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

☐ **Interim** ☒ **Final**

Date of Report: November 6, 2019

Auditor Information

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Company Name: Mahoney and Associates, LLC	
Mailing Address: 6650 W. State St. #208	**City, State, Zip:** Wauwatosa, WI 53213
Telephone: 262-930-5334	**Date of Facility Visit:** April 9-10, 2019

Agency Information

Name of Agency: Lutheran Social Services of WI and Upper MI		**Governing Authority or Parent Agency** *(If Applicable)*:	
Physical Address: 6737 W. Washington ST. Suite 2275		**City, State, Zip:** West Allis, WI 53214	
Mailing Address: SAA		**City, State, Zip:** Click or tap here to enter text.	
Telephone: 414-246-2300		**Is Agency accredited by any organization?** ☒ Yes ☐ No	
The Agency Is:	☐ Military	☐ Private for Profit	☒ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal

Agency mission: Motivated by the compassion of Christ, we help people improve the quality of their lives.

Agency Website with PREA Information: lsswis.org

Agency Chief Executive Officer

Name: Hector Colon	**Title:** CEO
Email: hector.colon@lsswis.org	**Telephone:** 414-246-2300

Agency-Wide PREA Coordinator

Name: Laurie Lessard	**Title:** Director of Residential Services

Email: laurie.lessard@lss.wis.org	**Telephone:** 715-456-5735
PREA Coordinator Reports to: CEO	**Number of Compliance Managers who report to the PREA Coordinator** 5

Facility Information

Name of Facility:	Cephas House			
Physical Address:	325 Sentinel Drive, Waukesha, WI 53189			
Mailing Address (if different than above):				
Telephone Number:	262-549-9449			
The Facility Is:	☐ Military	☐ Private for Profit	☒ Private not for Profit	
☐ Municipal	☐ County	☐ State	☐ Federal	
Facility Type:	☐ Community treatment center	☒ Halfway house	☐ Restitution center	
	☐ Mental health facility	☐ Alcohol or drug rehabilitation center		
	☐ Other community correctional facility			
Facility Mission:	Motivated by the compassion of Christ, we help people improve the quality of their lives.			
Facility Website with PREA Information:	lsswis.org			
Have there been any internal or external audits of and/or accreditations by any other organization?	☒ Yes ☐ No			

Director

Name:	Connie Schrank	**Title:**	Program Supervisor
Email:	Connie.Schrank@lss.wis.org	**Telephone:**	262-549-9449

Facility PREA Compliance Manager

Name:	Debra Adamus	**Title:**	Program Manager
Email:	Debra.Adamus@lsswis.org	**Telephone:**	262-549-9449

Facility Health Service Administrator

Name:	na	**Title:**	
Email:		**Telephone:**	

Facility Characteristics			
Designated Facility Capacity: 14	**Current Population of Facility:** 13		
Number of residents admitted to facility during the past 12 months			58
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			57
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			57
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			56
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	☒ Adults 18+	☐ Juveniles Click or tap here to enter text.	☐ Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:			96 days
Facility Security Level:			NA
Resident Custody Levels:			NA
Number of staff currently employed by the facility who may have contact with residents:			8
Number of staff hired by the facility during the past 12 months who may have contact with residents:			3
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			1

Physical Plant			
Number of Buildings: 1	**Number of Single Cell Housing Units:** 0		
Number of Multiple Occupancy Cell Housing Units:			0
Number of Open Bay/Dorm Housing Units:			0
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): 9 total cameras. TruVision Navigator controlled in locked office. Cameras surrounding windows and exits on exterior building. Camera at each exit, medication door, basement door, and laundry area.			

Medical	
Type of Medical Facility:	NA
Forensic sexual assault medical exams are conducted at:	Waukesha Memorial Hospital

Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	1
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	5

Audit Findings

Audit Narrative

Cephas House is a halfway house operated by Lutheran Social Services of Wisconsin and Upper Michigan (LSS) located in Waukesha, Wisconsin. The audit process of Cephas House began in February 2019 when the Pre-audit Questionnaire and Notice of Audit were sent to the agency. The agency returned the questionnaire and numerous supporting documents on April 1, 2019. I reviewed the documents that included the agency's PREA Policy and Procedures, PREA Notice to Residents, staff schedule and roster, resident roster, staffing plan, training materials, risk screening form, and other relevant information.

LSS operates 6 halfway houses in Wisconsin. I am very familiar with LSS facilities since I have completed 9 PREA audits of the 6 LSS halfway houses in Wisconsin over the past 3 years. I completed a PREA audit of Cephas House in 2017. After a period of corrective action, the agency eventually complied with all of the relevant standards.

The agency implemented most PREA standards in 2016. The agency uses virtually the same policies and procedures, resident information, and training materials at all its halfway houses.

The on-site visit of Cephas House was scheduled for April 9-10, 2019. Prior to the on-site visit, the agency sent me current resident and staff rosters. I randomly selected 10 residents to be interviewed. The facility currently has 8 staff and all 8 were interviewed. Not included in those staff is the part-time psychiatrist who is a contracted staff and works at Cephas on a limited basis.

Prior to the on-site visit, I met with Sara Edwards, the LSS Human Capitol Generalist, who is responsible for coordinating hiring activities and criminal background checks. I met with Ms. Edwards at the LSS administration building in West Allis, WI where the agency centralizes its human resource files. I reviewed the electronic personnel files for all 8 staff members and one contract staff in order to determine if the agency's hiring and training practices complied with the standards.

The on-site visit occurred on April 9-10, 2019. Upon arrival, I was greeted by Connie Schrank, the Program Supervisor. The Program Manager, who is also the PREA Compliance Manager, was on medical leave and not available. During the corrective action period, the Program Manager left the agency. Laurie Lessard, the LSS PREA Coordinator will oversee the PREA activities at Cephas House.

