PREA AUDIT REPORT ☐ Interim ☒ Final

COMMUNITY CONFINEMENT FACILITIES

Date of report: February 2, 2017

Auditor Information			
Auditor name: LAWRENCE MAHONEY			
Address: 6650 W. State St. #208 Wauwatosa, WI 53213			
Email: mahoneylj@live.com			
Telephone number: 262-930-5334			
Date of facility visit: August 11-12, 2016			
Facility Information			
Facility name: AFFINITY HOUSE			
Facility physical address: 3042 Kilbourne Ave Eau Claire, WI 54703			
Facility mailing address: *(if different from above)*			
Facility telephone number: 715-833-0436			
The facility is:	☐ Federal	☐ State	☐ County
	☐ Military	☐ Municipal	☐ Private for profit
	☒ Private not for profit		
Facility type:	☐ Community treatment center ☒ Halfway house ☐ Alcohol or drug rehabilitation center	☐ Community-based confinement facility ☐ Mental health facility ☐ Other	
Name of facility's Chief Executive Officer: David Larson			
Number of staff assigned to the facility in the last 12 months: 11			
Designed facility capacity: 18			
Current population of facility: 9			
Facility security levels/inmate custody levels: N/A			
Age range of the population:18-65			
Name of PREA Compliance Manager: Lynda Olson		**Title:** Program Manager	
Email address: Lynda.Olson@lsswis.org		**Telephone number:** 715-456-5729	
Agency Information			
Name of agency: Lutheran Social Services of Wisconsin and Upper Michigan, Inc.			
Governing authority or parent agency: *(if applicable)*			
Physical address: 647 W. Virginia St. Suite 200, Milwaukee, WI 53204			
Mailing address:			
Telephone number: 800-488-5181			
Agency Chief Executive Officer			
Name: David Larson		**Title:** Chief Executive Officer	
Email address: david.larson@lsswis.org		**Telephone number:** 414-325-3209	
Agency-Wide PREA Coordinator			
Name: Laurie Lessard		**Title:** Director, Addiction/Restorative Justice Services	

Email address: Laurie.Lessard@lsswis.org	**Telephone number:** 715-456-5735

AUDIT FINDINGS

NARRATIVE

Affinity House is a Community Based Residential Facility (CBRF)/ halfway house with a design capacity of 18. Affinity House is a female only facility. All residents are under supervision of the State of Wisconsin Department of Corrections (DOC) (probation and parole offenders). Lutheran Social Services, the operator of Affinity House has a contract with DOC to house up to 18 female offenders.

As of August 11, 2016, the total population was nine. During the past 12 months, 68 residents were admitted to the facility (minimum of 72-hour stay).

Lutheran Social Services (LSS) of Wisconsin and Upper Michigan, Inc., a not-for-profit agency, operates Affinity House. LSS is a large, social service agency that provides a variety of human services for addiction, aging, corrections, disabilities, parenting, adoption and foster care, mental health and housing. LSS has over 700 employees throughout Wisconsin and Upper Michigan.

The primary program at Affinity is AODA programming, both primary and transitional treatment. Affinity offers other non-AODA programs that target criminogenic issues. LSS operates five other halfway houses including in Wisconsin including Fahrman Center in Eau Claire, Cephas House in Waukesha, Exodus House in Hudson, and Wazee House in Black River Falls.

Affinity currently has eight staff members, including the Program Supervisor. Affinity hired one staff member a few days before the audit. Affinity has a part-time Mental Health Specialist, who also is a Program Manager of other facilities. The facility has several vacant positions and usually operated with about 10-12 staff. The staff members include Support Professionals, Counselors, Support Secretary, and Alcohol and Drug Counselors. One of the regular staff members is also completing an internship at Affinity. Affinity has a contracted medical director who works in the facility.

DESCRIPTION OF FACILITY CHARACTERISTICS

Affinity House is licensed by the State of Wisconsin as a Community Based Residential Facility (CBRF) Halfway House. Its license classification is Class A ambulatory (AA). A class "A" ambulatory CBRF may serve only residents who are ambulatory and are mentally and physically capable of responding to an electronic fire alarm and exiting the facility without any help or verbal or physical prompting.

Affinity is located in the City of Eau Claire, WI in a quiet, mostly residential area. The Program Manager reports no problems or concerns from the neighborhood. LSS opened the facility as an adolescent treatment program in 1988. Affinity House moved into the facility in 1992, after having operated at two previous locations in Eau Claire.

The facility has three floors. The main floor has a living room, kitchen, dining room and staff office. The upper level has eight resident rooms with seven double rooms and one single. There are also two staff offices, two bathrooms, and two storage rooms on the upper level. The lower level has two resident rooms, both double bed rooms, two staff offices, laundry room, group room, two bathrooms and two storage rooms. The facility is located on a large lot of approximately 2 acres and has several garages and storage sheds, used by LSS administration that are not accessible to Affinity staff or residents. There is a significant area for recreation areas behind the main building. All bathrooms for residents are private and residents are able to lock the doors while showering or using the bathroom.

The facility has four cameras for monitoring residents, on hallway, living room, lower level, and stairs. Staff are able to view the monitor in the staff office, centrally located on the main floor. The camera system is able to record up to 7 days, and can be maintained/stored for longer if needed.

SUMMARY OF AUDIT FINDINGS

Prior to the audit of Affinity House, I conducted an audit of another LSS halfway house, the Fahrman Center in Eau Claire. As a result, I was familiar with the agency's operation and implementation of PREA standards. I completed the interim report for Fahrman on May 16, 2016. A corrective action plan was developed for Fahrman since 27 standards were not met by the agency. I completed the final audit report for Fahrman in November 2016. In response to the Fahrman audit, the agency amended numerous policies and procedures. Just prior to the audit of Affinity, the agency implemented numerous amendments to the PREA policies and procedures and PREA Notice to Residents. LSS had not implemented all of the amendments at Affinity prior to the on-site visit.

Since the Affinity audit process began, I started audits at three other LSS halfway houses, Exodus House, Wazee House, and Cephas House. As of February 2, 2017, I completed final audit reports for Exodus House and Wazee House. Cephas House is currently in the corrective action process.

Regarding the Affinity audit, the agency received the Pre-audit Questionnaire on April 25, 2016. The date of the onsite visit, originally scheduled for June 9-10, was rescheduled by mutual agreement to August 11-12. LSS returned the questionnaire on August 5, 2016 along with numerous documents.

The Notice of Audit was sent to the agency on April 25 and resent when the on-site visit was rescheduled. LSS managers stated that the Notice of Audit was re-posted on June 29, 2016. Staff and residents reported seeing the notice for several weeks prior to the on-site visit.

