

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

Interim     Final

Date of Report: December 3, 2022

**Auditor Information**

<b>Name:</b> Lawrence J. Mahoney	<b>Email:</b> Mahoneylj@live.com
<b>Company Name:</b> Mahoney and Associates, LLC	
<b>Mailing Address:</b> 6650 W. State St. #208	<b>City, State, Zip:</b> Wauwatosa, WI 53213
<b>Telephone:</b> 262-930-5334	<b>Date of Facility Visit:</b> June 21, June 23, 2022

**Agency Information**

<b>Name of Agency:</b> ATTIC Correctional Services, Inc.		<b>Governing Authority or Parent Agency (If Applicable):</b> NA	
<b>Physical Address:</b> 601 Atlas Ave.		<b>City, State, Zip:</b> Madison, WI 53714	
<b>Mailing Address:</b> P.O. Box 7370		<b>City, State, Zip:</b> Madison, WI 53707	
<b>Telephone:</b> 608-223-0017		<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Agency Is:</b>	<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
<b>Agency mission:</b> 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.			
<b>Agency Website with PREA Information:</b> www.correctionalservices.org			

**Agency Chief Executive Officer**

<b>Name:</b> Vicki Trebian	<b>Title:</b> President and CEO
<b>Email:</b> vtrebian@correctionalservices.org	<b>Telephone:</b> 608-223-0017 ext.206

**Agency-Wide PREA Coordinator**

<b>Name:</b> Rick Biegel	<b>Title:</b> Agency Trainer and PREA Coordinator
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<b>Email:</b> rbiegel@correctionalservices.org		<b>Telephone:</b> 608-223-0017 ext.213	
<b>PREA Coordinator Reports to:</b> President and CEO		<b>Number of Compliance Managers who report to the PREA Coordinator</b> 0	
<b>Facility Information</b>			
<b>Name of Facility:</b> Foster Correctional Treatment Program			
<b>Physical Address:</b> 5706 Odana Rd. Madison, WI 53719			
<b>Mailing Address (if different than above):</b> <a href="#">Click or tap here to enter text.</a>			
<b>Telephone Number:</b> 608-273-3055			
<b>The Facility Is:</b>		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal		<input type="checkbox"/> County	<input checked="" type="checkbox"/> Private not for Profit
		<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<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		
<b>Facility Mission:</b> 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.			
<b>Facility Website with PREA Information:</b> correctionalservices.org			
<b>Have there been any internal or external audits of and/or accreditations by any other organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Director</b>			
<b>Name:</b> Todd Vieth		<b>Title:</b> Program Director	
<b>Email address:</b> tvieth@correctionalservices.org		<b>Telephone:</b> 608-244-1891	
<b>Name:</b> Rick Biegel		<b>Title:</b> Agency Trainer/PREA Coordinator	
<b>Email:</b> rbiegel@correctionalservices.org		<b>Telephone:</b> 608-223-0017 ext. 213	
<b>Facility Health Service Administrator</b>			
<b>Name:</b> NA		<b>Title:</b>	
<b>Email:</b>		<b>Telephone:</b>	

Facility Characteristics	
Designated Facility Capacity: 19	Current Population of Facility: 17
Number of residents admitted to facility during the past 12 months	109
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:	4?
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	83
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	109
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 <input type="checkbox"/> Juveniles <input type="checkbox"/> Youthful residents
18 +	Click or tap here to enter text.      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:	9
Number of staff hired by the facility during the past 12 months who may have contact with residents:	5
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: 0
Number of Multiple Occupancy Cell Housing Units:	8
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.): 17 closed circuit cameras. Cameras are monitored 24/7 by staff. Video is recorded using high speed security DVR. Stores for a total of 3 months. Cameras are in all common areas of facility and exterior.	
Medical	
Type of Medical Facility:	NA
Forensic sexual assault medical exams are conducted at:	Click or tap here to enter text.
Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	0
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	3

## Audit Findings

### Audit Narrative

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

At the time of the on-site visit, had 9 staff, including the Program Director. There were no volunteers or contract staff. At least one staff member is present in the facility 24 hours per day/7 days per week. The staff includes the Program Director, the Case Manager, Site Supervisor, Behavioral Support Specialists, Behavioral Support Assistants, Social Worker/Intake Coordinator, Health Screen Nurse, and an AODA Counselor. The nurse is part-time and there is no other medical or mental health staff at the facility.

The Pre-audit Questionnaire and Notice of Audit was sent to the agency on April 11, 2022. On April 4, 2022, the Program Director sent me photographic documentation that the Notice was posted in the facility. The PREA Coordinator returned the questionnaire and supporting documents on May 15, 2022.

The audit of Foster is the third audit that I have conducted of that facility. The previous audits were in 2016 and 2018 and the agency complied with all applicable standards after corrective action. ATTIC has 4 other halfway houses in Wisconsin. Since 2016, I have conducted 11 audits at all the ATTIC facilities.

The PREA Policies and Procedures at Foster are identical to those at the other four facilities that I audited. During previous audits, ACS amended all its PREA Policies and Procedure, the PREA Notice to Halfway Residents, and its PREA training materials to comply with the standards.

Prior to the on-site visit, I reviewed the Pre-audit Questionnaire and relevant documents that the agency included with the questionnaire.

I also contacted Dana Pellebon, the Co-Executive Director of the Dane County Rape Crisis Center to verify support services for victims.

The on-site visit of Foster was originally scheduled for May 25-26, 2022. However, due to a Covid outbreak in the facility, the on-site visit was rescheduled to June 19 and 21, 2022.