Ms. Schrank led me on a tour of the facility. I was able to view all areas of the facility. I observed the Notice of Audit was posted in several locations throughout the facility. However, I did not see any other PREA information posted in the facility.

During the on-site visit, I interviewed 10 residents, which included 2 residents who reported previously being sexually abused during risk screening.

I also interviewed all 8 of the current staff members, including staff who staff who conduct intake with residents and those staff that complete risk screening and the facility supervisor.

During the two days in the facility, I reviewed the current 13 resident files and 19 discharged resident files to determine if resident were provided PREA information at intake. The discharged files were randomly selected by me from residents discharged in the past 12 months. A total of 58 residents were admitted to the facility in the past 12 months, so I reviewed 32 of the 58 resident files.

I also reviewed completed risk screens for the 13 current residents and 28 discharged residents from the past 12 months. Overall, I reviewed risk screens for 41 of the 58 residents admitted in the past 12 months.

During the on-site visit, I also reviewed the only PREA investigation that was conducted at Cephas House in the past year. Included with that investigation was the Incident Review Team notes, and notification to the resident/victim identified in the investigation.

Overall, I spent about 13 hours at the facility and at the LSS administration offices. I later interviewed Laurie Lessard, the PREA Coordinator CEO Designee, who was not available during the on-site visit.

Following the on-site visit, I did a thorough review of the agency's PREA Policy and Procedure and Notice to Residents, training materials, interview notes and other information gathered. Following this review, the Interim Report issues on 5-6-19 identified 5 standards that required corrective action: **115.217, 115.233, 115.241, 115.261**, and **115.276.** The period of corrective action was 6 months. During the corrective action period, the PREA Coordinator sent me amended documents and materials relevant to corrective action. Near the end of the period, the facility provided me with copies of all risk screens completed during this period.

At the end of the corrective action period, I reviewed all of the materials submitted by the agency. Based on this review, I determined that the agency satisfied corrective action and complied with all applicable standard.

The agency once again demonstrated their commitment to keeping residents safe from sexual abuse by implementing PREA standards and putting those standards into practice at Cephas House.

Facility Characteristics

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 April 1, 2019, the total population of Cephas House was 13. During the past 12 months, 58 residents were 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 3 months. Residents are not allowed to leave the facility unattended until about a few 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.

As of April 9, the date of the on-site visit, Cephas House had 8 staff members, including the Program Supervisor, who supervises the program. The Program Manager, who oversees Cephas and other LSS programs, left the agency during the corrective action period. The agency has decided to not fill the position. Laurie Lessard, the Residential Director and PREA Coordinator will directly oversee the facility along with other agency duties. The staff members at Cephas include Support Professionals and Addictions Counselor/Case Managers. In addition to the 8 staff, there is also a part-time contracted psychiatrist. There is one volunteer currently in the facility.

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. The 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 in the Waukesha area for over 35 years and at the present location for about 13 years. 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

Number of Standards Exceeded: 0

Number of Standards Met: 41

Number of Standards Not Met:

Summary of Corrective Action:

Corrective action was required for 5 standards:

115.217 Before hiring new employees, the agency shall make its best efforts to contact all prior institutional employees. The agency shall ask all current about previous misconduct per (f).
115.233 The agency shall post key PREA information in the facility.
115.241 The agency shall complete risk screening using the amended form for all residents consistent with the timeframes in the standard.
115. 261 The agency shall ensure that all staff immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment.
115.276 The agency shall comply with it PREA policy which that staff who violate agency PREA policies shall be subject to disciplinary sanctions.

Following corrective action, the agency complied with 115.217 by amending its hiring policy and providing documentation that it contacted prior institutional employers. It also provided signed documentation from all staff regarding previous misconduct. Regarding, 115.233, the agency provided photographic documentation that key PREA was posted in the facility. Regarding 115.261The agency amended its risk screening form to include all criteria from the standards and provided copies of all screens completed since the interim report. Regarding 115.261 and 115.276 the agency reviewed its policies with all staff and provided additional training on the standards.

PREVENTION PLANNING

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

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

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.211 (b)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Cephas House has a document titled LSS ARJ PREA Policy and Procedures that all staff receive upon hire. 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 Procedure and the Notice to Residents describe the agency zero tolerance policy. The policy includes 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. The PREA LSS Power Point, which all staff are required to review, includes the agency zero tolerance policy.

All 8 staff interviewed demonstrated their awareness of the agency zero tolerance policy and efforts to prevent, respond, report, and investigate sexual abuse and harassment. All staff reported that they received training on the agency's policies and procedures. All staff also said that the agency often does update training and reviews of PREA procedures during staffing and other meetings. The 10 residents who were interviewed also were very aware of the facility's efforts to implement PREA standards.

The LSS PREA Coordinator is Laurie Lessard, the Director of Addictions and Restorative Justice (ARJ). She has been the PREA Coordinator for about 3 years and has been directly involved in implementing PREA standards for several years prior to becoming the PREA Coordinator. During the current audit Cephas House and the previous audits of LSS facilities, Lessard maintained regular contact with me. Lessard demonstrated that she is knowledgeable of PREA standards. Lessard has led several PREA investigations in the past 3 years. She has been engaged in the process of implementing PREA standards at Cephas House, as well as other LSS facilities. Since Lessard oversees all of the six halfway houses and answers directly to the Executive Director of ARJ/CCD programs, she able to effectively make changes in order to comply with PREA standards.

