

**PREA AUDIT REPORT**    Interim    Final

**COMMUNITY CONFINEMENT FACILITIES**

**Date of report: April 2, 2017**

<b>Auditor Information</b>			
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<b>Telephone number:</b> 262-930-5334			
<b>Date of facility visit:</b> November 9-10, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Cephass House			
<b>Facility physical address:</b> 325 Sentinel Dr. Waukesha, WI 53189			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 262-549-9449			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> David Larson			
<b>Number of staff assigned to the facility in the last 12 months:</b> 13			
<b>Designed facility capacity:</b> 12			
<b>Current population of facility:</b> 9			
<b>Facility security levels/inmate custody levels:</b> N/A			
<b>Age range of the population:</b> 18+			
<b>Name of PREA Compliance Manager:</b> Debra Adamus		<b>Title:</b> Program Manager	
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<b>Agency Information</b>			
<b>Name of agency:</b> Lutheran Social Services of Wisconsin and Upper Michigan			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
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<b>Mailing address:</b> SAA			
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<b>Agency Chief Executive Officer</b>			
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<b>Agency-Wide PREA Coordinator</b>			
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## **AUDIT FINDINGS**

### **NARRATIVE**

Cephas House is a Community Based Residential Facility (CBRF)/ halfway house with a design capacity of 14. Cephas House is a male 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 Cephas House has a contract with DOC to house up to 14 male offenders.

As of November 8, 2016, the total population of Cephas House was 11. During the past 12 months, 66 residents have been admitted to the facility. Cephas House only accepts adults over the age of 18.

Lutheran Social Services (LSS) of Wisconsin and Upper Michigan, Inc., a not-for-profit agency, operates Cephas 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 Cephas House is AODA programming. The average length of stay is about 4 ½ months. Residents are not allowed to leave the facility unattended until about two weeks prior to completion of the program.

LSS operates five other halfway houses in Wisconsin including Fahrman Center in Eau Claire, Wazee House in Black River Falls, Affinity House in Eau Claire, and Exodus House in Hudson.

On November 8, the date of the on-site visit, Cephas House had eleven staff members, including the Program Supervisor. A Program Manager supervises the program. She supervises other LSS programs and is not at the facility daily. The staff members include Support Professionals, Counselor/Case Manager, and Alcohol and Drug Counselors. In addition to the eleven staff, there is also a part-time contracted psychiatrist. There are no interns or volunteers currently in the facility.

### **DESCRIPTION OF FACILITY CHARACTERISTICS**

Cephas 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.

Cephas House is located in the City of Waukesha in an area that is primarily residential. There facility has 14 beds for male residents. All residents are on supervision with the Department of Corrections-Division of Community Corrections. The program has been operating at this location for about 10 years. For several years, Cephas House was previously located in a rural area outside of Waukesha. The facility occupies a building that was previously an apartment building. It is a two-story building with three resident bedrooms on the first floor and four on the second floor. The first floor also includes two staff offices, kitchen, dining room, "common room", one staff bathroom, and one resident bathroom. The second floor includes two living rooms, group room, study, staff office and two resident bathrooms. The basement area contains laundry room, the supervisor office, recreation/group room, and locked storage areas.

The facility has eight cameras for monitoring residents, four in the interior and four exterior. The interior cameras include two in the basement areas and two on the first floor. There is one camera in the staff office used to monitor the dispensing of medication to residents and one on the landing between the first and second floor.

## **SUMMARY OF AUDIT FINDINGS**

The agency received the Pre-audit Questionnaire and Notice of Audit on September 26, 2016. The agency returned the Questionnaire on October 31, 2016. During the on-site visit, I observed the Notice of Audit posted in in the facility. Several staff and residents reported that they observed the Notice for several weeks prior to my visit.

Cephas House is the fifth LSS facility that I have audited since April 2016. I recently completed the final audit report for Fahrman Center and Affinity House, Wazee House and Exodus House are currently in the process of corrective action.

On November 29, 2016, I met with Sara Edwards at the LSS administrative offices in Milwaukee. Edwards is the Human Capital Generalist for LSS residential halfway houses. At that time, I reviewed personnel files for Cephas staff files in the Milwaukee office. I reviewed personnel files for eleven staff. I reviewed personnel reviews in order to determine if the agency conducted criminal background checks, and that staff completed PREA training. As part of the audit process for other LSS facilities, I previously met with Ms. Edwards to discuss agency-hiring procedures, background checks or other issues related to human resources. The agency has the same personnel policies and procedures for all its halfway houses.

I also previously interviewed Laurie Lessard the four previous LSS audits. Lessard is the Director of Addictions/Restorative Justice and is the PREA Coordinator for the LSS. I also interviewed Lessard as the CEO/designee.

The agency's PREA policies and procedures are almost identical at all five LSS halfway houses. Due to the earlier PREA audits that I conducted, LSS made a number of amendments to the PREA Policy and Procedures, training materials, hiring policies, and PREA Notice to Residents over the past several months. All of the amendments to these documents comply with PREA standards. LSS implemented the amended documents at Cephas House prior to the on-site visit and I confirmed that residents and staff reviewed the changes.

The on-site visit occurred on November 8-9, 2016. I spent approximately 10 hours at the facility, interviewing staff and residents, reviewing resident files, and inspecting all areas of the facility. During the on-site visit, I interviewed Debra Adamus, Program Manager for Cephas House and other LSS programs. I interviewed Adamus as a designated PREA Investigator and one who monitors retaliation. I interviewed all eleven staff, including the supervisor. Included in those interviews were staff who conduct intake and risk assessments, and first responder staff. I interviewed one staff member who was unable to present for the on-site visit by telephone. All other staff where interviewed face-to-face in a private office. I also interviewed ten of the current eleven residents. I did not receive any confidential correspondence prior to the on-site visit or during the audit process.