On August 8, 2016, I interviewed Sara Edwards at the LSS administrative offices in Milwaukee. Edwards is the Human Capital Generalist for LSS residential halfway houses. I also reviewed personnel files for Affinity staff files in the Milwaukee office. I reviewed personnel files for 11 staff, three of whom recently left Affinity. The file review was to determine compliance with criminal background checks, PREA training, and investigations.

On August 8, 2016, I also interviewed Laurie Lessard, Director of Addictions/Restorative Justice, who is the PREA Coordinator for the agency. In addition to interviewing Lessard as the PREA Coordinator, I interviewed her as the CEO/Designee.

The on-site audit of Affinity House occurred on August 11-12, 2016. I spent approximately 10 hours at the facility, interviewing staff and residents, reviewing resident files, and inspecting the physical facility.

I also interviewed Lynda Olson, Program Manager for Affinity and 2 other LSS halfway houses. I interviewed Olson as a designated PREA Investigator and as the staff member who is responsible for monitoring retaliation.

During the 2 days at the facility, I interviewed all nine residents. All residents stated that they felt safe at Affinity and all residents said they had sufficient privacy to shower, toilet, and change clothing. No residents reported any incidents of sexual abuse or harassment since they have been at Affinity. I did not receive any correspondence from residents or staff prior to the on-site visit.

I also interviewed seven staff members, including the Program Supervisor. All staff at Affinity are female and the agency has not had male staff. I interviewed staff members responsible for conducting intakes and PREA Risk Assessments, one mental health professional and first responders. I was able to conduct all interviews in a private office.

Following the interviews, I reviewed files of all nine current residents, and two discharged residents, to determine whether PREA Orientation occurred and Risk Assessments were completed.

During the on-site visit of the facility, I was able to view all areas of the buildings and grounds.

The facility reports no complaints of sexual abuse or harassment in the past 12 months, so there was no review of investigation reports.

I submitted the interim report to the agency on September 7, 2016. The agency complied with 21 applicable standards, but did not comply with 16 standards. Many of the standards identified in corrective action required amendments to the PREA Policy and Procedures, Notice to Residents, or training materials. Although the agency had amended some of those documents prior to the Affinity audit, the agency did not review the amended documents with residents and staff at the time of the on-site visit. Since that time, the agency has provided documentation that residents and staff reviewed amended policies.

The interim report stated that the agency did not comply with the completion of assessments and reassessments according to the time periods identified in the standard. Corrective action was set up for a period of four months in order to determine whether the agency could consistently complete assessments according to the standards. On January 6, 2017, the agency provided me with assessments completed since the interim report for 27 residents. The agency demonstrated that they consistently completed assessments and reassessments according to the time frames identified in the standards.

Author
Comment [1]:

Based upon my review of the information that the agency provided in response to corrective action, I conclude that the agency has complied with all 37 applicable standards.

Number of standards exceeded: 0

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Affinity House provided residents with a PREA Notice to Residents that describes the agency zero tolerance policy and the agency's effort to implement PREA standards. Residents receive a copy of this notice upon arrival. Interviews and file reviews confirmed that all residents received this document. During the on-site visit, I observed PREA information posted on a bulletin board for residents. The board is located outside of the group room and the counselor office and if visible to all residents.

The agency has a document titled LSS ARJ PREA Policy and Procedures that all staff receive upon hire. Interviews and staff file reviews confirmed that all staff receive this document. The PREA Policy and Procedure is also included in a PREA binder in the staff office area and is accessible to all staff.

The PREA policy and the Notice to Residents describes the agency zero tolerance policy. The policy describes a description of the agency efforts to reduce and prevent abuse and harassment of residents. The policy includes definitions of prohibited behaviors and sanctions for staff and residents who participate in these behaviors. LSS recently amended the Policy and Procedures and Notice to Residents to include sanctions for residents who participate in prohibited behaviors.

I interviewed all of the current residents and they all had a general awareness of PREA and were able to recite various ways to report sexual abuse or harassment. I verified that all staff received the PREA Policy and Procedures.

Interviews with all current staff showed an awareness of the agency zero tolerance policy and efforts to prevent, respond, report, and investigate sexual abuse and harassment. All staff were aware of the agency's zero tolerance policy and reported that they were training on the agency's policies and procedures.

As mentioned above, during the audit of the Fahrman Center, the agency reassigned the role of PREA Coordinator to Laurie Lessard, the Director of Addictions and Restorative Justice. During the audit process, Lessard maintained regular contact with me. Lessard demonstrated that she is knowledgeable of PREA standards and has been engaged in the process of implementing PREA standards at Affinity House, as well as other LSS facilities. Since Lessard oversees all of the five residential and answers directly to the Executive director of ARJ/CCD programs, she able to effectively make changes at each facility to implement PREA standards.

Based upon my review of the pre-audit questionnaire, the agency policy and procedure, and the Notice to Residents, along with the on-site visit and interviews with the PREA Coordinator/ CEO Designee, and all residents and staff, I conclude that the agency complies with the standard.

Standard 115.212 Contracting with other entities for the confinement of residents

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

Not applicable. According to the CEO Designee/PREA Coordinator, LSS does not contract with other agencies to house residents.

Standard 115.213 Supervision and monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

As a licensed CBRF, Affinity is required to maintain at least one staff to supervise the facility at all times. A copy of the staffing plan was attached to the questionnaire. According to the questionnaire, the agency always complies with the staffing pattern. Support Professionals do the primary supervision of residents. During first shift, several staff are in the facility, including Support Professionals, Counselors, the Program Supervisor, and other support staff. Second shift may include some of the above staff, but there always a Support Professional working. One Support Professional usually works third shift and weekends. The staffing pattern is consistent with the size and layout of the facility and is consistent with other halfway houses of this size in Wisconsin. Although the facility currently has several vacancies, it has maintained the minimal staffing at all times. The facility is small and one staff member is can monitor the activities of the residents at all time.

Four cameras in the facility monitor the activities of the residents. Based on interviews with staff, it appeared that staff did not overly rely on the cameras to monitor resident activities. Although the cameras do not capture all resident movement outside of their bedrooms, most of the general areas are monitored. The living room is monitored, but not all areas of the kitchen. The cameras monitor do not monitor all doors to the resident bedrooms, but the cameras capture most of the hallways in the upper and lower levels. The camera system is older and the quality of monitors is somewhat poor. There are not "state of the art" options to pan, zoom, and tilt cameras.