Based upon the interviews with 8 staff, 10 residents and the PREA Coordinator, along with my review of the PREA Policies and Procedures, Notice to Residents and PREA Power Point, I conclude that the agency complies with all aspects of the standards.

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

According to the CEO designee/PREA Coordinator, LSS does not contract with other entities to house residents.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No

- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? ☐ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

A copy of the staffing plan was attached to the questionnaire.

The facility currently has 8 staff including the Program Supervisor. The facility always has a minimum of one staff present at all time. 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 is similar to other halfway houses of similar size and population in Wisconsin.

Cephas 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 basement 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.

The State of Wisconsin requires Cephas 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.

Given the size and layout of the facility, it is my opinion that the existing cameras are sufficient to monitor residents. The current staffing plan is also sufficient. The facility is relatively small and easy to monitor the activities of the 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 Cephas and the other facilities. The agency provided documentation of the review dated August 11, 2018.

All of the 10 residents interviewed stated that they have a reasonable amount of privacy and they feel safe at Cephas House. No one reported any incidents of sexual abuse or harassment.

Based upon my review of the staffing pattern and annual review of the staffing plan, 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, 8 staff, and 10 residents, I conclude that the agency complies with the standard.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
  ☐ Yes ☐ No X **NA -AGENCY POLICY PROHIBITS BODY SEARCHES OR PAT-DOWNS OF RESIDENTS UNDER ANY CIRCUMSTANCES.**

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
  ☐ Yes ☐ No ☒ NA

- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) ☐ Yes ☐ No ☒ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☐ Yes ☐ No X **NA -AGENCY POLICY PROHIBITS BODY SEARCHES OR PAT-DOWNS OF RESIDENTS UNDER ANY CIRCUMSTANCES.**

- Does the facility document all cross-gender pat-down searches of female residents? ☐ Yes ☐ No X **NA -AGENCY POLICY PROHIBITS BODY SEARCHES OR PAT-DOWNS OF RESIDENTS UNDER ANY CIRCUMSTANCES.**

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☐ Yes ☐ No X **NA -AGENCY POLICY PROHIBITS BODY SEARCHES OR PAT-DOWNS OF RESIDENTS UNDER ANY CIRCUMSTANCES.**

- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No

- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☐ Yes ☐ No X **NA -AGENCY POLICY PROHIBITS BODY SEARCHES OR PAT-DOWNS OF RESIDENTS UNDER ANY CIRCUMSTANCES.**

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☐ Yes ☐ No X **NA -AGENCY POLICY PROHIBITS BODY SEARCHES OR PAT-DOWNS OF RESIDENTS UNDER ANY CIRCUMSTANCES.**

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The Cephas House policy prohibits body searches or pat downs. According to the Pre-Audit Questionnaire and interviews with residents and staff, no searches or pat down of residents have occurred. No reports of body searches of any kind were reported by the agency in the past 12 months. All LSS halfway houses prohibit body searches or part downs.

All 10 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. Five of the seven current staff are female. During interviews, all female staff said they announce their presence when entering a resident bedroom. All of the residents interviewed said that female staff announce their presence.

Based on my review of the questionnaire and the PREA Policy and Procedures, along with interviews with 8 staff and 10 residents, I conclude that the agency complies with the standards.

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☐ Yes ☐ No **Cephas House does not accept residents who are deaf or hard of hearing per State licensing guidelines.**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☐ Yes ☐ No **Cephas House does not accept residents who are blind or have low vision.**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☐ Yes ☐ No **Cephas House does not accept residents who are deaf or hard of hearing.**

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☐ Yes ☐ No **Cephas House does not accept residents who have language limitations or require an interpreter.**

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☐ Yes ☐ No **Cephas House does not accept residents who are blind or have low vision.**

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☐ Yes ☐ No **Cephas House does not accept residents who have language limitations or require an interpreter.**

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☐ Yes ☐ No **Cephas House does not accept residents who have language limitations or require an interpreter.**

115.216 (c)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

According to the PREA coordinator, Cephas House does not accept clients with physical or most other disabilities. She cited several reasons for not accepting this population. As a Class "A" CBRF, the State of Wisconsin prohibits Cephas House from housing residents with physical disabilities. Residents must be ambulatory and must be 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, but only if they are able to benefit from the programs. Further, the facility does not accept clients who have limited English proficiency, deaf or hard of hearing, blind or low vision 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 and administratively.

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

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.217 (b)

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

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

LSS has a "Background Check Policy and Procedure". I reviewed the policy with the LSS Human Capital Generalist. The 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 policy requires that the agency conduct background checks before enlisting the services of a contractor who may have contact with residents. The agency policy states 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 **In Check**, which includes a national criminal background check, National Sex Offender Search, Wisconsin Sex Offender Registry, Wisconsin Dept. of Justice-CIB, and other states where the employee has been known to reside.

According to the HR Generalist, potential employees are asked about prior misconduct and if they previously had correctional employers. I reviewed forms signed by applicants asking about previous employers and 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. The LSS PREA Policy and Procedures states that 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.

Prior to the on-site visit, the PREA Coordinator said that the agency did not ask current employees about previous misconduct in either promotions or written self-evaluations conducted as part of reviews. Corrective action addressed this issue. The agency later provided documentation that all Cephas House staff were asked about previous misconduct.

The State of Wisconsin requires the agency to conduct caregiver background checks prior to hire and updated checks every four years.

On April 4, 2019, I visited the LSS corporate offices in West Allis. I met with the LSS Human Capital Generalist and reviewed personnel files for 8 current Cephas House employees and the contracted psychiatrist. Six of the 8 current employees were hired prior to the last audit in 2016. The two employees employed at the time of the last audit had background checks confirmed. Updated background checks for those two employees occurred in 2015. The 6 employees hired since 2016 had documentation that background checks were conducted prior to hire. None of these 6 employees required an updated background check.