Following the interviews, I reviewed files of all eleven current residents and three discharged residents to determine whether the facility provided PREA information to them upon intake. I also reviewed risk assessments and reassessments for all eleven current residents and three discharged residents.

During the on-site visit, I toured the facility along with the program supervisor. I was able to inspect all areas of the facility.

As mentioned above, LSS recently made significant amendments to the "Background Check Policy and Procedure", PREA Policy and Procedures, Relias PREA Power Point, and PREA Notice to Residents. I recently reviewed all of the changes to these documents and determined that the amended documents comply with PREA standards. Interviews with staff and residents, along with file documentation, confirms that LSS has implemented the amended information at Cephas House.

The interim report identified six applicable standards that required corrective action. The corrective action period was for months from the date of the interim report. On March 30, 2017, I conducted another on-site visit to the facility to review the agency's response to correction action. Based upon my review of the information submitted for corrective action, the facility was able to meet all 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)

Cephas House reports that all residents receive the PREA Notice to Residents upon arrival. The Notice describes the agency zero tolerance policy and the agency’s effort to implement PREA standards. Interviews with ten residents and file reviews for 14 current and past residents, confirmed that all residents received this document. During the on-site visit, I observed PREA information posted in the facility. Information included the PREA Notice to Residents and names/numbers of victim support services.

The agency has a document titled “LSS ARJ PREA Policy and Procedures” that all staff receive upon hire. Interviews with eleven staff and staff file reviews confirmed that all staff review this document. The PREA Policy and Procedure is also included in a PREA binder in the staff office and is accessible to all staff. Upon hire, all staff are also required to view the PREA Relias Power Point, which addresses the agency approach to implementing PREA standards and protecting residents from abuse.

The PREA Policy and Procedures 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. Due to corrective action as part of audits I conducted at other LSS facilities, the agency recently amended the Policy and Procedures and Notice to Residents to comply with the standards. Amended information included sanctions for those found to have participated in prohibited behaviors.

All ten residents interviewed were aware of PREA and were aware that there are a number of ways to report sexual abuse or harassment. Interviews with all eleven 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 received training on the agency’s policies and procedures.

As mentioned above, I interviewed Laurie Lessard for previous audits of other LSS facilities. Lessard is the Director of Addictions and Restorative Justice and is the agency wide PREA Coordinator. I also interviewed Lessard as the CEO/designee. During the audit process for all LSS facilities, Lessard maintained regular contact with me and she has demonstrated that she is knowledgeable of PREA standards. She was involved in the process of implementing PREA standards at all five LSS halfway houses. Lessard oversees all of the LSS five residential facilities and answers directly to the Executive Director of ARJ/CCD programs. As a result, she able to effectively make changes at each facility to implement PREA standards. Debra Adamus is the PREA Compliance Manager for Cephas House and answers directly to Lessard.

Based upon my review of the pre-audit questionnaire, the PREA Policy and Procedures, Relias Power Point, Notice to Residents, resident and staff file reviews, interviews with the PREA Coordinator/CEO Designee, interviews with 10 residents and 11 staff, and the on-site visit, I conclude that the agency complies with all aspects of the standard.

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

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

According to the PREA Coordinator/CEO/Designee, Cephass House 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)

The State of Wisconsin requires Cephass House to maintain at least one staff to supervise the facility at all times in order to maintain its license. The contract with DOC also require the facility to have at least one staff member present at all times. A copy of the staffing plan was attached to the questionnaire.

The facility currently has eleven staff including the Program Supervisor. The agency reports that they always comply with the staffing pattern. Support Professionals do the primary supervision of residents. During first shift, the facility has a minimum of two staff on duty Monday-Friday from 7:00 a.m. until 9:00 p.m. On weekends, there are two staff on duty between 1:30 p.m.-5:30 p.m. The staffing pattern exceeds most halfway houses of similar size and population in Wisconsin.

Cephass House has are eight cameras in the facility that monitor the activities of the residents. There are four in the interior and four exterior. The four interior cameras cover the staff office area, where medication is dispensed, on the landing between the first and second floor, in the recreation area and the area outside of the supervisor’s office. The monitor is located in the staff office and activity can be viewed for up to 90 days. The camera system was installed in 2016 and has pan/zoom capability.

Given the size and layout of the facility, it is my opinion that the existing cameras are sufficient to monitor residents.

The PREA Policy and Procedures states that 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.” Staff must check that door alarms and cameras are operable. Staff must document the rounds in a log.

The PREA Coordinator states that the agency reviews staffing patterns at least annually at Cephass and the other facilities. During previous audits at LSS facilities, the agency provided documentation that agency management regularly accesses staffing patterns and monitoring technology at all its facilities.

All of the residents interviewed stated that they have a reasonable amount of privacy and they feel safe at Cephass House. 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, a review of the camera monitoring system, and interviews with the PREA coordinator, Program Manager, Program Supervisor, eleven staff, and ten 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, no searches or pat down of residents have

occurred. The Cephas House 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. All LSS halfway house prohibit body searches or part downs.

All ten residents interviewed said that they are able to shower, toilet, and change privately in bathrooms located throughout the facility. There are three resident bathrooms in the facility that have single toilets, sinks, and showers. The doors to the bathrooms lock from the inside. All staff stated that they believe residents have sufficient privacy in the facility. The PREA Policy and Procedures states that residents must be clothed in all common areas of the program. The Policy and Procedures and Notice to Resident state, "All residents can expect to have privacy while toileting, showering, and changing clothes." Since the facility prohibits all body searches and pat downs, the issue of searches of transgender or intersex residents is not applicable. The Policy and Procedures requires staff of the opposite gender to announce their presence when entering the housing unit.