The on-site visit included a tour of the facility with the on-site supervisor. I was able to see all areas of the facility. I observed the "Notice of Audit" posted in the facility in 2 separate areas. I also observed PREA information posted in the facility. The information included the zero-tolerance policy, reporting information, and victim support information, including 24-hour sexual assault hotlines.

During the on-site visit, I conducted interviews with 9 staff members, including the Program Manager. In addition, I interviewed the PREA Coordinator, and CEO. On July 13, 2022, I conducted a phone interview with the Human Resource Manager.

Specialized interviews included those staff responsible for conducting intake and risk assessments. Interviews included first responders, staff who monitor retaliation, and agency investigators. There were no volunteers or contract staff. I interviewed the part-time health screen nurse. There are no mental health staff.

On the dates of the on-site visit, the facility had 17 residents. During the two days, I randomly selected 10 residents for interviews. I also interviewed 2 targeted residents. One resident was hearing impaired, and one resident reported prior sexual abuse. No residents reported sexual abuse while in the facility. I was able to conduct interviews in a private office.

During the on-site visit, I reviewed personnel files of 9 current staff to verify that the agency conducted criminal background checks and that staff were trained on PREA. I reviewed resident files for all 17 current residents and 12 discharged residents to confirm that residents received PREA information at intake and that risk screening occurred. I reviewed discharged files for the past 12 months.

During the 2 days of the on-site visit, I spent about 13 hours in the facility.

According to the Questionnaire and the PREA Coordinator, Foster reported no reports of sexual abuse or harassment in the past 12 months.

## Facility Characteristics

Foster Correctional Treatment Center is a 19-bed halfway house for male residents located in the City of Madison. All residents are under the supervision of the Department of Corrections (DOC) - Division of Community Corrections. ACS has a contract with DOC to operate the facility. Many of the residents are registered sex offenders.

Foster is in a 3-story building. It occupies the entire lower level. The Department of Corrections-Division of Community Corrections occupies the upper floors. Many of the residents have an assigned Probation and Parole Agency in the building. There are 8 bedrooms in the facility, with 2-3 residents per room. All bedrooms have single-use bathrooms in which residents can lock the door.

During the on-site visit, I observed all areas of the facility. All the facilities operations are on one floor, with a central staff office/reception area. There are 2 TV rooms, kitchen/dining area, a group room, a laundry room, and storage rooms.

The facility has a total of 17 cameras on the interior and exterior. All common areas of the facility can be observed via the cameras.

## Summary of Audit Findings

Following the on-site visit, I reviewed all my interview notes, file reviews, and personnel information. I also reviewed the PREA Notice to Halfway House Residents, PREA Policy and Procedure, training materials, and other information relevant to the audit. I contacted the Dane County Rape Crisis Center to confirm that victim advocacy services are provided. I also interviewed the Human Resource Manager.

Following a review of all relevant information, I determined that the agency exceeded 1 standard and complied with 35 applicable standards. Standards were not met for 2 standards. Corrective action was required for 1 standard. Corrective Action for 115.401- Frequency and Scope of Audits is not applicable.

The corrective action period was for 90 days. Following the corrective action period of 90 days, the agency submitted risk assessments for 30 residents who were admitted during that time. After reviewing the assessments, I determined that the agency has consistently completed risk assessments according to the criteria in the standards.

**Number of Standards Exceeded:** 115.211

**Number of Standards Met:**

115.212 115.213 115.215 115.216 115.217 115.218 115.222 115.232 115.233 115.234  
115.235 115.241 115.242 115.251 115.252 115.253 115.254 115.261 115.262 115.263  
115.264 115.265 115.266 115.267 115.271 115.272 115.273 115.276 115.277 115.278  
115.282 115.283 115.286 115.287 115.288 115.289 115.402

**Number of Standards Not Met:** (115.401 corrective action not applicable).

## 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*)

The "PREA Policy and Procedure" was first developed in April 2013 along with the PREA Notice to Halfway House Residents. In response to an audit that I conducted at another ACS facility, the agency amended these documents in 2016. The amended documents 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.

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

During the on-site visit, I interviewed 9 staff members and 12 residents. All the staff and residents were aware of PREA and the agency's no-tolerance policy.

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

Rick Biegel was designated the ACS PREA Coordinator in May 2019. He is also the agency training coordinator. Biegel oversees PREA compliance for 5 halfway houses operated by ACS.

Biegel was interviewed, was present for the on-site visit and was involved in the audit process. Biegel states that he has sufficient time to manage his PREA-related duties. He answers directly to the President/CEO and can implement PREA policies and procedures and oversee PREA standard compliance. He is responsible for ensuring all facilities are following standards, coordinating training for all staff, and ensuring residents are educated on PREA.

The ACS President/CEO was also present during the on-site visit and was interviewed. She demonstrated a commitment to following the PREA standards in all its facilities and keeping residents safe.

Based upon my review of the [PREA Policy and Procedure](#), [PREA Notice to Residents](#), notes from the on-site visit, and interviews staff and residents, the PREA Coordinator, and the President/CEO, I conclude that the agency exceeds the standards.

## 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 questionnaire, Foster does not contract with any agency 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*)

According to the Pre-audit Questionnaire and staffing pattern documents, Foster currently has 9 staff members, including the Program Director. The Program Director supervises other ACS facilities and is not at Foster full-time. In addition to the Program Director, the staff include the Site Supervisor, Behavioral Support Specialists, Behavioral Support Assistants, Social Worker/Intake Coordinator, Case Manager, AODA Counselor and a part-time health screening nurse. There is no mental health staff at the facility.