The agency currently uses *In Check* to conduct background checks, which includes a national criminal background check. The agency policy requires that they do a Caregiver check on all employees every 4 years, which exceeds the five-year period required by the standard.

I also verified that the agency conducted a criminal background check on the contracted medical director.

Cephas House hired one staff member in 2018 whose files indicated that he previously worked in a correctional facility. However, the agency did not attempt to contact the Wisconsin Dept. of Corrections per (c) (2). This issue was addressed in corrective action. The agency updated its hiring policy to ensure that prior institutional employers are contacted. During the corrective action period, the agency had one applicant who worked in a correctional facility. The agency provided documentation that it contacted that employer.

Based upon my review of the PREA Policy and Procedure, Background Check Policy and Procedure, background checks for all current staff, materials submitted for corrective action, and interviews with the PREA Coordinator and HR Generalist, I conclude that the agency complies with all aspects of the standards.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The agency opened a new halfway house in Barronett, WI in March 2017. Prior to opening the facility, the agency considered the effect of the design on the ability to protect residents from sexual abuse. The new facility included four cameras that monitor residents. It is a very small facility, with only 8 beds.

The agency has not expanded or made major modifications to its other facilities. According to the PREA Coordinator, the agency has consistently reviewed the use of cameras or other technology over the past several years. All of the LSS halfway houses have cameras. However, due to State of Wisconsin licensing requirements, the facilities were directed to disable several cameras due to "clients' privacy rights."

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

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

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

According to the PREA Coordinator, the agency follows a uniform evidence protocol when conducting administrative investigations. The agency 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.

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.

Cephas House has an agreement to get victim support services from the Women's Center of Waukesha. The agreement states that the Women's Center will be a resource for the provision of confidential services related to sexual abuse for clients at Cephas House per PREA. On April 15, 2019, I spoke with Diane Ripple at the Women's Center. She confirmed the details of the agreement, specifically that the Women's Center would provide a victim advocate to accompany victims to the forensic exam, investigatory interviews, and 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 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

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

115.222 (a)

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

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The 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 the agency shall report all incidents of sexual abuse to law enforcement. The Waukesha 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.

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

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? ☐ Yes ☐ No **X NA Cephas House does not accept juveniles.**
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.231 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

LSS has a PREA PowerPoint for training all new and existing staff. The training slides address the criteria in the standards. The PREA Policy and Procedures states "all staff and volunteers will receive training at hire and regular intervals throughout the year." "This training includes information on how to detect signs of abuse and how to effectively communicate with LGBTQ residents."

The policy states that the Program Supervisor will provide PREA refresher training to include a review of policies, review of reporting forms, role plays related to handling a client compliant, etc." In addition to reviewing the PREA Policies and Procedures, staff are required to review the PowerPoint slides. The online training materials include ways for staff to supervise with male residents in regards to sexual abuse. New employees also review the Relias PREA on-line training.

On April 4, 2019, I met with Sara Edwards, the HR Generalist at the LSS Administrative office to review personnel files for training documentation. All of the staff hired in the past 2 years received PREA training shortly after hire. The 2 staff hired prior to 2016 had PREA training between 2011 and 2016. According to the agency records, LSS first trained staff on PREA in 2011. The files included verification that update training occurred for the 3 staff who required 2 year update training.

During the on-site visit, all 8 staff interviewed reported that they have been trained on PREA. The staff hired since 2016 completed PREA training shortly after hire. This training was confirmed by interview and file review. All staff interviewed reported that PREA and related updates were discussed at weekly in-service and staff meetings. All 8 staff interviewed indicated a general awareness of PREA, the zero-tolerance policy, staff reporting procedures, and different ways that residents could report abuse. All staff at Cephas House are considered first responders and during interviews, staff had appropriate responses to dealing with sexual abuse and harassment.

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

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

The LSS PREA Policy and Procedures states that volunteers, interns, and contractors will complete PREA training. Cephas House currently has one intern and a contracted psychiatrist. During the review of personnel files, the agency provided me with a copy of the intern's and psychiatrist's training record that showed they completed PREA training. The psychiatrist completed PREA update training in January 2019.

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

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☐ Yes ☐ No X NA Cephas does not accept residents who are limited English proficient.
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☐ Yes ☐ No X NA Cephas does not accept residents who are deaf.
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☐ Yes ☐ No Cephas does not accept residents who are visually impaired
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The PREA "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. As mentioned earlier, Cephas House does not accept clients who are limited English proficient, deaf, visually impaired or who have significant physical disabilities.

The LSS PREA Policy and Procedures state that staff will provide residents with the "PREA Notice to Residents" upon intake. All ten of the residents interviewed stated that they received PREA information in a packet upon arrival (all within 1-2 days). All residents said that staff explained the information to them.

During the on-site visit, I reviewed the files for all current 14 residents. All files had signed acknowledgements from residents that they received PREA information upon intake. I also reviewed 19 files of discharged residents from the past year. All 19 of the discharged files contained documentation that residents received PREA information upon intake, however one resident received the information 5 days after admit. The other 18 files showed that residents received PREA information within 1-2 days. My review of these files determined that the agency consistently provide PREA information to residents at intake.

During the on-site visit, I interviewed the Lead Support Professional, who is one of the staff members responsible for conducting intake at Cephas House. She confirmed that all residents receive the PREA information upon arrival. She said that she explains the materials to the residents and if they have known disabilities or reading limitations, she will go over the materials in detail. The PREA Notice to Residents is contained in the Resident Handbook.

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.