Based on my review of the questionnaire and the PREA Policy and Procedures, along with interviews with eleven staff and ten 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)

None of the LSS halfway houses accepts residents with physical disabilities. In the interviews with the PREA coordinator, she 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. Cephas House may accept residents who may have learning disabilities or very low reading levels, but only if they are able to benefit from the facilities 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, staff read the PREA handouts to residents and if they exhibited any reading limitations, the staff spend extra time 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 interview with the PREA coordinator and the agency policies in dealing with residents with disabilities, the agency complies with the standard.

### **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 at other LSS facilities, the agency recently amended the LSS "Background Check Policy and Procedure". 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 Policy requires a background checks on all prospective employees. LSS policy states that background checks shall occur on all employees every four years to comply with State of Wisconsin Caregiver requirements. LSS has used Wisconsin Department of Justice-Crime Information Bureau (CIB). To conduct background checks. The agency has also used "Due Diligence Investigation Service" through True Screen, Inc. to conduct backgrounds checks. LSS is in the process of switching to a system 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.

On November 29, 2016, I reviewed personnel files for eleven Cephas House employees at the Milwaukee LSS administrative office. All employee files contained documentation that the LSS conducted background checks prior to hire using either Due Diligence or HIRE RITE background check. Standard 115.217 (e), requires background checks on current employees every five years.

Although there are no employees who have worked at Cephas House more than four years, LSS conducted background checks on two employees to comply with the Wisconsin Caregiver laws. The completion of background checks every four years exceeds the standard.

The "Background Check Policy and Procedure" includes language in the policy for contacting prior institutional employers for information regarding substantiated sexual abuse or investigations of allegations of sexual abuse. The agency also added language that requires that the agency will ask applicants for employment and employees considered for promotions in applications and interviews about previous misconduct.

The PREA Policy and Procedure has language that imposes upon employees a continuing affirmative duty to disclose any such misconduct. It also states, "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination." It states that the agency shall provide information on substantiated allegations of sexual abuse or harassment involving a former employee upon receiving a request from an institutional employer who whom such employee has applied for work. It also states the agency will contact prior institutional employers regarding potential employees having prior substantiated sexual abuse or investigations of alleged abuse as described in 115.217 (c) (2).

Cephas House has a contracted psychiatrist. While doing the file review, a criminal background check could not be located for the psychiatrist. The Program Manager later said that the agency failed to conduct a criminal background check prior to hire. The psychiatrist had been working with residents for several weeks. Corrective action cited the failure to conduct a criminal background check for the psychiatrist. Shortly after the onsite visit, the agency did conduct a background check for the psychiatrist and the agency provided me with a copy.

The amended "LSS Background Check Policy and Procedure" and PREA Policy and Procedures comply with the standards. Although the agency did not conduct a background check on the contracted psychiatrist, it has consistently completed criminal background checks on all employees prior to hire.

### **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 Program Manager, LSS has no plans to expand or modify Cephas House. Based on discussions with the Program Manager, 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)

LSS is responsible for conducting administrative investigations of sexual abuse at Cephas House. The City of Waukesha Police Department conducts criminal investigations. The Waukesha Police Department has a Sensitive Crimes Unit.

According to the Questionnaire, the agency follows a uniform evidence protocol for administrative investigations. The PREA Policy and Procedures describes steps staff should take to preserve potential evidence. The policy describes steps that staff should take in collecting and preserving evidence. Staff received training in collecting and preserving evidence with the Relias LSS Power Point training. During interviews, staff were able to describe steps they would take following an assault. Staff said they would refer to the PREA binder if needed.

Cephas House does not accept clients under the age of 18, so that standard that requires a youth appropriate protocol is not applicable.

LSS PREA Policy and Procedures and Notice to Residents states it will provide victims of sexual assault access to a forensic medical exam. It also states that victims may request that a victim advocate accompany them through the forensic medical exam process and investigatory interviews, as well as provide emotional support, crisis intervention, information, and referrals.

The Pre-Audit Questionnaire states that victims of abuse would go to Waukesha Memorial Hospital. The PREA Notice to Residents, Resident Handbook, and the LSS PREA Policy state that forensic medical exam and "all necessary services will be provided to the resident victim at no cost, regardless of whether names an abuser or cooperates with the investigation." Waukesha Memorial Hospital uses SANE nurses for forensic exams according to the agency. This information was confirmed by the hospital website that states a sexual assault nurse examiner is on call 24/7. It states that an advocate and a SANE attend to the patients upon her/his arrival.

The agency complied with all aspects of the standards, except (d). As stated in the interim report, Cephas House had not developed an agreement to get victim support services from a rape crisis center. Since the interim report, the agency reports that the Women's Center of Waukesha agreed to provide a victim advocate to accompany victims to the forensic medical exams, investigatory interviews and follow up services. On March 31, 2017, I contacted Angela Mancuse, Executive Director of the Women's Center. Ms. Mancuse confirmed that their agency would provide an advocate for victims of sexual abuse and would accompany the victim to a forensic medical exam, investigatory interviews, and provide follow up services, including emotional support services.

Based upon my review of the LSS PREA Policy and Procedures, the Notice to Residents, and the Waukesha Memorial Hospital website, and an interview with the Executive Director of Women's Center of Waukesha, 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 PREA Notice to Residents to states, "All reported incidents will be referred to law enforcement." The Notice to Residents includes language to ensure that administrative investigations shall occur. It states, "We will investigate all allegations of sexual abuse, sexual harassment, and staff sexual misconduct. We may work with the WI Department of Corrections or the Federal Bureau of Prisons, depending on the supervision status. Specially trained individuals will be assigned to investigate promptly, thoroughly and objectively, and gather and preserve direct and circumstantial evidence." The agency also amended the PREA Policy and Procedures to include specific language that allegations of sexual abuse shall be referred to law enforcement.

The LSS website also states, "All reported incidents will be referred to law enforcement, and all reported incidents will be investigated." The PREA Policy and Procedures describes the responsibilities of the agencies during the investigation.