The staffing pattern requires a minimum of one staff per shift. During the week during first shift, there are several staff working. During the evenings, overnight and weekends, Behavioral Support Specialists and Behavioral Support Assistants are working. The facility always has a fulltime staff member on call. The facility is staffed 24 hours/7 days a week. The State of Wisconsin licenses the facility as a Community Based Residential Facility (CBRF) and regulations require 24/7 coverage. The contract with the Department of Corrections also requires 24/7 coverage. ACS management states that the facility has always complied with the staffing pattern.

Foster staff are required to conduct rounds/bed checks of the facility every hour at night and weekends. Staff are required to use an electronic scanner when conducting rounds, which part of the Secure Management System.

All the facilities operations are on 1 floor. There are 8 bedrooms in the facility, with 1-3 residents per room. During the on-site visit, I observed all areas of the facility. The staff offices and reception area are centrally located. There are also 2 TV rooms, a group room, kitchen/dining area, laundry room and locked storage areas. There are 2 staff bathrooms, which are always locked. staff. All the bedrooms have bathrooms for residents. Residents can use the bathroom in privacy and lock the door when in use.

The facility has 17 closed circuit cameras. Cameras are monitored 24/7 by staff. Video is recorded using high speed security DVR and stores for a total of 3 months. Cameras are in all common areas of facility, including the laundry room and the exterior.

All 12 Foster residents interviewed stated that they felt safe in the facility and that they have sufficient privacy to change clothes, shower and use the bathroom.

The PREA Policy and Procedure states, "The Program Manager, PREA Coordinator and CEO will review staffing patterns for each halfway house on an annual basis to determine that the staffing pattern is adequate based on the layout of the facility and taking PREA regulations into consideration. The staffing pattern review will be documented and kept on file by the PREA Coordinator for 10 years." The agency provided a copy of the annual staffing review for all ACS facilities. They determined that the staffing pattern at Foster was sufficient.

Considering the size of the facility and the physical layout of the facility, the staffing pattern and camera system are adequate to monitor and supervise the activities of the residents.

Based upon my review of the PREA Policy and Procedure and staffing pattern, tour of the facility, and interviews with the PREA Coordinator, 9 staff and 12 residents, I conclude that the agency complies with all aspects of the standards.

## 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 **The facility policy prohibits pat-downs 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 **The facility policy prohibits pat-downs or body searches of residents under any circumstances.**
- Does the facility document all cross-gender pat-down searches of female residents?  
 Yes  No **The facility policy prohibits pat-downs 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 **The facility policy prohibits pat-downs 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 **The facility policy prohibits pat-downs 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 states that the facility does not allow body searches or pat downs of any kind. It is a non-secure facility. During interviews with 12 residents, no one reported that they were searched at any time. Staff interviewed said that they do not pat down residents and do not do body searches of residents. The facility has procedures that state that residents can shower, perform bodily functions, and change clothes without viewing by any staff.

The policy does not allow a search or physical examination of transgender or intersex residents to determine the resident's genital status. The facility has a policy that requires residents to change clothing in the locked bathroom attached to their room. Residents are to be fully dressed while in their bedrooms and all common areas. The agency policy states that members of the opposite gender must announce their presence.

All the residents interviewed said that they can shower, toilet, and change clothes without being viewed by staff.

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

Based upon review of the PREA Policy and Procedures, interviews with 9 staff and 12 residents, and the on-site inspection, I conclude that the agency complies with the standard.

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

### **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 agency, Foster typically would not accept residents with serious physical or learning disabilities because of the nature of the program and its licensing requirements. For residents to benefit from the program, the facility would not likely accept resident with limited English proficiency, hard of hearing, or limited reading abilities. However, the agency has policies to address residents with disabilities.

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

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

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

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

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

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

During the on-site visit, 12 residents were interviewed. All residents said they were able to read and comprehend the PREA materials they received at intake. One resident was hearing impaired. He stated he understood the information provided to him and staff spent extra time explaining the PREA materials.

Based upon my review of the PREA Notice to Residents, PREA Policy and Procedure "Serving Clients with Limited English Proficiency", and "Serving Clients with Disabilities", and interviews with 12 residents, I conclude that the agency complies with all aspects of the standards.

## 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." On July 13, 2022, I interviewed the ACS Human Resources Manager, Brian Bergman. He confirmed the information in the policy. He reported that the agency conducts criminal background checks prior to hiring all employees. He also reported that the agency conducts criminal background checks on all existing employees every 4 years, which complies with the Wisconsin Caregiver Law and exceeds the PREA standards. He has a spread sheet that helps him follow on the 4-year checks.

The agency uses the Wisconsin Department of Justice-Crime Information Bureau (CIB) and Fidelitec to conduct a national criminal background. Fidelitec is done for all residential staff. They also check Wisconsin Circuit Court Access (CCAP). The agency hired 4 staff within the past 12 months. The agency recently began using Fidelitec for all new hires within the past year. While doing a file review of all current staff, the agency used Fidelitec for background checks on 3 current staff hired within the past 12 months. All staff hired longer than 1 year ago had either CIB and/or Fidelitec checks conducted.

All the current staff, except for the Program Director, were hired within the past 5 years, so updated background checks were not required for the remaining staff. The RN, hired 4 years ago, had a 4-year background checks for Wisconsin Caregiver laws. The agency has set up a procedure for assuring all ACS staff who transfer to a halfway house will have a criminal background check before working with residents. The facility does not currently have contract staff.

The agency provided me with a copy of their employment application. Applicants and employees seeking promotion must complete the application. 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." All staff hired within the past year were asked about prior abuse.

ACS policy requires annually asking current employees whether they have been involved in any sexual abuse or harassment. I reviewed all staff files and verified that all staff (5) hired more than 1 year ago were asked about previous misconduct.

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 reviews, I identified 1 current staff that previously worked in 2 correctional institutions. The agency provided documentation that it contacted the previous correctional employers.