Staff are required to make rounds and conduct room checks. The LSS policy states that staff "will make and document rounds and beds checks on a regular basis to assure both the whereabouts and safety of residents." During the "midnight shift", staff are required to do rounds/bed checks at midnight, 2 a.m. and 5 a.m. and must do one random check during the shift. Staff must check that cameras are operable and document that doors are locked at the specified time. Staff must document the rounds in a log.

During staff interviews, all staff said they were able to monitor residents' activities due to the size and layout of the facility. Two staff members said that they would increase the number of cameras and the quality of the cameras in the facility. Staff stated that if something unusual occurred or if there was an incident, they could easily call additional to come in to provide assistance.

Both the PREA Coordinator and the Program Supervisor state that the agency reviews staffing patterns at least annually at Affinity and all of its facilities. Since the facility experiences at times deals with staff turnover, the agency frequently considers adding positions. The facility currently has eight staff, not including the supervisor. Ideally, the facility should has 10-11 staff, but they have managed to comply with their staffing pattern with the current vacancies.

All of the residents interviewed stated that they feel safe at Affinity House and no one reported any incidents of sexual abuse or harassment.

Based upon my review of the staffing pattern, the on-site visit, that included a walk-thru of the entire facility that included a review of the camera monitoring system, and interviews with the PREA coordinator, Program Manager, Program Supervisor, seven staff, and nine residents, I conclude that the agency complies with the standard.

Standard 115.215 Limits to cross-gender viewing and searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

According to the Pre-Audit Questionnaire and interviews with residents and staff, searches or pat down of residents are not allowed. The Affinity policy prohibits body searches or pat downs. No reports of body searches of any kind were reported by the agency in the past 12 months.

Residents reported that they are able to shower, toilet, and change privately in several bathrooms located throughout the facility. The bathrooms have single toilets, sinks, and showers, and the doors to the bathrooms lock from the inside. All staff stated that they believe residents have sufficient privacy in the facility. All staff at Affinity are female. No male staff have worked at the facility. As a result, there are no issues of cross-gender viewing of residents.

Since the facility prohibits all body searches and pat downs, the concern of searches of transgender or intersex residents is not applicable.

Based on my review of the questionnaire and the agency policy and procedures, along with interviews with all staff and residents, I conclude that the agency complies with the standard.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

According to the Pre-Audit Questionnaire and interviews with the PREA coordinator, Affinity does not accept clients with disabilities. The cited several reasons for not accepting this population. Being a Class "A" CBRF, clients with physical disabilities are not allowed to reside in the facility. Residents must be ambulatory and are mentally and physically able to respond to an electronic fire alarm and exiting the facility without any help or verbal or physical prompting. The facility may accept residents who may have learning disabilities or very low reading levels, if they are able to benefit from Affinity programs. Further, the facility does not accept clients who have limited English proficiency because the client would also not be able to participate and benefit from the programs.

LSS has a policy for providing PREA information to residents with disabilities or limited reading levels. According to the PREA Coordinator and the staff member who conducts intake, staff read the PREA handouts to residents and if they exhibited any reading limitations, extra time is spent reading the materials. All of the residents interviewed stated that intake staff gave them the PREA handouts and verbally explained the material to them. According to the LSS CEO/ Designee, any changes to this policy of not accepting clients with disabilities or with limited English proficiency would require significantly more resources and would put unreasonable burdens for them financially.

Based upon the agency policy to restrict residents with disabilities to those who can participate in programming, the services provided to those with learning disabilities and limited reading proficiency is sufficient for those residents to benefit from the agency efforts to prevent, detect, and respond to sexual assault and harassment.

Standard 115.217 Hiring and promotion decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

In response to corrective action, the agency recently amended the LSS "Background Check Policy and Procedure". I reviewed the amended policy with the LSS Human Capital Generalist. The amended policy states that background checks will be completed for all prospective and existing employees. It states that LSS prohibits the hiring or promotion of anyone who has contact with residents, and will not enlist the services of any contractor who may have contact with residents, who has engaged in sexual abuse in correctional facility, has been convicted, engaging, or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in the activity described in (a) (2) of 115.217.

The agency also developed a policy that requires that the agency conduct background checks before enlisting the services of a contractor who may have contact with residents. The agency amended its hiring procedure to state that the agency will consider any incidents of sexual harassment in hiring or promotions, or to enlist the services of a contractor who may have contact with residents.

LSS conducts background checks on all prospective employees, using Wisconsin Department of Justice-Crime Information Bureau (CIB). The agency has also used "Due Diligence Investigation Service" through True Screen, Inc. to conduct backgrounds checks. LSS is in the process of using a service called HIRE RITE for future checks. Due Diligence includes National Sex Offender Search, Wisconsin Sex Offender Registry, Wisconsin CIB, and other states where the employee has been known to reside.

The LSS PREA Policy and Procedures states that LSS prohibits the hiring or promotion of who has contact with residents, and will not enlist the services of a contractor who: has engaged in sexual abuse in a correctional facility; has been convicted, engaging, or attempting to engage in sexual activity in the community, or has been civilly or administratively adjudicated to have engaged in the activity described in (2) (2) OF 115.27.

The LSS PREA Policy and Procedures states it will conduct that background checks before enlisting the services of contractors who may have contact with residents. It also states that material omissions of information pertaining to any form of sexual misconduct or the provision of materially false information at LSS programs is grounds for termination. LSS will ask all prospective employees in an interview whether they have been investigated or convicted of any types of sexual misconduct, sexual abuse or harassment.

I reviewed personnel files for all eight existing Affinity employees, including one employee just hired, and three prior employees at the Milwaukee LSS administrative office on August 8, 2016. All employee files contained documentation that background checks were conducted prior to hire using CIB, Due Diligence or HIRE RITE. LSS hired four of the existing employees more than five years prior to the audit. All four had criminal record checks within the five-year period required by the standard. I also verified that the agency conducted a criminal background check on the contracted medical director.

Based upon my review of personnel records, the agency consistently conducts criminal background checks and caregiver checks to comply with the standard.

Standard 115.218 Upgrades to facilities and technologies

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

According to the CEO Designee and PREA Coordinator, LSS has no plans for designing or expanding Affinity House. The agency is planning to open a new halfway house in Baron County in the next two months. In planning the new facility the agency is considering the placement of resident rooms, the location of the staff office, blind spots, cameras, and other considering resident safety. Considering the interview with the CEO Designee and PREA Coordinator, I conclude that the agency complies with the standard.