In the past 12 months, Cephass House has received two allegations of sexual abuse or sexual harassment. They conducted two administrative investigations and referred one complaint to the Waukesha Police Department. The police department closed the case without referring the matter for criminal charges.

Based upon my review of the agency website, Notice to Residents, PREA Policy and Procedures, and investigative reports, I conclude that the agency complies with all aspects of 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)

The PREA Policy and Procedures states that, "All staff and volunteers will receive training at hire and regular intervals throughout the year." According to the facility supervisor, the training for all staff includes a review of the Policy and Procedures and the Relias Power Point.

On November 29, 2016, I reviewed eleven personnel files at the LSS Administrative offices in Milwaukee. The file review showed that all eleven staff have received PREA training at some point. According to the files, the longer-term employees first received PREA training in 2013. The agency has hired seven employees in the past year. The personnel files for those staff show that all of these seven staff received training PREA after hire, but the timing of the training verified. Of the seven employees, none of those staff received PREA training within three weeks of hire. The seven received training between three weeks of hire and three months of hire. The personnel files showed that all hired more than one year ago received update training in the past year. The files showed that all staff reviewed the amended Policy and Procedure and Relias Power Point in the past three months.

During the on-site visit, I interviewed all eleven of the current staff members at Cephass regarding training. All stated that they received training on PREA. Of the seven staff hired in the past year, four said they received PREA information on the first day. Three said they received that they received PREA training in the first month.

All eleven staff said that they have recently reviewed the amended Policy and Procedure and Relias on-line training. LSS amended these documents because of audits at three other LSS facilities. Staff hired more than three months ago said they have had multiple PREA trainings and updates of the Policy and Procedures. Several staff said that PREA is discussed at monthly staff meetings. Staff signed acknowledgements that they reviewed the updated training materials.

Based upon my review of the PREA Policy and Procedures, Relias Power Point, staff file reviews, and interviews with eleven 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)

Cephas House recently contracted with a psychiatrist who works in the facility. There are no volunteers or interns. The PREA Policy and Procedures states that if contractors are used, they are required to complete the PREA training in Relias. The policy also states that interns will complete the training. Contractors and volunteers are required to sign an acknowledgement that they completed the training.

I conducted a telephone interview with the contracted psychiatrist. He stated that LSS provided PREA training after he started. The training covered his responsibilities to prevent, detect, and respond to sexual abuse and harassment. Prior to working at Cephas, he said that he has extensive experience in detecting and responding to sexual abuse through his many years of working with eating disorder clients. He has worked with Cephas House for about one month. The agency provided documentation that the psychiatrist received PREA training.

Based upon my review of the agency policy, interview with the contracted psychiatrist and training records, I conclude that the agency complies with 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)

According to staff at Cephas House, all residents receive a copy of "PREA Notice to Residents" upon intake. All ten residents interviewed stated that they received PREA printed information in a packet within the first day of arrival. All residents said that the information was explained to them.

During the on-site visit, I reviewed files for 11 current residents and three discharged residents. Twelve of the files had signed acknowledgements from residents that PREA information was reviewed with them. Two files did not contain the signed acknowledgments, but those two residents stated that they received the PREA information on the first day they arrived.

In response to corrective action at two other LSS facilities, the agency recently amended the PREA Notice to Residents in order to comply with the standard. The Notice addresses the agency zero tolerance policy, how to report incidents, residents' right to be free of abuse and retaliation, and the agency response to reports of abuse or harassment. The agency recently provided the amended PREA Notice to Residents to all residents. All current residents at Cephas have received the amended Notice to Residents which complies with the standard.

As mentioned earlier, Cephas House does not accept clients who are limited English proficient, deaf, visually impaired or who have physical disabilities. LSS has a policy for providing PREA information to residents with disabilities or limited reading levels. According to the PREA Coordinator, staff read the PREA handouts to residents and if they exhibited any reading limitations, the staff spend extra time reading the materials.

During the on-site visit, I observed PREA information displayed on a bulletin board. Information included the Notice to Residents and names and telephone numbers of victim support agencies.

Based upon interviews with intake staff and ten residents, a review of the amended Notice to Residents and posted information in the facility, 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 have completed NIC PREA Training for Investigators. During a recent audit of other LSS facilities, the agency provided copies of the certificates from NIC. According to the PREA Coordinator, the agency assigns two investigators for each incident.

During the on-site visit, I interviewed the Program Manager, who is one of the five designated investigator for LSS. The specifics of the interview are detailed in 115.271. During the interview, the Program Manager was able to describe details of the investigation process and factors to consider in the process.

The PREA Policy and Procedures has a detailed section on investigations and includes language from the standard throughout the section.

Based upon my review of agency policies, training certificates from NIC, and interviews with the Program Manager and PREA Coordinator, I conclude that the agency complies with all aspects of the standards.

**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.

Cephas House currently contracts with a psychiatrist to conduct intake assessments of residents. Although he has limited contact with residents, he has been trained on PREA and the criteria identified in the standard. I conducted a telephone interview with the psychiatrist and he confirmed that he received training on PREA and that he has extensive experience in dealing with victim of sexual abuse and trauma.

Based upon my review of the Policy and Procedure and the interview with the psychiatrist, 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 agency recently amended the PREA Policy and Procedures regarding risk screening. The amended policy include language that assessment shall be completing within 72 hours and reassessments within 30 days. It includes information that residents may not be disciplined for refusing to answer questions, and controls for accessing the assessments.

During the on-site visit, I interviewed the AODA Counselor who is responsible for doing risk assessments. He said that the facility starting doing assessments in April or May 2016. He does the initial assessment the first day the resident arrives and the reassessment within 30 days. He stated that if the resident is a high or medium risk, he reviews the case at the next scheduled staffing. They consider a number of issues including housing changes, counseling issues, and possible referrals. After the staffing, he would meet with the resident immediately afterwards.