Based upon my review of the PREA Policy and Procedure, ACS job applications, 9 personnel files, and interview with the Human Resources Manager, I conclude that the agency complies with all aspects of the standards.

## 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*)

ACS last opened a new facility, Addams House in 2015. They have not made any major expansion to any of its other facilities. According to the PREA Coordinator, the agency recently installed several additional cameras ACTP. During agency reviews, it was determined that additional cameras were needed.

## 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 **Facility does not accept clients under the age of 18.**

- 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*)

The ACS PREA Policy and Procedure describes staff responsibilities following a report of sexual abuse, including collecting and preserving evidence. The agency developed a uniform evidence protocol in 2016. The agency attached the form used for the protocol to the questionnaire. The protocol includes instructions to ensure the chain of evidence is maintained. The form has a checklist for maintaining the scene, taking photographs or videos, identifies staff involved/witnesses/incident reports. It has instructions and a checklist for collecting clothing, and other physical evidence. It identifies evidence that to be turned over to law enforcement. There is a process for conducting a room search of involved residents. Staff collecting evidence must note time started and completed and initial each task. I reviewed the guidelines issued by the U. S Department of Justice regarding uniform evidence protocol and compared those guidelines to the materials submitted by the agency. Based on that comparison, I conclude that the uniform evidence protocol developed by ACS complies with the standard.

Nine staff were interviewed during the on-site visit. All staff said they were familiar with the agency procedures for preserving physical evidence.

The City of Madison Police Department conducts all criminal investigations. Based on prior audits, I verified that the Madison Police Dept. has a sensitive crimes unit and follows a uniform evidence procedure for all sexual assault complaints. Foster has not received any reports of sexual abuse or harassment for several years, so no allegations have been referred to the police.

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

The agency provided a copy of a Memo of Understanding (MOU) between ACS and the Dane County Rape Crisis Center for victim support and emotional support services. The MOU states that the crisis center agrees to provide an advocate for victims who have a forensic medical exam, respond to calls from ACS residents on the crisis hotline, provide follow-up services and crisis intervention to victims, and maintain confidentiality.

The MOU states that ACS will facilitate follow-up between a resident and an advocate and will provide confidential 24-hour access to the Center at no cost to the resident.

On 12-9-21, I verified the information in the MOU by contacting Dana Pellebon, the Co-Executive Director of the Dane County Rape Crisis Center. Ms. Pellebon confirmed that the Rape Crisis Center would provide victim services to residents of any halfway house in Dane County, including providing an advocate to accompany and support the victim through the forensic medical exam process and investigatory interviews. They would also provide emotional support, crisis intervention, information, and referrals to victims of sexual abuse. SANE exams are conducted at Meriter Hospital.

Based upon my review of the PREA Policy and Procedure, Notice to Residents, the agency's Uniform Evidence protocol, interviews with 9 staff, the PREA Coordinator and the Co-Executive Director of the Dane County Rape Crisis Center, I conclude that the agency complies with all aspects of the standards.

## 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*)

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

In the past 12 months prior to the on-site visit, there were no reports of sexual abuse or sexual harassment.

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

## 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*)

Regarding training, the PREA Policy and Procedure states, "Employees will be trained on PREA prior to working a shift alone in the facility. Refresher training will occur every two years." The agency reports that the main training provided to staff is a Power Point training, "Professional Boundaries, Avoiding Fraternalization and PREA" (1.25 hrs.). On-line training also includes: "PREA Sexual Abuse: Dynamic, Detection, Reporting (2 hrs.).

All new staff complete this training and review the PREA Policy and Procedure. Training slides were included with the questionnaire. I reviewed the training slides and the PREA Policy and Procedure and determined that the training complies with 115.231 (a) (1). The training content also contained information on dealing specifically with male residents.

During the on-site visit, all 9 staff members interviewed said they received PREA training shortly after hire. The training included on-line Relias training and in-person training with the PREA Coordinator or supervisor. File review confirmed all staff received initial training. Staff had signed acknowledgement of training. Staff said that PREA was reviewed often at staff meeting or through emails. Staff hired over 2 years ago, received refresher training which was verified by file reviews.

The facility has a part-time screening nurse. Records show that the nurse has received training that complies with the standards for medical staff. The facility has no mental health staff.

Based upon my review of the agency's PREA Policy and Procedure, the training materials, and 9 personnel files, along with interviews with 9 staff interviews and the PREA Coordinator/Agency Trainer, I conclude that the agency complies with all aspects of the standards.

## 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*)

The PREA Policy and Procedure states, "volunteers, interns, and contractors will be trained on PREA based upon the level of contact with halfway house residents prior to working in the facility."

The PREA Coordinator confirmed that there are no contract staff, volunteers, or interns at Foster.

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 standards.

## 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 to Halfway House Residents" on sexual assault/abuse prevention, awareness, and reporting." The document details the agency zero tolerance policy, various ways for residents to report abuse, support services and other information that complies with the standards. During the on-site visit, I observed PREA information posted in the main hallway, between the staff offices and residents' living area. Information included the PREA zero-tolerance policy, the residents' PREA Notice and various ways to report abuse, and victim support services.

The Case Manager is primarily responsible for conducting intake on residents. The Social Worker sometimes conducts intake. During the on-site interview, the Case Manager was interviewed. All residents are given a copy of PREA Notice to Halfway House Residents and that the information is explained to the residents. Intake is done within 1-3 days. The information is explained in detail. She meets with the resident 1:1 to assure they understand the material. She asks the resident to explain the information back to her. She determines whether the resident can comprehend the information. Residents sign an acknowledgment that they received the notice.