During the on-site visit, I did not observe any PREA information posted in the facility, except for the Notice of Audit and corrective action was required. Following the on-site visit, the Program Supervisor sent me photographs of PREA information posted in the facility. Additional documentation that PREA information was posted was forwarded at the end the of corrective action period.

Based upon my review of the PREA Notice to Residents, PREA Policy and Procedure, file reviews for all 14 current residents and 19 discharged residents, interviews with 10 residents and the Lead Support Professional and photographs of PREA information posted in the facility, I conclude that the agency complies with all aspects of the standards.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

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

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The Pre-audit Questionnaire states that LSS has five designated investigators. The PREA Policy and Procedure states that the designated investigators are required to complete NIC PREA Training for Investigators. The five investigators are LSS Managers, including Laurie Lessard, the PREA Coordinator. All five completed NIC PREA Training for Investigators. LSS provided copies of the certificates from NIC.

I have interviewed Lessard several times during previous audits of LSS halfway houses. I recently conducted a telephone interview with Lessard regarding investigations. Lessard oversees all LSS halfway house PREA investigations and has conducted numerous PREA investigations in the past 3+ years.

Based upon my review of the PREA Policy and Procedures, NIC training certificates, and interview with a designated investigator, I conclude that the agency complies all aspects of the standards.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

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

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

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? ☒ Yes ☐ No

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Cephas House has a contracted part-time psychiatrist who works in the facility. There are no mental health staff. The PREA Policy and Procedures states that medical and mental health staff will receive training in the following areas: How to detect and assess signs of sexual abuse, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, how and to whom to report allegations or suspicions and how to effectively communicate with LBGTQI residents.

The Policy and Procedure also states that medical and mental health staff will also receive training mandated for employees under 115.231 or for contractors under 115.232.

During the previous audit of Cephas House, 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 2 ½ years. The agency provided documentation that the psychiatrist received PREA training and that he completed update training in January 2019.

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No

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

115.241 (f)

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

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? ☒ Yes ☐ No

- Does the facility reassess a resident's risk level when warranted due to a: Request? ☒ Yes ☐ No

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

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedures state that staff will screen residents for risk with 72 hours of intake and a reassessment shall be done not to exceed 30 days after arrival. The Pre-Audit Questionnaire states that the agency has a policy requiring screening for residents upon admission. The Case Manager/Counselor conducts the screenings. The policy states that no sanctions will be applied to residents who refuse to answer certain questions.

The agency uses the Sexual Vulnerability/Predation Risk Assessment. 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. Prior to the interim report, the form used for assessing risk considered most of the criteria listed in 115. 241., except (d) (2), "the age of the resident" (the top of the form includes the age of the resident, but the age is not factored in the risk score). The form also did not include (e), "history of prior institutional violence or sexual abuse" and (d), "history of prior institutional violence or sexual abuse. The form included the other criteria from the standards, but did not clearly separate criteria to assess for risk of sexual victimization from the criteria for risk of being sexually abusive.

Following the on-site visit and prior to the submission of the interim report, the agency amended the Risk Assessment form to include the additional criteria described above. The agency also removed several criteria from the form that were not relevant to the screening process. The amended form complies with the standard. According to the PREA Coordinator, the agency will began using the amended form at Cephas and its other facilities immediately.

During the on-site visit, I interviewed the 2 Addiction Counselor/Case Managers who complete most of the assessments and reassessments. They said that the first assessment is completed within 1-2 days of arrival. Residents with risk issues are staffed. If someone is at risk, a referral is made for services. If a resident was vulnerable the staff would determine the best room to place the residents and other factors. If needed, they could house a resident separate from others. The agency policy states that a reassessment based on a referral, incident of abuse, or other factors, would be completed, they have not done any to date based on these circumstances. The completed assessments are maintained in a locked drawer in the supervisor's office. The reassessment is scheduled for less than 30 days from admittance.

During the on-site visit, I interviewed 10 residents. All 10 reported said that staff asked them questions about their abuse history and risk issues upon arrival. Seven of the 10 who were interviewed had been admitted to the facility for more than 30 days. All seven said that the follow–up screens were completed within the first month.

During the on-site visit, I reviewed completed risk assessments for all 14 current residents. All of the 14 residents had an initial screening completed within three days. I also reviewed all current residents for reassessments. Of the current residents, 11 were at the facility over 30 days and required reassessments. All of those 11, 8 were reassessed within 30 days. The remaining 3 residents were reassessed on the 32nd day.

During the on-site visit, I also reviewed completed risk assessments for 22 discharged residents. These residents were discharged in the past year. All 22 residents had initial screening completed within 72 hours. Regarding reassessments, 21 of the 22 of these residents remained in the facility for over 30 days. Seventeen were reassessed within 30 days. One resident was reassessed at 32 days, one at 34 days, one at 48 days, and one resident was not reassessed.

During the on-site visit, I reviewed risk screens for a total of 36 residents admitted to the facility in the past year. A total of 58 residents were admitted in the past year, so I reviewed over 60% of the residents admitted. Of the 58 residents reviewed, 7 residents were not screened according to the timeframes identified in the standards. While most of these screens were completed within a few days of the timeframes, the number deficiencies required corrective action.

Prior to the end of the corrective action period, the agency provided copies of 20 risk screens (re-assessments) completed since the interim report, along with a roster of all residents admitted/discharged since that time. All 20 risk re-assessments were completed within the 30 days of admission and the agency has satisfied corrective action.

Based upon my review of the PREA Policy and Procedures, the amended Sexual Vulnerability/Predation Risk Assessment form, 78 completed risk screens for residents admitted in the past 18 months, and interviews with 10 residents, 2 Case Managers, and the PREA Coordinator, I conclude that the agency complies with all aspects of the standards.