Standard 115.221 Evidence protocol and forensic medical examinations

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

According to the questionnaire and the PREA Coordinator, LSS is responsible for conducting administrative investigations of sexual abuse at Affinity House. The Eau Claire Police Department conducts criminal investigations. The Eau Claire Police Dept. has a specialized Sensitive Crimes Section and Crime Scenes Unit to gather evidence from crime scenes.

For administrative investigations, the PREA Policy and Procedures describes steps staff should take to preserve potential evidence. The policy describes the process for evidence protocol and forensic medical exams. There is sufficient detail in the procedure to aid investigators to obtain usable physical evidence. The policy gives staff specific instructions for handling evidence for incidents that occurred within 72 hours and incidents that occurred over 72 hours from report. All staff interviewed were aware of the facility process for obtaining usable physical evidence.

Affinity does not accept clients under the age of 18, so 115.221 (b) is not applicable.

The Pre-audit Questionnaire states that the facility offers victims of sexual assault access to forensic medical exams. The questionnaire states that Sacred Heart Hospital (SHH) in Eau Claire provides forensic medical exams. LSS has a MOU with SHH. I confirmed that SHH has Sexual Assault Nurse Examiners (SANEs), by accessing the hospital website. The Eau Claire County Victim/Witness Office also confirmed that SHH has SANEs who conducts forensic exams.

The PREA Policy and Procedures states that victims will offered forensic medical exams, and "all necessary services" at no financial cost. LSS recently amended the PREA Notice to Residents to not state that forensic medical exams shall be offered to the victim, without no financial costs to the victim. The PREA Policy and Procedures states that a staff member will accompany the victim for a forensic medical exam.

In response to corrective action, LSS amended the PREA Policy and Procedures, and Notice to Residents to state that a victim advocate shall accompany the victim, if requested by the victim, through the forensic medical exam process and investigatory interviews, as well as provide emotional support, crisis intervention, information, and referrals.

The PREA Power Point training states victims will be taken to local hospital for forensic exam and that "staff or law enforcement will transport the client". In response to corrective action, LSS amended the Power Point to include a statement that the victim may request a victim advocate to accompany her to the exam.

LSS provided me with several Inter-Agency Agreements with agencies that provide victim services. LSS has agreements with Eau Claire County Victim/Witness Services, Family Support Center, Vantage Point, Chippewa Valley Free Clinic, Bolton Refugee House, and the Healing Place for support services for victims of sexual assault.

On 4/25/16, I contacted Jessica Bryan, Victim/Witness Coordinator for Eau Claire County during the Fahrman audit. Bryan confirmed a member of their Crisis Support Team would accompany victims through the forensic medical exam process and interviews, and provide support services, information, and referrals for Affinity and Fahrman halfway houses. The Crisis Support Team members are trained in responding to sexual assault and forensic exams issues. The Crisis Support Team coordinates the use of SANEs and needed follow-up services for victims.

Based upon my review of the amendments to the PREA Policy and Procedures, Notice to Residents, and Power Point training slides and interviews with the PREA Coordinator and Eau Claire County Victim Witness Coordinator, I conclude that the agency complies with all aspects of the standard.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

The LSS PREA Policy and Procedures and the Notice to Residents state that the agency will investigate reports of sexual abuse and harassment. The documents state that all reported incidents would be referred to law enforcement. The Eau Claire Police Department would conduct criminal investigations. The Policy and Procedure describes the responsibilities of LSS and law enforcement during an investigation.

The LSS website also states the same information regarding referrals to law enforcement. The website states that all reported incidents will investigated.

The questionnaire states that Affinity has not received any allegations of sexual abuse or harassment in the past 12 months.

Based upon my review of the LSS Website, the PREA Policy and Procedures and the Notice to Residents, and interviews with the PREA Coordinator and facility program supervisor, I conclude that the agency complies with the standard.

Standard 115.231 Employee training

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

According to the Pre-Audit Questionnaire, LSS has trained all Affinity staff on PREA. The PREA Policy and Procedures states that all staff and volunteers will receive training at hire and regular intervals. The policy states that the Program Supervisor will provide PREA refresher training at least quarterly. The policy states, "refresher training may include review of policies, review of reporting forms, role plays related to handling a client compliant, etc."

The agency provided the training slides that all staff are required to view. The training materials are extensive and cover all areas identified in the standard. In response to the corrective action for the Fahrman audit, LSS amended training materials to comply with the standard. The training materials now include how to detect to signs of threatened or actual sexual abuse or how to effectively and professionally communicate with residents, including LGBTI residents. The training materials now include a lengthy section for staff to deal with female residents.

The seven staff interviewed all reported that they received PREA training. According to the agency records, LSS first trained staff on in 2011. My review of personnel files confirmed that all staff hired after 2011 received PREA training shortly after hire. Staff hired earlier received training in 2011. All staff interviewed reported that they have received update training on PREA

within that past few months. Staff also reported that PREA and related updates have been discussed at weekly in-service and staff meetings.

I also interviewed Brittany Nessel, who is a Program Manager for LSS and serves as a mental health specialist at Affinity. She works with residents at Affinity approximately four hours per week. Nessel reported that she has had PREA training and has received specialized training for her job as a mental health specialist. Nessel is a PREA investigator and completed the NIC PREA training for investigators.

Based upon my review of agency policies, training materials, and personnel files, and interviews with eight staff, I conclude that the agency complies with the standard.

Standard 115.232 Volunteer and contractor training

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

The agency policy states that volunteers, interns, and contractors will complete PREA training. Affinity currently has one intern, but she is also a paid staff member. During the interview with the intern, she reported that receiving training on PREA upon hire. The file review confirmed that she completed training. Affinity has a contracted medical director. The agency provided me with a copy of the Medical Director's training record that showed he completed the PREA Relias training.

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

Standard 115.233 Resident education

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

The PREA Policy states that staff will provide residents with the "PREA Notice to Residents" upon intake. All nine of the residents interviewed stated that they received PREA printed information in a packet upon arrival (all within 1-2 days). My review of resident files confirmed that all residents received PREA information within 1-2 days of arrival. All files had signed acknowledgements from residents that they received PREA information.

I interviewed the staff member who is responsible for conducting intake at Affinity. She confirmed all residents receive the PREA information upon arrival and explains the material to them. The same information is also contained in the Resident Handbook, given to residents at intake.

The PREA Notice to Residents addresses the agency zero tolerance policy, how to report incidents, their right to be free of abuse and retaliation, and the agency response to reports of abuse or harassment. Staff read the information to residents and extra effort given to residents who have limited reading levels. The resident handbook contains identical PREA information. As

mentioned earlier, Affinity does not accept clients who are limited English proficient, deaf, visually impaired or who have physical disabilities.

