident perpetrator's mental disabilities or illness." The policy does not address the issue of requiring 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 PREA Policy and Procedure states, "Residents engaging in nonconsensual 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).

According to the Pre-audit Questionnaire, the facility policy does not prohibit sexual activity between residents.

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

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedures state that following a report of sexual abuse, staff shall contact 911 for local law enforcement to respond, and if the resident is in need of medical attention, an ambulance should also be requested." It also states, "The victim shall be evaluated by a member of the treatment team to determine mental state to ensure stability, and signs of post-traumatic stress disorder". The Policy and Procedure 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." It also states that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident

The Policy and Procedure states that victims will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis with professionally accepted standards of care to comply with (c).

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 that timely access to medical treatment and crisis intervention service and treatment, including access to sexually transmitted disease prophylaxis shall be provided without financial cost to the victim. It also states that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident

Per sec. (b), the agency defines steps that first responders would take to protect the victim since the facility does not have medical and mental health practitioners. In interviews with 8 staff members, all staff were familiar with the steps to take if they were the first staff member to be informed that a sexual assault occurred.

Based upon my review of the Policy and Procedure and the Notice to Residents, I conclude that the agency complies with all aspects of the standards.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Notice to 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." Prior to corrective action, The Notice to Residents did not specifically refer to pregnancy-related services as required in the standards.

The PREA Policy and Procedure and Notice to Residents addresses on-going medical and mental health treatment. It states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 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. It shall provide victims with emergency contraception, and sexually transmitted disease prophylaxis. The policy also states that it shall provide victims of sexually abusive vaginal penetration pregnancy testing and timely and comprehensive information about and timely access to all lawful pregnancy-related services.

The PREA Policy and Procedure states that the agency will provide residents access to victim support services when requested, a list of support services and their phone numbers will be posted on the PREA bulletin board at each halfway house. Residents will be allowed to contact support services privately and will not be monitored staff." It 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. ACS will ensure that referrals are to reputable medical and mental health care practitioners who are experienced in detecting and assessing signs of sexual abuse and reporting of such concerns to ACS treatment staff and case managers. Victims will be provided with unimpeded access to emergency and crisis intervention services."

The policy states, "The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners."

During the on-site visit, I observed posted information in the facility that included names and numbers of agencies that provided support services for victims. These services listed included the Sexual Assault Center of Green Bay, which provides victim support services and 24-hour crisis hotline.

As part of corrective action, the agency amended the PREA Notice to Residents to include language from the standard 115.283 (d) that specifically states that the agency shall offer pregnancy testing to victims of sexually vaginal penetration while incarcerated; and (e) If pregnancy results from conduct specified in (d), such victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The new language complies with the standard.

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

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 to include the Program Manager, a member of the treatment team, PREA Coordinator and Division Director. The team reviews each reported incident and investigation. The PREA Policy and Procedure states "within 30 days of the conclusion of the investigation, prepare a report of findings and implement the recommendations for improvement. Consideration should be given to changes needed, if the incident or allegation was motivated by race, gender, LGBTI status, gang affiliation or other group dynamics at the facility. Examine where it occurred in the facility, access adequacy of staffing levels, and whether monitoring technology should be upgraded or changed."

Marshall House has not had any sexual abuse investigations in the past 12 months. However, during previous audits of ACS facilities, I have reviewed several incident reviews and the agency followed the criteria in the standards during these reviews.

Based upon my review of the PREA Policy and Procedure, and previous Incident Reviews, I conclude that the agency complies with all aspects of the standard.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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, practices, and training." It states that the agency will collect, review, and store data. It also refers to annual reviews of incident-based data. The agency has an ACS PREA Incident Log for all of its facilities. The data collection log complies with the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. 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. The log also includes demographic information about the victim, age, race, and gender.

Based upon my review of the Pre-audit Questionnaire, the Policy and Procedure, and Incident Log, I conclude that the agency complies with all aspects of the standards.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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, practices, and training. An annual report will be prepared comparing current and past years' data, which is approved by the CEO and made readily available to the public through our website." It also states that information may be redacted prior to publication when it would present a clear and specific threat to the safety and security of a facility. The agency has published annual PREA reports for 2015, 2016, 2017 and 2018 on its website. I reviewed the annual reports of the ACS website.

The reports included the number of PREA incidents, and the outcome of the investigations. The report includes a review of the incidents and the steps that the agency has taken to address the incidents.

In 2018, the agency reported 7 incidents of sexual abuse or harassment at its 5 facilities. Two incidents were substantiated and 5 unsubstantiated. The agency determined that additional staff training on PREA and boundaries was needed, as well as providing residents with additional education on PREA.

Based upon my review of the Policy and Procedures, and the annual PREA reports on the ACS website, I conclude that the agency complies with all aspects of the standard.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 will be securely retained for at least 10 years with personal identifiers removed. The agency has published annual PREA reports for 2015, 2016, 2017 and 2018 on the ACS website. The reports included the number of PREA incidents, and the outcome of the investigations. Personal identifiers have been removed. Based upon my review of the Policy and Procedures and the ACS website, I conclude that the agency complies with all aspects of the standards.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 currently has 5 halfway houses in Wisconsin that require PREA audits. The agency began audits of its facilities in January 2016. I have conducted all of the PREA audits since that time. ACS had 3 facilities audited in 2016, 2 in 2017 and 1 in 2018. An audit of another facility was scheduled in 2018, but the agency closed the facility before the audit. The current audit of Marshall House is the second PREA audit conducted of that facility. Although the agency did not begin audits until 2016, they have indicated that it is their intent to have 2 facilities audited each year. An audit of the Schwert Treatment Center is scheduled for June 2019.

During the audit, ACS provided me with access to all of the Marshall House staff, residents and relevant records. I was able to observe all areas of the facility. I was able to conduct interviews with staff and residents in a private office. I did not receive confidential correspondence from residents.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

I reviewed the ACS website and confirmed that the agency published the 6 final audit reports completed since 2016.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Lawrence J, Mahoney

July 30, 2019

Auditor Signature

Date