Cephas keeps completed risk assessments locked in a file in the supervisor's office.

The facility reports that they have not had transgender or intersex residents.

During the on-site visit, I interviewed ten residents. All ten said they were asked questions about sexual safety during intake. Nine residents said that the same questions were asked a second time within 30 days. One resident was admitted within 30 days. I also reviewed completed risk assessments for 11 current residents and three discharged residents. The facility assessed all eleven residents within 72 hours of arrival. Seven of the eleven residents were admitted over 30 days and six of those residents were reassessed within 30 days. One of those residents was reassessed in 62 days. I also reviewed assessments for three discharged residents. All three residents had assessments and reassessments, but two of the residents, admitted in April 2016, we were not assessed with the 72 hours and were not reassessed within 30 days.

Based upon the interviews with residents and my review of completed assessments, Cephas House has been consistently completing assessments and reassessments for about 6 months.

The facility uses the "Sexual Vulnerability/Predation Risk Assessment" to screen all residents. Because of audits at other facilities, the agency recently amended the assessment form to include criteria from the standard, specifically questions about whether the resident is or is perceived to be LBGTI. Although the amended form includes the criteria in the standard, Cephas only began using the amended form on November 5, 2016. The risk form used prior to November 5 date did not comply with the standard.

Corrective action required the agency to use the amended risk form for all residents for a period of 4 months from the date of this report. On March 30, 2017, I conducted a follow-up on-site visit to Cephas House. At that time, I met with the Program Manager and Supervisor. I also reviewed 16 risk assessments and reassessments for 10 residents completed since the on-site visit. The facility used the amended form that complies with the standard and completed these assessments in a timely manner.

Based upon my review of the LSS PREA Policy and Procedures, the Sexual Vulnerability/Predation Risk Assessment form, completed assessments for 21 residents, and interviews with the AODA Counselor, Program Manager, Supervisor, and ten residents, I conclude that the agency complies with all aspects of the standards.

**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 PREA policy regarding risk screening, "room assignments and general program participation will be predicated on the findings of the assessment." The staff member responsible for completing screening said that when residents are high or medium risk, the reviews the case with the team and they would consider options for housing the resident, referrals and other counseling options. One of the assessments reviewed scored medium risk. The facility staffed the case within 2 days of the assessment.

In response to corrective action at other LSS facilities, the agency recently amended the PREA Policy to state that LGBTI residents will not be assigned to a room solely on their gender identification. The policy states that LGBTI, as well as all residents are asked about their own safety and the response is given serious consideration by the facility. All residents at Cephas are allowed to shower separately from other residents.

Based upon my review of the PREA Policy and Procedures, the "Sexual Vulnerability/Predation Risk Assessment" form and completed assessments, as well as the interview with the AODA Counselor, 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 or their probation/parole agent, or contact the Program Manager or the LSS PREA Coordinator. 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, I interviewed ten residents. Most residents were able to identify several different ways for residents to report abuse. Most residents were aware that they could tell staff, but also the police, family member, or "a third party." I interviewed eleven staff regarding how residents could report abuse. Nine of eleven cited multiple ways that residents could report abuse. All staff interviewed felt that they could privately report sexual abuse.

The PREA Policy and Procedures also states that residents may report abuse "verbally, in writing, anonymously, or by a third party" and states that residents can contact the Supervisor, PREA coordinator, managers, or LSS ARJ Director. The policy also specifies that staff may make a report of sexual abuse to the same entities and make complaints privately. The policy mandates that staff accept all reports of abuse regardless of the manner of reporting. The process for staff to report abuse is detailed. The Relias PREA Power Point training, required of all employees, also includes information about residents reporting abuse and lists multiple reporting options.

Based upon my review of the PREA Policy and Procedure, Notice to Residents, and Relias Power Point, and interviews with eleven staff and ten 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)

In response to audits at other facilities, the agency recently amended the PREA Policy and Procedures and the PREA Notice to Residents. The following information is now included: the grievance may be filed at any time and without time limitations, the grievance may be filed without submitting it to a staff member who is subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. The amended information also includes language from 115.252 (d) regarding response time (90 days), extensions, and lack of response to the grievance.

The amended documents include information regarding emergency filing of grievances and states that residents may be disciplined for filing a grievance in bad faith. The Policy also listed the process for third party filing of grievances. The updated Notice to Residents has been provided to residents and staff have reviewed the updated Policy and Procedures. LSS reports that no residents have filed grievances that allege sexual abuse.

Based upon review of the Notice to Residents and the PREA Policy and Procedures, the agency complies with 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 PREA Policy and Procedures and Notice to Residents state that residents shall be provided access to outside victim services related to sexual abuse. The Notice to Residents is attached to the Resident Handbook and includes a list of support services, including addresses, phone numbers. These agencies include Waukesha County Victim Witness Program, The Women’s Center, The C.A.R.E. Center, The Sexual Assault Treatment Center (Milwaukee), Wisconsin Coalition Against Sexual Assault (Madison), the Healing Center (Milwaukee), and 24 hour help line: 877- 995 <https://www.safehelpline.org/telephone>. During the on-site visit, I observed that information about these victim support services was posted in the facility.

The PREA Policy and Notice to Residents states that it will 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.

At the time of the on-site visit, the Program Manager said that LSS did not have an agreement with any community service providers to provide resident victims with emotional support services. However, the facility now has an inter-agency agreement with the Women’s Center of Waukesha. The agreement states that the Women’s Center will provided confidential support services to residents of Cephass House who are victims of sexual abuse. On March 31, 2017, I contacted Angela Mancuse, Executive Director of the Women’s Center. Ms. Mancuse confirmed that their agency would provide emotional support services for victims of sexual abuse at Cephass House.

Based upon my review of the PREA Policy and Procedures, the PREA Notice to Residents, and the inter-Agency Agreement with the Women’s Center of Waukesha, along with interviews with the Program Manager and the Executive Director of the Women’s Center, I conclude that the agency complies with all aspects of the standards.