During the on-site visit, all 12 residents interviewed said they received PREA education at intake. I reviewed 15 current resident files which confirmed that all residents received PREA education.

I also reviewed files for 11 discharged residents. These residents were admitted between September 2021 and March 2022. I was able to document that 8 of the 11 residents received PREA information at intake. The Program Manager said that during this time, they experienced staff shortages that may have contributed to intake not being documented. I don't believe that this situation should require corrective action as the agency has demonstrated that over the past several months that PREA education is consistently done and documented in the resident files.

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

Based upon my review of the PREA Policy and Procedure, the PREA Notice to Residents, information posted in the facility, 26 current and discharged resident file reviews, and interviews with the Case Manager and 12 current residents, 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*)

The PREA Policy and Procedure states, "specially trained individuals will be assigned to investigate promptly, thoroughly and objectively." It also states that investigators will complete National Institute of Corrections (NIC) training. ACS has designated 3 staff from the agency to conduct all investigations, including the PREA Coordinator, Program Manager, and a Program Manager. Two staff recently completed 16 hours of PREA investigator training through Northeast Wisconsin Technical College. One staff completed "PREA: Investigating Sexual Abuse in a Confinement Setting" an on-line course presented by the NIC. The agency provided documentation that these staff have been trained according to the standards.

The Program Director is one of the designated investigators. He was interviewed regarding the agency's investigations. The Program Director demonstrated that he follows the standards when conducting investigations. He has been involved in several investigations over the past 5 years. During previous audits, I reviewed completed investigations and verified that the agency uses only trained investigators.

Based upon my review of the PREA Policy and Procedure, training documentation, and the interview with the Program Director, I conclude that the agency complies with all aspects of the standards.

### 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*)

Foster has a part-time health screening nurse and no mental health staff. The nurse does not provide medical services on-site, only health screening. During the on-site visit, the nurse was interviewed, and she confirmed that she has received specialized training that complies with the standards. She has received the regular training that all staff receive in addition to specialized training. The personnel files confirmed completion of training. She does not conduct forensic medical exams and has a limited contact with residents.

Based upon my interview with the health screening nurse and review of personnel files, I conclude that the agency complies with all aspects of the standards.

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

Foster uses a PREA screening form that includes all the criteria from the standards.

The Case Manager was interviewed during the on-siter visit. She is primarily responsible for conducting risk assessments. She confirmed that risk screening is done on new residents within 72 hours of arrival. She also completes the reassessment, within 14-30 days. She was aware that an additional risk screen may occur if new information is received, but she has not done an additional screen to date.

The risk screen form is maintained on-line and only the treatment team has access.

The treatment team is involved if a resident has risk issues. Housing location is the primary issue with residents who are at risk for victimization or at risk to offend. They would place at risk residents closer to the office and consider who they are being roomed with. If necessary, residents could be moved to another ACS facility if it was safer for the resident. Based upon my review, about 50% of all residents had risk issues and were staffed for housing or other placement issues.

Residents at Foster can shower separately from other residents. There is a private bathroom in each resident bedroom and residents can lock the door when showering or using the bathroom. Residents are required to dress in the bathroom.

During the on-site visit, I conducted interviews with 12 residents. All the residents stated that staff asked them risk questions at intake. Eight of the 12 residents were in the facility for over 30 days. All these residents said they had a second assessment done.

I also reviewed completed risk assessments for 15 current residents. All 15 were screened within 72 hours. Regarding reassessments, 8 of 15 were in the program over 30 days. All 8 residents had a reassessment within 30 days.

I also reviewed completed risk assessments for 11 discharged residents. These residents were admitted between March 2021 and November 2021. Seven of the 11 residents received initial risk screening within 72 hours. Two residents were screened after 72 hours. Two residents did not receive an initial screen. One resident absconded within 72 hours.

Regarding the reassessment, 9 of the 11 discharged residents were in the program over 30 days. Seven of these residents were re-screened within 30 days. Two residents were not re-screened.

In summary, I reviewed a total of 26 current and discharged resident files. All the current residents were screened in a timely manner, however 6 of the discharged residents did not receive either an initial screen, a re-screening or both. Based on the numbers residents that were not screened according to the timeframes in the standards, I believe corrective action is necessary. As reported in 115.233, the Program Manager stated that staff shortages contributed to timeliness of resident education and risk screening earlier in 2022. Although the current residents have been screened according to the standards, the deficiency with discharged residents required corrective action.

The corrective action period was for 90 days from the date of the interim report. At the end of that period, the agency submitted resident rosters and completed risk screens for 30 residents admitted during that time. All 30 residents had risk screens completed within the time frames identified in the standard.

Based upon my review of The PREA Policy and Procedure, the risk screening form, interviews with the Case Manager and 12 residents, and review of approximately 56 risk screening forms, I conclude that the agency complies with all aspects of the standards.

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

The Case Manager at Foster conducts most risk screening. During the on-site visit, I interviewed the Case Manager. Information from the risk screening is primarily used to determine housing issues. Programming issues are also considered. The treatment team reviews residents at risk. Housing factors include, the location of the room (proximity to the office/reception area), and what type of the roommate presents.

The PREA Coordinator and the CEO were interviewed regarding how the agency uses screening information. They confirmed the information provided by the Case Manager. The CEO emphasized that the clinical team meets weekly at which time they would discuss residents at-risk.

Regarding transgender or intersex residents, Foster staff would likely consider roommate selection and room placement. They would educate staff about the risk issues. Transgender and intersex residents, as well as all residents, can shower alone and dress privately. The facility does not allow multiple residents in a bathroom at the same time.

At intake, staff at Foster ask transgender and intersex residents about their safety and gives their view serious consideration. There are no wings or separate units at Foster, so Standard 115.242 (f) is not applicable.