During the on-site visit, I observed printed PREA information posted in the facility. Information included names of victim support agencies with contacts/phone numbers for residents to report sexual abuse and harassment.

Based upon my review of the agency policies, interviews with residents and the staff member who conducts intake, resident file reviews and observation during the on-site visit, I conclude that the agency complies with all aspects of the standard.

Standard 115.234 Specialized training: Investigations

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

The Pre-Audit Questionnaire states that LSS has designated five staff to conduct PREA investigations. The five investigators are LSS Managers. All five completed NIC PREA Training for Investigators. LSS provided copies of the certificates from NIC. As part of the Fahrman Center audit, I confirmed that the five staff completed the NIC training.

Lynda Olson, a Program Manager, is a designated investigator for LSS. During the on-site visit, I interviewed Olson using the Investigative Staff interview protocols. Olson was able to recite the appropriate steps to take in an investigation, including interview techniques, Miranda/Garrity issues, collaborating with law enforcement, documentation, etc. Olson has dealt with two complaints within LSS facilities recently. The agency investigated both incidents promptly.

Standard 115.235 Specialized training: Medical and mental health care

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

LSS PREA Policy and Procedures states that medical and mental health staff will receive training in 1) How to detect and access signs of sexual abuse and harassment, 2).How to preserve physical evidence 3) How to respond effectively and professionally to victims. 4) How and to whom to report allegations or suspicions. 5) How to effectively communicate with LGBTQI residents.

Affinity has a contracted medical director, and the agency provided documentation that the contractor has received training as described in (a).

I interviewed the part-time Counselor/Mental Health Professional during the on-site visit. She stated that she completed PREA training as described in 115.231 and 235. The file review confirmed that she completed training.

Based upon my review of the PREA Policy and Procedures and training records, along with interviews with the Mental Health Professional, I conclude that the agency complies with all aspects of the standard.

Standard 115.241 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The Pre-Audit Questionnaire states that the agency has a policy requiring screening for residents upon admission. The PREA Policy and Procedures state that the Case Manager/Counselor will conduct the "Sexual Vulnerability/Predation Risk assessment with residents during orientation (1-3 days working day after admission). The language "working days" does not comply with the standard, which does not specify working days. The policy also states, "All assessments will be re-conducted after 30 days." The language "after 30 days" does not comply with the standard. Residents must be reassessed "not to exceed 30 days" after arrival.

In response to corrective action for the Fahrman audit, LSS amended the policy to include several criteria identified in the standard. The policy includes language to require a re-assessment based on information described in 115.241 (g). The agency also has a separate policy for "Screening for Vulnerability/Aggression, which provides additional details for screening residents.

During the on-site visit, I interviewed the counselor who is responsible for completing risk assessments. Since she began working at Affinity in May 2016, all residents were assessed after arrival. She also stated that risk assessments were completed for residents who arrived prior to May 2016.

I reviewed completed risk assessments for all nine residents. While all residents had a completed risk assessment, four were done within 1-3 days of arrival. The remaining five residents were assessed between 6-18 days of arrival. My review of assessment determined that the agency did not comply with the standard.

I also reviewed completed reassessments for eight residents who arrived at Affinity more than 30 days earlier. Only three of the eight were reassessed with 30 days of arrival. The remaining five residents were reassessed on the following days of arrival: 32, 34, 40, 41, and 57. Based on my finding that the majority of residents were not reassesses within 30 days, the agency did not comply with the standard.

All residents interviewed reported said they were asked questions about their abuse history and risk issues after arrival. Most residents could not recall specifically when they were asked those questions. Six of seven residents who had been at the facility more than 30 days, said they were asked the same questions later.

The PREA Policy and Procedure did not include language that prohibits disciplining a resident for refusing to answer certain questions during the screening as described in 115.241 (h)-1.

The PREA policy state that completed risk assessments will be retained in the program supervisor office in a locked cabinet. During the on-site visit, I confirmed that the completed assessments were maintained in the program supervisor office.

In response to corrective action during the Fahrman audit, LSS amended the PREA Policy and Procedure to state that residents be screened for risk within 72 hours of intake and that a reassessment shall be done not to exceed 30 days after arrival and that no sanctions will be applied for residents who refuse to answer questions or respond.

On January 6, 2017, LSS provided me with copies of assessments and reassessments completed since the interim report was issued. I reviewed assessments and reassessments for 27 residents. Twenty-six of the twenty-seven assessments were completed according to the time frames described in the standard. One reassessment was completed on the 34th day from admission. Based on my review of the documents, I conclude that the agency has consistently complied with the standard during the past four months.

Standard 115.242 Use of screening information

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

According to the LSS ARJ PREA Policy and Procedures regarding risk screening, "room assignments and general program participation will be predicated on the findings of the assessment. Room assignments are decided by clinical staff and LGBTQI residents will never be assigned to a room solely on their identification as LGBTI. Additionally, information from risk screening tool will be included in room assignment decisions for all residents."

During the on-site visit, I interviewed the counselor who is responsible for completing screening. She said that when residents have risk issues, she will staff and they would consider options for housing the resident within the facility and how to keep the resident safe. She said they would alert all staff about whether a resident was at risk.

The PREA Coordinator confirmed that the residents safety in considered when placing a resident in the facility.

During the risk assessment, staff ask transgender or intersex residents about their own views of their safety and the facility gives the residents response serious consideration. All residents at Affinity are allowed to shower separately from other residents, so 115.242 (e) is not an issue.

Based upon my review of the agency policies and interviews with the PREA Coordinator and staff who conduct risk screening, I conclude that the agency complies with all aspects of the standard.

Standard 115.251 Resident reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The PREA Notice to Residents states that residents can report sexual abuse "verbally, in writing, anonymously, or by a third party". It also states that residents may tell any staff member, tell their probation/parole agent, contact the Manager for Affinity House, or the LSS PREA Coordinator, the Director of Addictions and Restorative Justice. It also states that they may send a letter to the Department of Corrections PREA Director or contact law enforcement by calling 911.

During the on-site visit, all nine residents interviewed were aware of multiple reporting options. While most residents said they would contact a staff member, others cited the police and counselors as someone they could contact.

All staff interviewed were aware of multiple reporting options for residents. The PREA Policy and Procedures state that residents may report abuse "verbally, in writing, anonymously, or by a third party" and lists the same contacts listed above in the Notice to Residents.

The PREA Policy states that staff shall accept all reports of sexual abuse from clients made verbally, in writing, anonymously, and from third parties and shall document any reports.