**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 LSS PREA Policy and Procedures and PREA Notice to Residents state that reports can be accepted from a third party. A resident may make a third party report to a number of contacts listed in the Policy and Notice to Residents. The LSS website includes information about third party reporting. Most staff and residents interviewed were aware that residents may file a report to a third party.

Based upon my review of the LSS website, the PREA Policy and Procedures and Notice to Residents, as well as interviews with

staff and residents, the agency complies with the standard.

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

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

The PREA Policy and Procedures states that staff are required to report any knowledge, suspicion, or information they receive regarding sexual abuse or harassment, whether it occurred at Cephas or another facility. The PREA Relias Power Point, used to train staff, states that employees are required to report in any of the listed situations, including retaliation. The LSS Employee Handbook has several references that make it clear that employees have a duty to warn.

During the on-site visit, I interviewed all eleven staff. All eleven stated that they are required to report any knowledge, suspicion, or information they receive regarding abuse and failing to do so is a serious work rule violation. Most said that failure to report would result in termination.

The PREA Policy and Relias Power Point state that staff are prohibited from revealing information related to a sexual abuse other than reasons cited in 115.261 (b). The policy includes language from 115.261 (c) and (e). The facility does not accept anyone under the age of 18, so (d) is not applicable.

Based upon my review of the Policy and Procedures and Relias Power Point and interviews with eleven Cephas House staff, I conclude that the agency complies with all aspects of the standard.

### **Standard 115.262 Agency protection duties**

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

The PREA Policy and Procedures lists steps staff shall take when they become aware of the potential of an imminent sexual assault on a client or observe a sexual assault taking place within the facility, to include,

- Call 911, make report and call supervisor
- Assure victim is provided with safety until perpetrator is removed.
- Consider taking the intended victim into the locked staff office until the danger has been addressed.

According to the Pre-Audit Questionnaire, Cephas House has had two instances in the past 12 months where a resident were subject to a substantial risk. The facility contacted the Waukesha Police Department. One incident involved a resident sexually harassing another resident. The facility removed the perpetrator from the program and placed in custody. The other incident involved a staff member having sexual contact with residents. The staff member was suspended and resigned during the investigation.

The PREA Relias Power Point, that all staff are required to view, has similar language to the policy for dealing with imminent



risk.

During the on-site visit, I interviewed eleven staff members regarding imminent risk. All staff said that the priority would be to protect the victim. Other steps included, such as contacting law enforcement and a supervisor, separating the victim and the perpetrator, preserving evidence, and securing the area. The Program Manager and PREA coordinator also recited steps that the agency would take in response to imminent risk.

Based upon my review of the PREA Policy and Procedures, the Pre-audit Questionnaire, and Relias Power Point, and interviews with eleven staff, the Program Manager, and the PREA Coordinator, 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 Procedure has a process for notifying other facilities about reports of abuse. It includes specific steps to take if a resident reports being sexually assaulted at another facility. The Program Manager will contact the head of the facility where the abuse occurred within 72 hours. The Program Manager will document the notification. This policy complies with the standard.

The PREA Coordinator reports that the facility has not had any residents report that they were assaulted at other facilities.

Based upon my review of the agency policies and interview with the PREA Coordinator, I conclude that the agency complies with all aspects of 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 first responder duties are included in PREA Policy and Procedures. All staff on duty are considered first responders. The policy lists the following steps to take upon receiving a report of abuse: provide emotional support to the client first, staff will assist the client in making a report, call the supervisor, if perpetrator is present, Call 911, preserve evidence/gather evidence, and transport victim to local victim service and medical services.

During interviews with eleven staff, all said that the priority would be to protect the victim. They also identified appropriate steps identified in the standard.

Due to corrective action at Fahrman, the agency recently amended the Relias Power Point training to include additional first responder duties, which includes specifying steps to take, separating the victim and abuser, preserve and protect the crime scene, request that the victim not destroy evidence by bathing, washing etc. Collection and preservation of evidence in addressed. The amended language in the Power Point training is consistent with the first responder duties described in the PREA Policy and Procedure. The agency verified that all staff at Cephas House have reviewed the amended training slides.

According to the questionnaire, Cephas had one report of sexual abuse in the past 12 months. LSS investigated reports that a staff member had sexual contact with a resident. However, the agency learned of the alleged abuse after the staff member and the resident left the facility. As a result, first responder duties were not applicable to this situation.

Based upon my review of the PREA Policy and Procedures, the Relias Power Point, and interviews with the Program Manager and eleven seven staff members, 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)

In response to corrective action at other LSS facilities, the agency recently amended the PREA Policy and Procedures and incorporated procedures from the First Responders Policy and Investigators policy. The PREA Policy and Procedures includes language from each of those policies and has detailed, systematic procedures for staff to take following a report of abuse. The policy includes specific language that the counseling staff will assume responsibility for coordinating victim support and services. The amended policy complies with the language in the standard.

During the on-site visit, I interviewed the Program Supervisor regarding a plan to coordinate actions amongst staff in response to an incident of sexual abuse. She said she would refer to the steps identified in the Policy and Procedures. She would direct staff to locate the PREA binder in the office and provide directions to staff as needed.

**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)

According to the Questionnaire and interviews with administrative staff, Cephas House 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)

The agency recently amended the PREA Policy and Procedures, Relias Power Point, and Notice to Residents to provide more details on the facility response to retaliation. The policy defines retaliation to include staff-on-staff, staff on resident, resident on resident, and resident on staff. The policy incorporates multiple protection measures, such as housing changes or transfers

for resident victims or abusers, removal of alleged staff or resident abusers from contact with the victim, and emotional support services for staff or residents who fear retaliation. The policy states that monitoring retaliation shall occur for at least 90 days after the report and longer if needed. The documents provide residents with options for reporting retaliation.