I reviewed approximately 56 resident files (current and discharged) and determined that the agency staffed about 50% of residents risk issues. Housing placement was typically reviewed in those cases.

Based upon my review of the PREA Policy and Procedure and interviews with the Case Manager, the PREA Coordinator, and the CEO, 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*)

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

The PREA Notice to Residents states that residents may report abuse to the PREA Coordinator at ARC Community Services. ARC is a private community-based agency that is not affiliated with ACS. ARC operates several halfway houses in Wisconsin. ARC and ACS have a MOU that states their residents may report sexual abuse to the other agency's PREA Coordinator. ARC agreed to immediately report to ACS, allowing residents to remain anonymous upon request. I confirmed that ACS has a MOU with ARC and that it complies with the standard. The agency website also lists ARC as an external reporting option.

The Notice to Residents also provides address and telephone numbers for all the internal and external reporting contacts. As mentioned earlier, residents receive this information upon intake. The PREA Policy and Procedure and Notice to Residents states that staff will accept and investigate reports verbally, in writing, anonymously, and by a third party.

During the on-site visit, I interviewed 12 residents about reporting sexual abuse or harassment. All residents were generally aware of multiple ways to report sexual abuse or harassment. Several residents said they would contact the police. No residents said that they have made reports of sexual abuse or harassment while at Foster.

During the on-site visit, I asked staff how residents could report abuse privately, anonymously or to an outside source. Residents have access to a pay telephone. They can also sign out a cell phone and privately contact anyone outside the agency. Residents also can send mail out, either by handing the mail to the postal carrier or mailing it at a mailbox in the area. They could also hand a letter to a staff member for outgoing mail. The agency's policy is to not look at outgoing mail from residents. Staff review incoming mail, but only for drugs or contraband.

Regarding staff reporting of sexual abuse and harassment of residents, the PREA Policy and Procedure states that staff are to report to their supervisor, Program Supervisor, or PREA Coordinator. The Relias training Power Point states that staff have a duty to report abuse to their supervisor immediately. During interviews with 9 staff members, all of them said they would report abuse to the program director, the site supervisor or the PREA Coordinator. All staff members said they would be able to privately report abuse of residents.

Based upon my review of the PREA Notice to Residents, the PREA Policy and Procedure, the agency website, interviews with 12 residents and 9 staff, training materials, and the MOU with ARC, I conclude that the agency complies with all aspects of the standards.

## 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, Foster does not have an administrative procedure to address resident grievances regarding sexual abuse. As a result, the agency is exempt from this standard. The PREA Policy and Procedure, the PREA Notice to Residents, and Grievance Procedure state the residents shall not use the grievance process to report sexual abuse.

### 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*)

During the on-site visit of Foster, I observed information about victim support services posted in common areas of the facility. The agency posted the PREA Notice to Residents, which included information regarding support services, confidentiality, and access to services. Telephone numbers and addresses were posted for the Rape Crisis Center.

The PREA Policy and Procedure and Notice to Residents state that victims will be provided access to victim support services when requested. The Policy and Procedures states that a list of support services and their phone numbers will be posted on the PREA Bulletin Board at each halfway house. Both documents state, "Residents will be allowed to contact support services privately and will not be monitored by staff." The PREA Policy and Procedure and Notice to Residents state, "Limits to confidentiality: If you provide information to support services which falls under mandatory reporting laws, the information will be forwarded to authorities by the support service." The Notice to Resident also contains information regarding limits to confidentiality.

The agency provided a copy of a Memo of Understanding (MOU) between ACS and the Dane County Rape Crisis Center for victim support and emotional support services. The MOU states that the crisis center agrees to provide an advocate for victims who have a forensic medical exam, respond to calls from ACS residents on the crisis hotline, provide follow-up services and crisis intervention to victims, and maintain confidentiality. The MOU states that ACS will facilitate follow-up between a resident and an advocate and will provide confidential 24-hour access to the Center at no cost to the resident.

I verified the information in the MOU by contacting Dana Pellebon, the Co-Executive Director of the Dane County Rape Crisis Center. Ms. Pellebon confirmed that the Rape Crisis Center would provide victim services to residents at all ACS halfway houses in Dane County, including providing an advocate to accompany and support the victim through the forensic medical exam process and investigatory interviews. They would also provide emotional support, crisis intervention, information, and referrals to victims of sexual abuse. SANE exams are conducted at Meriter Hospital.

Based upon my review of the PREA Policy and Procedure, PREA Notice to Residents, information posted in the facility, and interview with the Co-Executive Director of the Rape Crisis Center, I conclude that the agency complies with all aspects of the standards.

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## 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 agency "PREA Notice to Residents" states that residents may report sexual abuse or harassment to a third party, as well as other methods for reporting. The agency provides residents with a copy of the notice upon arrival and the facility has posted this information in a common area.

During the on-site visit, I interviewed 12 current residents. All 12 residents said that they were aware of third-party reporting. The facility has included third party reporting in all its PREA information for residents. The Policy and Procedure and ACS website have information regarding third party reporting and lists several reporting methods including ACS staff, ACS PREA Coordinator, ARC PREA Coordinator, and local law enforcement/911. The website has specific numbers for third-party reports and states "ACS will investigate all allegations of sexual abuse, harassment, and staff sexual misconduct." All 9 staff that I interviewed were familiar with third party reporting for residents.

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

## 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
- 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

#### 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 NA Addams does not accept anyone under the age of 18.

#### 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. According to the facility supervisor, Foster does not accept residents who are under the age of 18.

During the on-site visit, all 9 staff were interviewed. All staff said they are required to immediately report any knowledge, suspicion, or information regarding sexual abuse or harassment. All residents said it would be easy to privately report abuse reports given the small size of the facility. Supervisors are always on-site or on call.