The PREA Policy and Procedures lists methods for staff to privately report sexual abuse and harassment of residents as described in 115.251 (d). "Staff may utilize any of the reporting methods contained within the Notice to Residents-PREA form to report any incident of sexual harassment or abuse and may make the report privately."

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

Standard 115.252 Exhaustion of administrative remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The PREA Policy and Procedures and the Notice to Residents address the grievance procedure for PREA. It states that a grievance or report may be made at any time without limitations. A resident may file a grievance without submitting it to a staff member who is the subject of the complaint and the complaint is not referred to the staff member who is the subject of the complaint. These documents also address the time period for responding to the grievance described in 115.252 (d).

The Notice to Residents did not originally address third party filing of grievance as described in 115.252 (e) or procedures for filing an emergency grievance, described in (f). It also did not address the consequences for a resident making a false allegation. However, in response to corrective action, the agency amended the Notice to Residents to include this information.

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

Standard 115.253 Resident access to outside confidential support services

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The Notice to Residents lists a number of victim advocacy services, with addresses and phone numbers that includes Eau Claire County Victim/Witness Services, Bolton Refuge House, Family Support Center, and Vantage Point Clinic. The Notice has information regarding the extent to which communications will be monitored to comply with 115.253 (b). As mentioned in 115.221, LSS has MOUs or Inter-Agency agreements with Eau Claire County Victim/Services, Vantage Point, and Mayo Clinic.

The PREA Policy and Procedures states that residents will be provided access to support services and reasonable communication between resident and these organizations. The Policy and Procedures has a statement regarding mandatory reporting described in 115.253 (b).

During the on-site visit, I observed the names and telephone numbers of several community based agencies posted in the facility.

Based upon my review of the Pre-audit Questionnaire, the PREA Notice to Residents, The PREA Policy and Procedures, and the on-site visit, I conclude that the agency complies with all aspects of the standard.

Standard 115.254 Third-party reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The PREA Policy and Procedures, Notice to Residents, and agency website all state that reports can be accepted from a third party and all three resources list agency contacts to receive reports. As a result, the agency complies with all aspects of the standard.

Standard 115.261 Staff and agency reporting duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The PREA Policy and Procedure states that staff are required to report any knowledge, suspicion, or information they receive regarding sexual abuse or harassment, whether it occurred at Affinity or another facility. The policy also mandates reporting of retaliation against residents and staff. The policy also states that staff are to report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The Power Point used for new staff training, also makes it clear that employee are required to report in any of the listed situations. The LSS Employee Handbook has several references that make it clear that employees have a duty to warn. The PREA Policy prohibits staff from revealing information related to a sexual abuse other than reasons cited in 115.261 (b).

All Affinity staff interviewed stated that they are required to report any knowledge, suspicion, or information they receive regarding abuse. I asked staff what the consequences would be for not reporting, and they consistently said they would likely be terminated.

The Policy and Procedures has a statement regarding mandatory reporting described in 115.261 (c).

The facility does not accept residents under the age of 18, so (d) is not applicable.

The LSS PREA Policy and Procedures has several statement that requires the facility to report all allegations of sexual abuse and sexual harassment to the designated investigators.

Based upon my review of the agency policy and procedures, the Power Point used for staff training, and LSS Handbook along with interviews with all staff, I conclude that the agency complies with all aspects of the standards.

Standard 115.262 Agency protection duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The PREA Policy and Procedures states when staff become aware of the potential of an imminent sexual assault on a client or observe a sexual assault taking place within the facility, the following steps will be taken immediately:

- Staff will call 911, make immediate report and will call supervisor
- Staff will assure victim or intended victim is provided with safety until perpetrator is removed. This may mean bringing the intended victim into the locked staff office until the danger has been addressed.

Staff are referred to the First Responder section of the policy for further steps.

According to the Pre-Audit Questionnaire, Affinity has had no instances in the past 12 months where a resident was subject to a substantial risk.

The PREA Power Point, that all staff are required to view, has similar language for dealing with imminent risk.

During the on-site visit, I asked all staff how they would respond to imminent risk. All staff said they would consider the victim's safety as a priority. Calling the police, reporting to the supervisor, preserving the area, and separating the victim and perpetrator we steps that staff mentioned.

Based upon interviews with all Affinity staff, the Program Supervisor, and PREA Director, along with my review of the PREA Policy and Procedures, I conclude that the agency complies with all aspects of the standard.

Standard 115.263 Reporting to other confinement facilities

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

The PREA Policy and Procedures addresses the issue of reporting to other facilities when a resident reports abuse from other facilities. In response to corrective action, the agency amended the PREA Policy and Procedures to include the following statement: "Upon receiving an allegation that sexually abusive behavior occurred at another confinement facility or correctional agency, the Program Supervisor, will report the allegation to the head of the facility where the incident occurred. Notification will be provided within 72 hours of receipt of the allegation and will document that they provided such notification." Based upon the amendment to the PREA Policy and Procedures, I conclude that the agency complies with the standard.

Standard 115.264 Staff first responder duties

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

The agency policy regarding First Responder duties is included in LSS PREA Policy and Procedures. All staff on duty are first responders. The policy lists steps to take upon receiving a report of abuse, including: staff will assist the client in making a report, maintain confidentiality, provide emotional support to the client, call the supervisor, call 911 (depending on situation), preserve evidence/gather evidence, and contact victim support services.

The PREA Power Point, used for training new staff, also includes first responder duties.

I interviewed all of the Affinity staff. I asked them what steps they would take if they became aware of an assault. Staff provided consistent responses, including protecting the victim, separate the victim from the abuser, calling 911, contacting the supervisor, preserving physical evidence, documenting the incident, and calling in additional staff for assistance. Affinity has not received any reports of sexual abuse in the past 12 months.

Based upon my review of the PREA Policy and Procedures, the Power Point training slides, and interviews with the Program Manager, Program Supervisor, and all seven Affinity staff, I conclude that the agency complies with all aspects of the standard.

Standard 115.265 Coordinated response

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

The PREA Policy and Procedures has a lengthy section that describes staff response to an incident of abuse. The policy lists responsibilities of first responder staff, the program manager, program supervisor, PREA Coordinator, and counseling staff. The agency recently update the PREA Power Point, used for training staff to include additional first responder duties as described in the policy. It has various steps for staff to take including detailed information about preserving useable physical evidence. All staff interviewed were generally aware of the steps they would take following a reported incident. Several staff said they would refer the PREA binder kept in the staff office.

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

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

According to the Pre-Audit Questionnaire and interviews with LSS staff, Affinity has no collective bargaining agreements.