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (c)

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

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

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

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The LSS ARJ PREA Policy and Procedures addresses the use of 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 Addiction Counselor/Case Managers who are responsible for completing screening. They said that when residents have risk issues, a staffing is completed, usually within a couple of days. They would consider options for housing the resident within the facility and ways to best keep the resident safe. She said they would alert all staff about whether a resident was at risk or posed a risk to others. The counselors said that they would offer residents resources and encourages them to use the resources offered.

During the assessment, staff ask all residents, including transgender or intersex residents about their own views of their safety and the facility gives the residents response serious consideration. All residents at Cephas House 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 procedures and interviews with 2 Addiction Counselors/Case Managers, I conclude that the agency complies with all aspects of the standard.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Notice to Residents states that residents can report sexual abuse, sexual harassment, or staff sexual misconduct "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. It states that residents may contact the Women's Center in Waukesha. The phone number is included. It has a 24 hour crisis line. The resident information also lists the Healing Center of Waukesha.

During the on-site visit, I interviewed ten residents. All residents were aware that there are several different ways for residents to report abuse, including third parties.

I also interviewed all eight staff regarding resident reporting of abuse. All of the staff were aware of multiple ways that residents could report abuse. Staff said that if they received a third party or anonymous report, they would immediately document the report and contact supervisors. 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 PREA PowerPoint 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 PREA PowerPoint, and interviews with 8 staff and 10 residents, I conclude that the agency complies with all aspects of the standard.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.252 (d)

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

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.252 (e)

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

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

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
  ☐ Yes ☐ No ☒ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☒ No ☐ NA

- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
  ☐ Yes ☐ No ☒ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.252 (g)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

According to the PREA Coordinator, Cephas House does not have administrative procedures to address resident grievances regarding sexual abuse. As a result, the agency is exempt from this standard.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

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

115.253 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedure states that all clients will receive a list of outside support services related to sexual abuse, including telephone numbers and mailing addresses, toll-free hotline numbers of victim advocacy agencies.

The PREA Notice to Residents includes a list of community resources with addresses and phone numbers available to Cephas residents, including The Women's Center with the 24 hour crisis line, Victim Witness Services of Waukesha County, Waukesha Memorial Hospital, Sexual Assault Treatment Center , Milwaukee (includes crisis number), Wisconsin Coalition Against Sexual Assault, and the Healing Center.

The Policy and Procedure and Notice to Residents state that the facility will enable reasonable communication between residents and services, in as confidential a manner as possible. It states, "LSS will not monitor these communications, unless the resident requests that we do so, and would be done in the fashion the resident requests." It also states that the facility 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.

LSS provided me with a copy of an agreement for Cephas House to get victim support services from the Women's Center of Waukesha. The agreement states that the Women's Center will be a resource for the provision of confidential services related to sexual abuse for clients at Cephas House per PREA. On April 15, 2019, I spoke with Diane Ripple at the Women's Center. She confirmed the details of the agreement, specifically that the Women's Center would provide a victim advocate to accompany victims to the forensic exam, investigatory interviews, and follow up services, including emotional support services.

Based upon my review of the PREA Policy and Procedures, the PREA Notice to Residents, the agreement with Women's Center and my interview with Diane Ripple of the Women's Center, I conclude that the agency complies with all aspects of the standard.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The 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. All 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 8 staff and 10 residents, the agency complies with all aspects of the standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.261 (b)

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

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedures state 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 PowerPoint, 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. The Policy and Procedure and the PowerPoint state that staff are prohibited from revealing information related to a sexual abuse other than reasons cited in 115.261 (b). Medical staff are required to report sexual abuse and to inform residents of the duty to report, and the limitations of confidentiality, at the initiation of services. The policy includes language from 115.261 (c) and (e). The facility does not accept anyone under the age of 18. The Policy states that all information regarding abuse shall be forwarded to the agency's investigators.

During the on-site visit, I interviewed all eight staff. All staff stated that they are required to report any knowledge, suspicion, or information they receive regarding abuse or retaliation.

During my review of the one PREA investigation that occurred in the past year, I noted that the staff member who received information regarding possible sexual abuse or harassment did not immediately report the information to their supervisor as required. The investigation indicated that the staff member received information from a resident about a possible assault. The staff member did not notify a supervisor, but notified a co-worker when that staff member reported to work the next shift. That staff member did not immediately report the incident to a supervisor. The staff member who received the original report sent an email to the supervisor the next day, approximately 14 hours after the information was received. It is not clear if the second staff member who received the information ever reported the incident to a supervisor. The alleged perpetrator of the assault was removed from the program and placed in custody approximately 14 hours after the alleged victim reported the incident to staff.

While the investigation eventually determined that the incident was unfounded, the matter in which it was handled was very concerning. Because the investigation determined that the allegation was unfounded has no bearing on whether the staff members should have reported the incident to a supervisor. I discussed the incident with the PREA Coordinator and the Program Supervisor. They said that the agency was aware that staff did not follow their procedure for reporting incidents. This issue was addressed in corrective action.

After the interim report was issued, the Supervisor provided re-training for all staff on two occasions. They have also reviewed the policy for reporting incidents with all Cephas staff. According to the PREA Coordinator, the agency has not received any reports of sexual abuse or sexual harassment at Cephas House since the interim report was issued.

Based upon my review of the PREA Policy and Procedure, PowerPoint slides, a completed investigation of sexual abuse, and interviews will all 8 current staff members, the facility supervisor, and the PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

The PREA Policy and 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 and 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 no instances in the past 12 months where a resident were subject to a substantial risk.