Employee files had signed "PREA and Professional Boundaries Annual Acknowledgement". The form states "I understand that I can be liable for not informing my supervisor of any PREA or Professional Boundary related issues that I have witnessed, heard, or suspect."

According to the PREA Coordinator, the agency has not received any reports of sexual abuse or harassment at Foster in the past 12 months.

Based upon my review of the PREA Policy and Procedure, "PREA and Professional Boundaries Annual Acknowledgement" form, and interviews with all 9 staff, I conclude that the agency complies with all aspects of the standards.

### 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*)

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

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."

I interviewed the Program Manager, the PREA Coordinator and 9 staff regarding imminent risk. All staff described specific steps they would take if a resident were at imminent risk, especially protecting the victim and separating the victim from the alleged perpetrator.

Based upon my review of the PREA Policy and Procedure, and interviews with 9 staff, Program Director, and PREA Coordinator, I conclude that the agency complies with all aspects of the standards.

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

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

### 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*)

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

The Relias training that all staff complete, includes first responder duties. In addition, Foster has a first responder procedure, which is flow chart for first responders to follow. According to the PREA Coordinator, in the past 12 months, Foster has not had any incidents of sexual abuse where first responders' duties were needed.

All staff at Foster, excluding the screening nurse are considered first responders. During interviews, all staff said they were familiar with the procedure for collecting and preserving evidence. During the on-site visit, all staff interviewed were able to describe the steps they would take to protect residents and preserve evidence.

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

### 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 the duties of staff "in the immediate aftermath" of a sexual assault. It describes duties of first responder staff, Program Manager, treatment team, and the PREA Coordinator following a report of sexual abuse. The agency also has a document for all staff called "In the event of a sexual assault at Addams House." This document describes the responsibilities of all staff following a report of sexual abuse.

Based upon my review of these documents, I conclude that the agency complies with all aspects of 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 **ACS has no collective bargaining agreements.**

#### 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*)

The agency reports that ACS does not have any collective bargaining units and does not anticipate such agreements in the 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." The ACS website has information about retaliation and how to report it.

Although the policy states that the PREA Coordinator will monitor retaliation, the responsibility of day-to-day monitoring at Foster would be delegated to Program Director or Site Supervisor. The PREA Coordinator and Program Director would coordinate the monitoring.

I interviewed the Program Manager regarding the retaliation monitoring. Since he in the facility on a part time bases, he would work with the site supervisor and PREA Coordinator to monitor retaliation. The Program Director described several steps that they would take to monitor the situation.

The Program Manager said that any resident suspected of retaliation would be placed in custody and possible removed from the program. Staff involved in retaliation would immediately be placed on suspension. The agency would consider moving either the victim or perpetrator of the retaliation out of the facility if it was appropriate. Room assignments and location within the facility would be considered. Staff may be asked to monitor residents' behavior.

The interaction of residents or staff involved would be monitored through videos, reports, and information from staff and residents. Foster would monitor the situation for as long as the resident is in the facility. The normal length of stay for residents is 90 days.

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

Based upon my review of the Policy and Procedure, the PREA Notice to Halfway House Residents, and interviews with the PREA Coordinator and Program Manager, I conclude that the agency complies with all aspects of the standards.

## 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*)

The PREA Policy and Procedure addresses criminal and administrative investigations. If an allegation were potentially criminal, the agency would contact the City of Madison Police Department. The agency policy states, "all reported incidents will be investigated." The policy states, "Specially trained individuals will be assigned to investigate promptly, thoroughly and objectively and gather and preserve direct and circumstantial evidence." The agency has designated 3 ACS staff as PREA investigators. The agency provided documentation they have completed training for PREA investigations.

Foster has not had a criminal or administrative investigation regarding sexual abuse or harassment in the past 12 months, so I did not review any investigations. Over the past 6 years, I have reviewed several ACS investigations that have occurred at its facilities. The investigations are always initiated in a timely manner and generally follow the criteria in the standards.

During the on-site visit, I interviewed the Program Manager, who is one of the designated investigators. He stated that investigations would begin immediately. Most ACS investigations are done by 2 investigators, usually the Program Manager and the PREA Coordinator.

The Program Manager would first ensure that the resident is safe, and the perpetrator is in custody. The Program Manager was able to describe the various steps in the investigation process, evidence retention, interviewing the victim, consulting with law enforcement on prosecution, judging credibility, and other aspects of investigations. The agency has not had the experience of doing compelled interviews in a sexual abuse case, but they report that they would discuss it with the investigator or prosecutor.

The agency policy states that substantiated allegations of conduct that is criminal shall be referred for prosecution. This complies with (d). The Program Manager confirmed that the agency policy prohibits the agency from using polygraphs or truth-telling device as part of an investigation. The Program Manager has been involved in several PREA investigations over the past 5 years.

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

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

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

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

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 standards.

**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 any relevant licensing bodies. All Foster staff have signed acknowledgments that they are aware of the agency policy.

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

### 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*)

Foster does not currently have contract staff, interns, or volunteers. 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."

### 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 agency reports that if a resident were suspected of sexual abuse, they would be immediately removed from the program and placed in custody by DOC. In any instance of sexual abuse, DOC would detain the perpetrator pending the investigation. If was the abuse was substantiated, the sanction will be determined by the Dept. Of Corrections. DOC would provide due process prior to return to prison or court. Generally, the DOC process would consider several factors before determining the level of discipline. In any event, ACS reports that any resident found to have engaged in sexual abuse would not likely return.

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

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

According to the Questionnaire, Foster does not prohibit sexual activity between residents.