The Program Supervisor said that either she or the Program Manager would be responsible for monitoring retaliation at Cephas House. I interviewed the Program Supervisor regarding retaliation. She said that her role would be to monitor retaliation along with the supervisor. She identified several steps she would take to monitor retaliation that included separating the victim and perpetrator. She would talk to the victim and get more information. She would talk to staff and the liaison agent. If appropriate, she would remove the perpetrator. She would look at the cameras to see if anything is occurring. If appropriate, she would talk to other staff and residents. If a staff member were involved in retaliation, suspension would be an option. The Program Supervisor said she would work with the Program Manager to maintain regular contact with the victim.

I also asked the CEO/Designee, Laurie Lessard how the agency protects staff and residents from retaliation. She listed several steps that the agency would take to monitor and respond to possible retaliation.

Based upon my review of the Policy and Procedure, Notice to Residents, Relias Power Point, and interviews with the Program Supervisor and PREA coordinator, I conclude that the agency complies with all aspects of the standard.

### **Standard 115.271 Criminal and administrative agency investigations**

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

In response to audits at other LSS facilities, the agency recently amended the PREA Policy and Procedures to describe steps the agency shall take when it receives a report of abuse. The policy describes the role of the investigative team, supervisor, and PREA Coordinator. LSS will conduct administrative investigations only. Cephas House refers all criminal allegations to the City of Waukesha Police Department.

The policy also states that if allegations involve a staff member, administrative leave is considered. The team will begin conducting interviews within 3-5 business days. Decisions made about referrals for criminal charges are based on the preponderance of evidence and the PREA Coordinator will be involved in all decisions. The supervisor or manager updates law enforcement on administrative investigations. The agency informs the residents as to the outcome (described per the standard). DOC makes the determination regarding the abusers discipline, with input from the administrative and criminal investigation.

The policy states that the agency will terminate any staff found to be engaged in sexual harassment or abuse.

The Policy also states the client's files are retained 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. The administrative investigation shall be documented in a written report and be retained for as long as the alleged abuser is incarcerated is employed by the agency, plus five years.

During the on-site visit, I interviewed Program Manager Deb Adamus, who is one of the five designated investigator for LSS. I utilized the questions from the Investigative Staff interview protocols. Adamus confirmed that she completed the NIC training for investigators. The training covered the areas described in the standard. Adamus said the investigations would begin within 24 hours. She has been involved in a two administrative investigations at Cephas.

Adamus describes steps that she would take to investigate allegations. She would talk to the victim and staff involved. She would contact the PREA Coordinator (who is also her supervisor). She would interview the victim and witnesses along with another trained PREA investigator. She was familiar with the investigation process, including interview techniques, Miranda/Garrity issues, collaborating with law enforcement, documentation, etc. She would access witness credibility based on

a number of factors. After completing the investigation, Adamus would discuss the findings with the PREA Coordinator.

If a staff member resigned during the investigation, she said they would attempt to interview the person and would proceed with the investigation whether or not the staff member was interviewed.

The Program Manager said that the agency management team would meet 30 days after the completion of an administrative investigation to review the investigation and determine whether staff actions contributed to an incident.

The Program Manager said that she would request investigation reports from law enforcement and the agency would review these reports.

According to the Program Manager, the PREA Coordinator and HR Generalist, the agency would not use polygraphs or other truth-telling devices in an investigation. The agency uses the standard of "preponderance of the evidence" to determine whether allegations are substantiated. The agency would inform residents be informed as to the status of the investigation and outcome.

In the past 12 months, Cephas House has conducted two administrative investigations. One investigation was of a staff member who allegedly had sexual contact with residents. The other investigation occurred after a resident said that another resident sexually harassed him. LSS referred both cases to the Waukesha Police Dept. The police department referred the case involving the staff member to the District Attorney's Office, but prosecution was denied. Regarding the investigation involving the resident harassing another resident, LSS said that the police department "closed the case."

I reviewed the administrative investigations for both cases. Regarding the first investigation involving the staff member, the agency said that that the allegation was unsubstantiated. However, the report only states, "case closed". The report did not state how the agency determined the outcome of the case. It did not provide an assessment of the credibility of the staff member, witnesses, or the victims. The report did not include an effort to determine whether staff actions or failures to act contributed to the alleged abuse. Details of the interviews with all witnesses and the victims were not included in the report. Although the report states that two residents reported that the staff member had sexual contact with them, there is no assessment as to the credibility of the residents' allegations or the staff member's credibility.

The administrative investigation report of the sexual harassment by a resident did not contain details of all interviews with witnesses and the perpetrator. The report does not have a disposition, nor does it have an assessment of the evidence, the credibility of the witnesses or other findings.

During the on-site visit, I discussed the two administrative investigations with the Program Manager. We discussed the criteria in the standard that must be contained in the reports. Corrective action specified what information the agency should include in administrative investigations. During the correction action period, the agency did not have any investigations of sexual abuse, so I was unable to review additional reports. However, during the follow-up onsite visit, I interviewed the Program Manager regarding investigations. She stated that the agency has a much better understanding of the investigative process and what information to include in the reports. She states that they will follow the standard for all future investigations.

Based upon my review of the PREA Policy and Procedure and investigative reports, and interviews with the Program Manager, PREA Coordinator, and HR Generalist, I conclude that the agency complies with the standards.

#### **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 HR Generalist, LSS uses "a preponderance of evidence" in determining whether allegations of sexual abuse or harassment are substantiated.

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

The PREA Policy and Procedures states that the supervisor or manager will remain in contact with law enforcement in order regarding any criminal investigation. Either the supervisor or manager will request information from law enforcement during the investigation.