Standard 115.267 Agency protection against retaliation

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

LSS recently amended the PREA Policy and Procedures to address protection against retaliation. The policy states that retaliation can include staff on staff, staff on resident, resident on resident, and resident on staff. LSS has designated the Program Supervisor and Program Manager to monitor retaliation. Retaliation is monitored for 90 days, or longer, if needed. Monitoring includes daily review of staff log, daily check-in with staff, and ongoing check-in with the reporting resident. The policy identified various protection measures including change in room assignment, change to another facility for either the resident experiencing retaliation or the resident who is retaliating. The policy states that services will be provided to staff or residents who are being retaliated.

The policy states that residents and staff may report retaliation verbally, in writing, anonymously, or by third party. Reports of retaliation must be reported to the supervisor, PREA Coordinator, or program manager.

LSS has a "Whistleblower Policy". This Policy addresses retaliation by a staff member who retaliates against "someone who has reported a Concern, in good faith" is subject to discipline, including dismissal.

The PREA Notice to Residents, provided to all residents at intake, defines and prohibits retaliation, and gives reporting options for residents.

The LSS Power Point training did not contain information about retaliation, but in response to corrective action, the agency amended the power point to include detailed information regarding retaliation.

Lynda Olson, Program Manager is responsible for monitoring retaliation along with the Program Supervisor. I interviewed Olson using the "Monitoring Retaliation" protocol questions. Olson identified several steps she would take to monitor retaliation. Olson said that if there were suspected retaliation towards a resident, she would interview the resident and access the level of retaliation. If a staff member were retaliating, suspension or dismissal would be an option. If another resident were retaliating, she would look at removing that resident. Other steps would include talking to staff about concerns, monitoring different shifts, review video cameras. She would monitor a resident who is subject to retaliation for as long as the resident was at Affinity.

The CEO/ Designee, Laurie Lessard was also asked how the agency protects staff and residents from retaliation. She listed several steps that the agency would take to deal with retaliation.

Based upon my review of the PREA Policy and Procedures, Notice to Residents, amended power point slides, and interviews with the Program Manager and PREA Coordinator, I conclude that the agency complies with all aspects of the standards.

Standard 115.271 Criminal and administrative agency investigations

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

LSS PREA Policy and Procedures have a lengthy section that addresses investigations. The steps the agency shall take when an abuse is reported includes, staff reports to the Program Supervisor, PREA Coordinator, and Manager.

The investigation will be immediately, with the investigation team to consist of at least two investigators. Team to begin collecting documents. Staff reminded of relevant policies and procedures. LSS will conduct administrative investigations only. Criminal allegations will be referred to law enforcement with report filed. Agency and counseling staff assume responsibility for services for the victim. If allegations involve a staff member, the staff member will be immediately placed on administrative leave. The team will begin conducting interviews within 3-5 business days. Decision made about referrals for criminal charges will be based on the preponderance of evidence. The PREA Coordinator will be involved in all decisions. Supervisor or Manager will maintain contact with law enforcement and are updated on administrative investigation. Supervisor or manager will remain in contact with law enforcement to keep up to date on the criminal investigation. Residents will be informed as to the outcome (described per the standard).

The Policy also states that DOC will make the determination regarding the abusers discipline, with input from the administrative and criminal investigation. Any staff found to be engaged in sexual harassment or abuse will be terminated. LSS will retain client files for 10 years when there is a PREA investigation. After 30 days after the PREA case has been closed, investigative team and program leadership will meet to review and discuss any strategies or changes to operations or policies to prevent suture situations.

LSS has five managers who are designated PREA investigators. All five have completed the NIC PREA Investigator training. I interviewed one of the designated investigators using the interview protocols for investigative staff. The investigator confirmed that the above policy is followed. She was able to recite the various steps in conducting investigations. The agency would notify law enforcement if a compelled interview were needed. The agency also consider a victim's credibility on an individual basis, not on the person's status as a resident. The agency policy prohibits the use of polygraph or other truth-telling devices.

Due to corrective action, LSS amended the PREA Policy and Procedures to state that written reports will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, per 115.271 (i). i). LSS also amended the

policy to state that the departure of the alleged abuser or victim from the facility shall not provide a basis for terminating an investigation.

In the past year, Affinity referred no complaints of sexual abuse to local law enforcement.

Standard 115.272 Evidentiary standard for administrative investigations

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

According to the agency PREA Coordinator and designated investigator, LSS uses "a preponderance of evidence" in determining whether allegations of sexual abuse or harassment are substantiated. This standard is identified in the Policy and Procedures.

Standard 115.273 Reporting to residents

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

The PREA Notice to Residents, and PREA Policy and Procedures include information that residents will be informed on the outcome, whether the allegation is substantiated, unsubstantiated, or unfounded. The Policy and Notice to Residents state that it will inform the residents as to the status (indictment) or disposition of the criminal investigation.

Regarding requesting information from law enforcement during investigations, the PREA Policy states the Program Supervisor or Program Manager will remain in contact with law enforcement in order to remain abreast of any criminal investigation.

If a staff member is the subject of an allegation, the Policy requires that residents be informed whether the staff has been placed on leave or no longer an employee of the agency, and the disposition and outcome of any indictments or convictions from the criminal investigation. The policy states that such notification will be documented in the client chart.

Based upon my review of the PREA Notice to Residents and PREA Policy and Procedures, I conclude that the agency complies with all aspects of the standard. (Affinity has not had any criminal investigations in the past 12 months.)

Standard 115.276 Disciplinary sanctions for staff

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

In response to corrective action, LSS amended the PREA Policy and Procedures to address sanctions for staff. The Policy states that sanctions for staff who violate agency sexual abuse policies relating to sexual abuse and harassment (other than actually engaging in sexual abuse), shall be commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanction imposed for comparable offenses by other staff with similar histories.

Author
Comment [2]:

The PREA Power Point, used to train staff, states "All LSS staff found to have engaged in sexual abuse, misconduct or harassment under PREA will be terminated."

The LSS Employee Handbook addresses disciplinary action for staff who violate harassment rules. The Handbook has a section on harassment and states "Employees found in violation of the harassment policy are subject to disciplinary action up to and including separation from employment, depending on the facts and severity of the incident. "

Bases upon my review of the Policy and Procedures and Employee handbook, the agency complies with the standard.

Standard 115.277 Corrective action for contractors and volunteers

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

The PREA Policy and Procedures states, "Contractors and/or volunteer found to have engaged in sexual harassment, sexual misconduct, sexual abuse will be dismissed from services at any LSS ARJ facility." In the past 12 months, no contractor or volunteer have been reported to law enforcement or licensing bodies for sexual abuse. The CEO Designee/PREA Coordinator said that any contractor, intern, or volunteer that violated agency policies would be terminated, so no remedial measures would be taken. Based upon the agency policy and the interviews with LSS management, the agency complies with the standard.