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

## 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 needs medical attention, an ambulance should also be requested." It also states, "The victim shall be evaluated by a member of the treatment team to determine mental state to ensure stability, and signs of post-traumatic stress disorder". It also states that there will be no cost to the victim for medical exams (regardless of if the victim cooperates). "The victim will be provided with unimpeded access to emergency and crisis intervention services, which will also be provided free of charge to the victim." The Policy and Procedure states that victims will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis with professionally accepted standards of care to comply with (c). Per sec. (b), the agency defines steps that first responders would take to protect the victim and notify the appropriate management staff.

The "Notice to Halfway House Residents" states "Forensic medical exams will be provided free of charge to the victim. The victim will be provided with unimpeded access to emergency and crisis intervention services, which will also be provided free of charge to the victim." It also states, "Timely access to medical treatment and crisis intervention service and treatment shall be provided without financial cost." The nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Residents of Foster who are victims of sexual abuse would have access to medical and mental health care in the community. The Rape Crisis Center would assist in getting confidential support services for victims. On December 9, 2021, I contacted the Co- Executive Director of the Rape Crisis Center who confirmed that confidential support services would be provided to any resident who was a victim of sexual abuse.

Based upon my review of the PREA Policy and Procedure and the PREA Notice to Residents, and interview with the Co-Executive Director of the Rape Crisis Center, 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 Policy and Procedure has language that describes a process for on-going medical and mental health treatment. "ACS will work with you and your Probation and Parole Agent to obtain community treatment, medical and mental health services in a timely manner. ACS will ensure that referrals are made to reputable medical and mental health care practitioners who are experienced in detecting and assessing signs of sexual abuse and reporting of such concerns to ACS treatment staff and case managers."

"Residents will be provided access to victim support services when requested, a list of support services and their phone numbers will be posted on the PREA bulletin board at each halfway house. Residents will be allowed to contact support services privately and will not be monitored staff." Later in the policy, it states that victims will be provided with unimpeded access to emergency and crisis intervention services, which will be free of charge to the victim.

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

During the on-site visit, I observed information about medical and mental health services for victims posted in a common area of the facility. The posted information included agencies that provide victim support services and included phone numbers for the Rape Crisis Center.

The PREA Notice to Residents states that victims "will be given access to medical treatment and crisis intervention as well as access to emergency contraception and 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." It also states, "Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Resident victims of sexual abuse while incarcerated are offered timely information about the timely access to emergency contraception and sexually transmitted infections prophylaxis. Female victims are offered pregnancy tests. If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services."

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

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

## 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*)

Foster has not had a substantiated or unsubstantiated report of sexual abuse or harassment in the past 12 months. The agency has a Sexual Abuse Response Team (SART), which includes the Program Manager, a member of the treatment team, PREA Coordinator, and the Division Director (or designee).

Following an incident, the SART meets to review the agency response and whether protocols were followed. The SART determine whether policies and procedures were followed, and residents are safe, and the victim is being cared for physically and emotionally. Within 30 days of the conclusion of the investigation, the SART prepares a report of its findings.

The team uses a checklist that includes a review of staff actions, whether agency policies were followed and whether additional training is needed. The policy addresses sec. (d) (1), (2), (3), (4), (5), and (6).

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

#### 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 agency developed an ACS PREA Incident Log in 2016 for all its facilities. The log includes the following information: Facility, location of incident, date of incident, date incident reported, primary investigator, initial investigation determination, back-up investigator, law enforcement agency, incident type, situation or circumstances and disposition.

The PREA Policy and Procedure states, "ACS will collect uniform statistical data for every allegation of sexual abuse at our facilities. Data will be collected and maintained by the PREA Coordinator and reviewed annually to assess and improve prevention, detection, and response policies."

The information on the data collection log complies with the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The survey includes demographic information about the victim, age, race, gender, and extensive information about the incident.

The policy and procedure include specific language to collect, review, and store data. It also refers to annual reviews of incident-based data. It states that an annual report will be prepared and made available to the public on its website. It also addresses redaction of certain information, retention of data and destruction of data. The policy, as well as the data collected on the PREA Incident Log, complies with specific language in 115.287. the agency published the annual review for 2021 on its website.

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

ACS completed annual PREA reports for each year from 2015-2021 and posted the reports on the agency website. I reviewed the reports on the website. The report for 2021 identified 2 unsubstantiated incidents of resident-on-resident sexual abuse at all its facilities. The report included several actions that the agency took in response to incidents. This included additional training on boundaries and ethics and increased review of PREA policy and procedures. The language in the annual report complies with 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 the agency will securely retain collected data for at least 10 years with personal identifiers removed. As mentioned above, the agency published 2021 incident data for all its facilities on its website. The language in the policy complies with the standard.

## 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**

The agency began audits of its 5 facilities in 2016. Since that time, all facilities have had a completed audit. There were 2 audits in 2016, 2017, and 2019. There was one audit in 2018. ACS tentatively scheduled 2 audits with this auditor in 2020, but they were not started due to Covid-19. There are 2 facilities, Addams House and ACTP were completed in 2021 and 2022.

Although the agency has done numerous audits of its facilities, it does not technically comply with the standard: "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?" **This does not require corrective action.**

During the on-site visit, I was able to observe all areas of Foster Correctional Treatment Program. I interviewed 12 residents and 9 staff in a private office. The facility provided me with access to all resident files, staff files, policies and procedures, and risk assessments.

### 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*)



ACS has had PREA audits of all 5 of its facilities between 2016 and 2022. I confirmed that ACS has published its previous final audit reports on the agency website.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

Lawrence J. Mahoney \_\_\_\_\_

December 3, 2022

**Auditor Signature**

**Date**