If a staff member is the subject of an allegation, the Policy and Procedures states that residents will be informed whether the staff has been placed on leave, and the disposition and outcome of any indictments or convictions from the criminal investigation. The policy states that such notification will be documented in writing in the client chart. Cephas House referred two cases to the Waukesha Police Department in the past 12 months. The first investigation involved an allegation that a staff member had sexual contact with residents. The police investigated and referred that case to the district attorney, but the district attorney decline to prosecute. The agency said that the administrative investigation determined that the case was unsubstantiated. When the investigation concluded, the alleged victims were no longer residing at Cephas House, so no notification occurred. The standard does not require the agency to notify the residents once they are no longer residing at there.

The other case that was referred to the Waukesha Police Department involved an allegation from a resident that another resident was sexually harassing him. The police department closed the case without referring the matter for criminal prosecution. The agency determined the allegation to be unsubstantiated. The Program Manager said they attempted to notify the victim as to the outcome of the investigation, however, the victim absconded from supervision and his whereabouts are unknown.

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

### **Standard 115.276 Disciplinary sanctions for staff**

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

Due to corrective action at other LSS facilities, the agency recently amended the PREA Policy and Procedures to address possible disciplinary sanctions for staff who violate agency sexual abuse policies. The policy states, "Disciplinary sanctions for staff who violate sexual abuse policies relating to sexual abuse and harassment (other than actually engaging in sexual abuse), shall be commensurate with the nature and circumstance of the act committed, the staff member's disciplinary history, and the sanction imposed for comparable offenses by other staff with similar histories. This language complies with the language in 115.276. The policy also states, "Staff found to have engaged in sexual harassment, sexual misconduct, sexual abuse will be

terminated from employment.” The Policy was also amended to include language from (D), regarding terminations for violations of agency sexual abuse or sexual harassment policies. The standard requires notification to law enforcement and/or licensing bodies. In addition, the agency recently amended the PREA Relias Power Point to address disciplinary sanctions for staff. All staff are required to view the Power Point as part of their PREA training.

Based upon my review of the PREA Policy and Procedures, Relias training slides, and interviews with agency management staff, I conclude that the agency complies with all aspects of 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 Program Manager reports that Cephass currently has no volunteers or interns. Cephass has a contracted Psychiatrist. The PREA Policy and Procedures states the following, “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.” The Relias Power Point used for training contractors and interns also has sanctions for contractors and interns who violated PREA policies.

Based upon my review of the amended PREA Policy Procedures and Relias Power Point and interview with the Program Manager, I conclude that the agency complies with all aspects of 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)
- Not Applicable

According to the CEO/Designee, Cephass House has no authority to sanction residents who engage in sexual abuse or harassment. DOC would determine the actual sanction. All agency policies state the 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. If DOC initiates revocation of the resident’s supervision, the resident would be afforded due process.

Regarding 115.278 (f), the agency 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.” The facility does not provide programming for sexual abusers, so 115.278 (d) is not applicable.

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

**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."

While Cephass House has a contracted Medical Director, he is not typically at the facility. The staff member on duty is responsible to take steps to protect the victim. 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.

Based upon my review of the Policy and Procedure, 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 were recently amended to describe on-going medical services for victims. I verified that all staff and residents have reviewed the amended documents. The documents state that the facility shall 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. The facility shall provide such victims with medical and mental health care services consistent with the community level of care. The documents also state that testing and treatment for sexually transmitted infections shall be provided. All services will be provided at no cost to the victim regardless of whether the victim cooperates with the investigation. Evaluation and treatment shall include follow up services, treatment plans, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

The PREA Policy and Procedures also states that the facility shall attempt to conduct a mental health evaluation and treatment for all known resident-on-resident abusers.

As mentioned earlier, the agency lists a number of victim support services in the Resident Handbook/PREA Notice to Residents. During the on-site visit, I observed that victim services information was posted in the facility.

Based upon my review of the agency Policy and Procedures and Resident Handbook/Notice to Residents, the agency complies with all aspects of the standard.

**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)

Due to corrective action for the Fahrman Center audit, the agency recently amended the PREA Policy and Procedures at all facilities to provide more details to the review process. The amended policy defines who will be part of the team, including upper-level management staff along with other designated LSS staff. The policy states that the review shall consider whether the incident or allegation was motivated by any factor in 115.286 (2) and to examine the area where the incident occurred to assess whether physical barriers in the area may enable abuse, and assess whether staffing levels are adequate, whether monitoring technology would be deployed. In addition, the policy states that a report shall be completed which includes the determinations made pursuant to the paragraphs (d) (1)-(d) (5) in the standard, as well as recommendation for improvement. The report shall go to the facility head and PREA coordinator.

Prior to the on-site visit, Cephas House had one investigation of sexual abuse in the past 12 months. According to the Program Manager, she verbally reviewed the outcome with the PREA Coordinator, but did not document that the agency conducted a review that included criteria identified in the standard.

During the corrective action period, the agency did not have any investigations of sexual abuse or harassment. During the follow-up onsite visit, I interviewed the Program Manager and reviewed the policy and procedure. She stated the agency now has a process in place for incident reviews. She said the agency would conduct a review at the conclusion of every sexual abuse investigation. The review shall include whether the allegation is unsubstantiated, unless the allegation has been determined to be unfounded. The review shall occur within 30 days of the conclusion of the investigation and shall include upper management, with input from line supervisors, and investigators. The review team shall consider the factors described in the standard. The facility shall implement the recommendations for improvement or document reasons for not doing so.

Based upon my review of the amended Policy and Procedures and the interview with the Program Manager, I conclude that the agency 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)

According to the PREA Coordinator, LSS collects sexual abuse incident data 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 Cephas House. The agency reports two incidents of resident-on-resident sexual harassment and two incidents of staff sexual misconduct, one unsubstantiated and one investigation on going.

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, approves 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 incident-based data and aggregate data will be securely retained. 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.

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

April 2, 2017

Auditor Signature

Date