The PREA PowerPoint, 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 8 staff members regarding imminent risk. All staff said that the priority would be to protect the victim. Other steps included contacting law enforcement and a supervisor, separating the victim and the perpetrator. The Program Supervisor was also interviewed and identified the steps that they would take to protect the victim.

Based upon my review of the Policy and Procedure, the Pre-audit Questionnaire, PREA PowerPoint, and interviews with 8 staff, including the Program Supervisor, I conclude that the agency complies with all aspects of the standard.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedures addresses the issue of reporting to other facilities when a resident reports abuse from other facilities and 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."

According to the Pre-audit Questionnaire, in the past year, there was no incidents reported that required notification to another facility.

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

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☐ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.264 (b)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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. The PREA PowerPoint also includes relevant instructions for first responders.

During interviews with 8 staff, all staff said that the priority would be to protect the victim. They also identified other appropriate steps identified in the standard. Staff were generally familiar with the procedure to preserve the crime scene and physical evidence by instructing the victim and perpetrator to not destroy evidence.

According to the questionnaire, Cephas had one report of sexual abuse in the past 12 months. As stated in 115.261, the staff who received the report did not follow agency procedure by immediately reporting the incident to supervisors and this issue was included in corrective action for 115.261.

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

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

The PREA Policy and Procedures includes details of the coordinated response from staff. It defines the roles of first responder staff, the Program Manager, the PREA Coordinator, investigators, and counseling staff.

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

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

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

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☐ Yes ☐ No **X NA**

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The agency does not have collective bargaining agreements at any of its facilities.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

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

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedures addresses 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 PowerPoint training contains relevant information about retaliation.

According to the PREA Coordinator, if a staff member was suspected of retaliating against another staff member or resident, they would immediately be place on suspension.

During the on-site visit, I interviewed Connie Schrank, the Program Supervisor. She is responsible for monitoring retaliation at Cephas, along with the Program Manager and PREA Coordinator. Schrank said she would do the primary monitoring since she is in the facility daily. She would meet with the client 1-2 week and ask the client if they feel safe. She would consider giving the client a private room.

Schrank said she would observe the client and see if they are interacting with other clients. She would have staff observe the client and their interactions. She would ask the other staff to observe the clients. Counseling and support staff would be alerted.

Shrank said that they would monitor retaliation for as long as the parties involved are in the program, usually up to 3 months. Some residents stay in the program up to 6 months and they would monitor suspected retaliation for the entire time the resident is there.

During the most recent investigation, Shrank said that staff suspected that the alleged victim was being retaliated by other residents, even though the allegation was found to unfounded. Some of the residents blamed the victim because the alleged perpetrator was placed in jail. Cephas staff monitored the situation and implemented some of the strategies addressed in their policy. The victim was close to discharge and completed programming, so it was decided that it was in the best interest of the resident to be discharged early.

Based upon the Policy and Procedure, Notice to Residents, PREA PowerPoint, and interviews with the Program Supervisor and PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).]
  ☒ Yes ☐ No ☐ NA

115.271 (b)

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

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

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

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

LSS PREA Policy and Procedures has a lengthy section on how the agency conducts investigations. The policy includes the following information: An investigation will begin immediately, with the investigation team to consist of at least two investigators. LSS conducts administrative investigations only. Criminal allegations are referred to the Waukesha Police Department. 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. Decisions 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 written reports will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, and that the departure of the alleged abuser or victim from the facility shall not provide a basis for terminating an investigation.

The Policy and Procedures 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. 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.

During the on-site visits I reviewed the only investigation conducted by LSS in the past year. As addressed earlier, a staff member who received the report of potential abuse did not immediately report the information to a supervisor. Although the incident was not reported to investigators until the following day, the agency investigators immediately began the investigation. The alleged victim, perpetrator, and 6 residents were interviewed within a couple of days. The agency used an investigation checklist with tasks assigned by the lead investigator, the PREA Coordinator.

The agency determined that the allegation was unfounded and cited several reasons for that conclusion, including lack of physical evidence, no witnesses to the incident. It also cited the alleged victim and perpetrators statements. The victim stated that he did not believe there was sexual motivation by the perpetrator. The agency did a credibility assessment and reasoning based on the evidence presented. In my opinion, the agency did a prompt, thorough, and objective investigation. Although the incident was determined to be unfounded, the agency did an incident review. The details are described in 115.286. On April 27, 2019, I interviewed Laurie Lessard, the PREA Coordinator regarding the recent investigation and investigations in general.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

According to the 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

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

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

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

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

115.273 (d)

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

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Notice to Residents, and PREA Policy and Procedures includes 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. It also states that 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.

As mentioned earlier, Cephas House received one allegation of sexual abuse in the past 12 months. Although the incident was determined to be unfounded, the agency sent a letter to the alleged victim informing him of the outcome. LSS forwarded copies of the letters to me.

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

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedures and the PREA PowerPoint addresses 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.

Commented [A1]:

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. "

The facility had one PREA investigation that occurred in the past year. As mentioned in 115.261 the staff member who received information regarding possible sexual abuse or harassment did not immediately report the information to their supervisor as required. The investigation indicated that the staff member received information from a resident about a possible assault. The staff member did not notify a supervisor, but notified a co-worker when that staff member reported to work the next shift. That staff member also did not immediately report the incident to a supervisor. The staff member who received the original report sent an email to the supervisor the next day, approximately 14 hours after the information was received. It is not clear if the second staff member who received the information ever reported the incident to a supervisor. Although the agency policy states that staff will be disciplined for violating PREA policies, staff were not disciplined for their failure to immediately report the information. This issue was included in corrective action.