Standard 115.278 Disciplinary sanctions for residents

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

Per the CEO/Designee, Affinity has no authority to sanction residents who engage in sexual abuse or harassment. All agency policies state the offending residents would be immediately removed from the program if they engage in sexual abuse or harassment. DOC would immediately detain the resident pending their investigation and disposition. DOC would determine the actual sanction. If DOC revokes the resident's supervision, there would be a due process hearing. As a result, (a), (b), (c), (d), and (e) are not applicable.

Regarding 115.278 (f), the LSS PREA policy states that LLS programs "have no ability to discipline a correctional client for making a false report. The relevant correctional entity would be contacted if the report is found to be false and although a recommendation would be made by LSS, any discipline would be up to the correctional entity."

According to the Pre-Audit Questionnaire, Affinity prohibits all sexual activity between residents. The agency would only deem such activity to constitute sexual abuse if the activity was coerced.

Based upon the agency policies and interview with the CEO Designee, the agency complies with the standard.

Standard 115.282 Access to emergency medical and mental health services

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

Due to corrective action at Fahrman Center, the agency recently amended the PREA Policy and Procedures, Relias Power Point, and the PREA Notice to Residents to specify that resident victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The documents state, "Victims shall receive information and access to emergency contraception, testing for and treatment of sexually transmitted infections, including HIV, and prophylaxis at no cost to the resident. All necessary services will be provided to the resident victim as no cost, regardless of whether the victim names an abuser or cooperates with the investigation."

The PREA Policy and Procedures states that first responder staff shall take steps to protect the victim and shall notify the appropriate medical and mental health practitioners.

Because the amended policies were not implemented at Affinity at the time of the interim report, this standard was included in corrective action.

Based upon my review of the amended Policy and Procedures, Notice to Residents, and Relias Power Point, I conclude that the agency complies with all aspects of the standard.

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

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

The PREA Policy and Procedures and Notice to Residents state that residents will have access to medical and mental health evaluation and follow-up care, including screening for infectious disease, HIV, viral hepatitis, or other sexually transmitted infections, pregnancy testing, and administration of prophylactic medication at no cost to the victim. It also states that the facility will coordinate referrals to mental health providers in the community for follow-up care, also at no cost. In response to corrective action, LSS amended the policy to state that evaluation and treatment of such victims shall "include referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody." The policy was also amended to state that the facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. (h). The policy was also amended to state that evaluation and treatment for such victims shall "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," to comply with (b). The policy was also amended to state that the facility shall provide such victims with medical and mental health care services "consistent with the community level of care." (c).

LSS has several Inter-Agency Agreements for on-going medical and mental health treatment for resident victims. LSS provided me with copies of the Inter-agency agreements. I contacted Jessica Bryan, Victim/Witness Coordinator for Eau Claire County during the Fahrman audit. Bryan confirmed that they would provide support services, information, and referrals for Affinity residents.

Standard 115.286 Sexual abuse incident reviews

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

In the past 12 months, LSS reports there have been no criminal or administrative investigation of alleged sexual abuse at Affinity.

The PREA Policy addresses sexual abuse incident reviews. The policy includes a review of unsubstantiated and substantiated allegations by the executive staff in order to assess the facility's response to the allegations. The policy identifies the members of the review team. All factors in 115.286 (d) are considered in the agency review all allegations. The policy states that the team shall review whether allegations were motivated by race, ethnicity, gender identity; lesbian gay, bisexual, transgender, or intersex identification, status, or gang affiliation; or was motivated by other dynamics at the facility. The review team shall examine the area of the facility where the incident occurred to assess if physical barriers in the area enable abuse. The team reviews staffing levels and monitoring technology. The team prepares a report of its finding and makes recommendations for improvement to the facility head the PREA Compliance Manager.

The policy states that the area of the facility where the incident occurred will be examined and whether monitoring technology should be augmented. The incident review also requires a report of its findings to include recommendations and implement the recommendation or document its reasons for not doing so. The facility shall implement the recommendations, or it shall document reasons for not doing so. Due to corrective action, LSS amended the policy d to state that such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. As a result, the policy complies with the standard.

Standard 115.287 Data collection

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

According to the Pre-Audit Questionnaire and LSS management, the agency collects data for all allegations of sexual abuse at its facilities. The LSS PREA Policy and Procedures, states that following an incident, data shall be collected on a "Significant Events Reporting Form" along with data from the "ARJ Demographic and Outcome Measurement Form". The data collected complies with the standard and includes data necessary to answer all questions from the most recent Survey of Sexual Violence conducted by the DOJ.

The PREA policy states that these documents shall be stored electronically.

Based upon my review of the PREA Policy, the "Significant Events Reporting Form", and the "ARJ Demographic and Outcome Measurement Form", I conclude that the agency complies with all aspects of the standard.

Standard 115.288 Data review for corrective action

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

In response to corrective action, LSS began reviewing data from all of its facilities to identify problem areas, taking corrective action on an ongoing basis, and prepare an annual report of its finding per 115.288 (a)-1. According to the PREA Coordinator, LSS collects sexual abuse incident date and reviews the data. The agency recently published a PREA annual report (for the period of September 2015-September 2016) on the agency website. The report includes data from five LSS halfway houses, including Exodus. The agency reports two incidents of resident-on-resident sexual harassment and two incidents of staff sexual misconduct, one unsubstantiated and one investigation is ongoing.

The report addresses the agency program on implementing PREA standards, including two audits, amendments to policies and procedures and resident information, and staff training. Laurie Lessard, Director of Addictions/Restorative Justice, approved the report.

The PREA Policy and Procedures addresses the agency policy regarding data review and its annual report.

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

Standard 115.289 Data storage, publication, and destruction

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

The PREA Policy and Procedures states that the agency will securely retain incident-based and aggregate data. Further, the policy states that the agency shall make the data collected available to the public through its website. The policy states that all personal identifiers be removed from the aggregate data that is provided to the public and that this data be maintain for at least 10 years from the date of initial collection. The amended policy complies with the standard. The agency recently published its annual PREA report on the agency website.

Corrective action required the agency to publish the annual report prior to the completion of corrective action. LSS did publish the report on its website and now complies with the standard.

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

AUDITOR CERTIFICATION
I certify that:

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

Lawrence J. Mahoney _____ February 2, 2017
Auditor Signature Date