As stated in 115.261, the Supervisor provided re-training to all staff regarding the reporting policy regarding sexual abuse or sexual harassment information. The PREA Coordinator also reported that the Supervisor documented the violation of PREA policy for the staff member in question. She also said that in the future, 115.276 will be followed with an actual disciplinary sanction for any staff found not to be in compliance. The PREA Coordinator confirmed that the agency has not received any reports of sexual abuse or harassment at Cephas House since the on-site visit.

Based upon my review of the PREA Policy and Procedure, PowerPoint slides, LSS Employee Handbook, one PREA investigation, and interview with the PREA Coordinator, I conclude that the agency complies with all aspects of the standards.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☐ Yes ☐ No **X NA Facility does not offer therapy, counseling, or other intervention for sexual abuse.**

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

According to the PREA Coordinator, LSS has no authority to sanction residents who engage in sexual abuse or harassment. The decision would lie with the Department of Corrections (DOC). The LSS Policy and Procedure states that offending residents would be immediately removed from the program if they engage in sexual abuse or harassment. DOC would detain the resident pending their investigation and disposition. DOC would determine the actual sanction. Residents who are under supervision with DOC are afforded due process rights, including an administrative hearing. From my experience working for DOC, I am aware of the due process afforded offenders. DOC guidelines would require the agency to determine sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. It would also consider the resident's mental illness before determining a disposition.

Regarding 115.278 (f), the discipline determination would also be made by DOC. DOC follows PREA standards regarding false reporting and would not discipline a resident if it was determined that a report was made in good faith even if the investigation does not establish sufficient evidence to substantiate the allegation.

According to the Pre-Audit Questionnaire, Cephas House prohibits all sexual activity between residents. The agency would only deem such activity to constitute sexual abuse if the activity was coerced. The questionnaire also states that the facility does not offer therapy, counseling or intervention to address underlying reasons for sexual abuse.

Based upon my review of the PREA Policy and Procedures and interview with the PREA Coordinator, the agency complies with the standard.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

The PREA Policy and Procedures, and the PREA Notice to Residents state 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 Policy and Procedures also state "The facility shall provide such victims with medical and mental health care consistent with the community level of care."

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 PREA Policy and Procedures and PREA Notice to Residents, 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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and 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 prophylactic medication at no cost to the victim.

The policy also states that the facility will coordinate referrals to mental health providers in the community for follow-up care, also at no cost to the resident. The policy states 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." It states 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 states 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 states that the facility shall provide such victims with medical and mental health care services "consistent with the community level of care." (c).

The policy and Notice to Residents states that residents will be offered 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.

LSS has Inter-Agency Agreements for on-going medical and mental health treatment for resident victims.

Based upon my review of the PREA Policy and Procedures, Notice to Residents, and Inter-agency agreements, I conclude that the agency complies with all aspects of the standards.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.286 (e)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedures 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 team shall meet within 30 days of the conclusion of the investigation. The policy identifies the members of the review team that includes upper management. All factors in 115.286 (d) are considered in the agency review. 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.

Cephas House had one investigation of sexual abuse or harassment in the past 12 months. Although the incident was determined to be unfounded, the agency held an incident review on March 28, 2019. According to the Program Supervisor, the agency met to discuss the incident because of staff failures to report the incident in a timely manner. The review included the Program Supervisor, HR Generalist, and PREA Coordinator. LSS provided me with a copies of the incident review. The agency determined that staff did not follow the appropriate steps in the investigation. The agency determined that staff, including the Program Supervisor and Program Manager will be re-trained.

During the past 3 years during audits, I have also reviewed other incident reviews that have occurred at other LSS halfway houses and the agency has consistently followed the standards regarding incident reviews.

Based upon my review of the PREA Policy and Procedures, copies of an incident review, and interview with the Program Supervisor, I conclude that the agency complies with all aspects of the standard.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

The Questionnaire states that the agency collects data for all allegations of sexual abuse at its facilities. The PREA Policy and Procedures, state 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 and Procedures, 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

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

115.288 (a)

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

- **Auditor Overall Compliance Determination**

  ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

  ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedures states that the agency will annually review incidents and identify problem areas, taking corrective action on an on-going basis, and preparing an annual report.

In 2015, 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 data and reviews the data.

LSS has published four annual PREA reports on the LSS website since 2015. The most recent report was for calendar year 2018. The report includes data from five LSS halfway houses. The report stated that its facilities had 1 substantiated and 1 unsubstantiated incidents of sexual harassment involving residents and 1 on-going investigation. It had 1 substantiated incident of sexual harassment. It had 1 unfounded incident of staff sexual misconduct and on-going investigation of sexual misconduct. I reviewed the annual reports on the LSS website.

The report said that action items from investigations were instituted as required. The report also noted that all five facilities comply with PREA standards. The annual report was approved by Laurie Lessard, Director of Addictions/Restorative Justice.

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

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The PREA Policy and Procedures states that the agency will securely retain incident-based and aggregate data and 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. I reviewed the annual report for 2018 on the LSS website.

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The agency began PREA audits of their halfway houses in 2016 when they had all 5 of their facilities audited. LSS opened a new halfway house in 2017. LSS had of 2 its facilities audited in 2017 and 2 in 2018. In addition to the Cephas House audit, I am also recently started on audit of Exodus House. With a total of 6 halfway houses, the agency is having 2 facilities audited each year. According to the PREA Coordinator, the agency will continue to schedule two audits per year to comply with the standards.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

As mentioned above, the agency has had 9 PREA audits completed at its 6 facilities since 2016. I reviewed the LSS website and all 9 audit reports are published on the website.

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Lawrence J. Mahoney November 6, 2019

Auditor Signature **Date**