

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

☐ Interim ☒ Final

Date of Report: October 21, 2019

Auditor Information

Name: Lawrence J. Mahoney	Email: mahoneylj@live.com
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: May 8-9, 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The Agency Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal <input type="checkbox"/> County	<input type="checkbox"/> State <input type="checkbox"/> Federal
Agency mission: 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

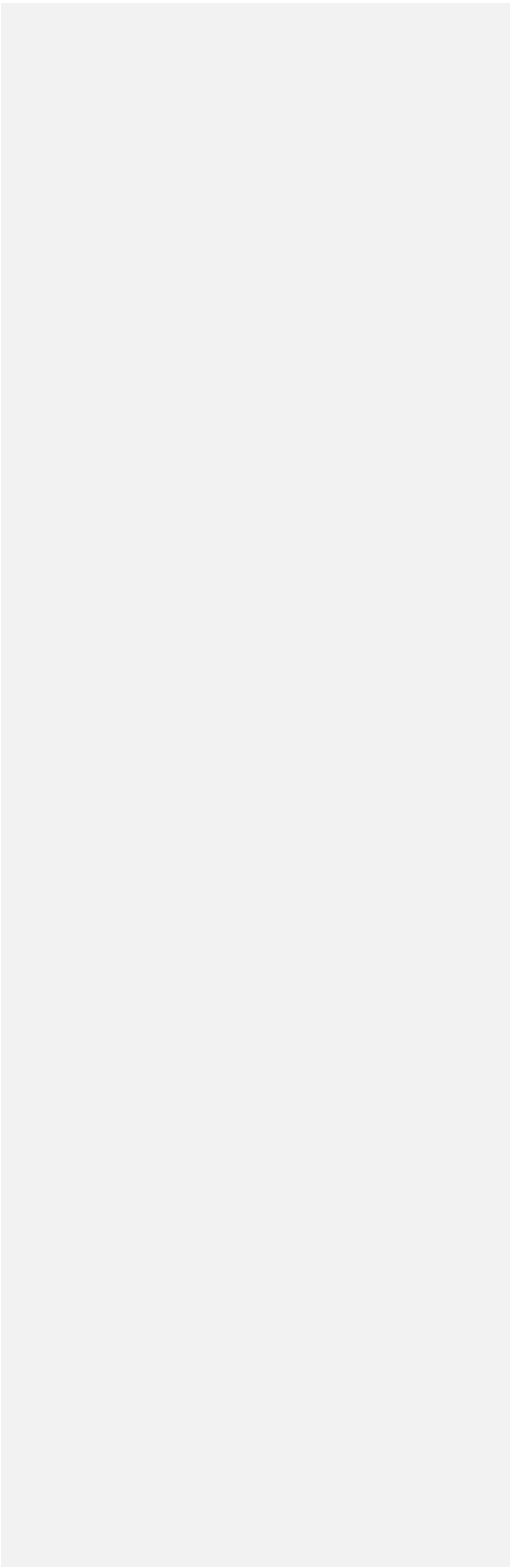
Name: Hector Colon	Title: CEO
Email: hector.colon@lsswis.org	Telephone: 414-246-2300

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: Exodus House			
Physical Address: 698 Baker Rd. Hudson, WI 54016			
Mailing Address (if different than above):			
Telephone Number: 715-386-3015			
The Facility Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal		<input type="checkbox"/> County	<input checked="" type="checkbox"/> Private not for Profit
		<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		
Facility Mission: 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Director			
Name: Nicole Kulibert		Title: Program Supervisor	
Email: Nicole.Kulibert @lss.wis.org		Telephone: 715-386-3015	
Facility PREA Compliance Manager			
Name: Brittany Nessel		Title: Program Manager	
Email: Brittany.Nessel@lsswis.org		Telephone: 715-214-9062	
Facility Health Service Administrator			
Name: na		Title:	
Email:		Telephone:	

Facility Characteristics			
Designated Facility Capacity: 12		Current Population of Facility: 8	
Number of residents admitted to facility during the past 12 months			49
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			32
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			32
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			32
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18+	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:			69 days
Facility Security Level:			NA
Resident Custody Levels:			NA
Number of staff currently employed by the facility who may have contact with residents:			7
Number of staff hired by the facility during the past 12 months who may have contact with residents:			2
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		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.): Per-Mar Security cameras. Only 4 cameras are actually operational due to order from State of Wisconsin. Cameras video may be stored if there is an incident. Loop changes every 24 hours. Two cameras on exterior and 2 at entrances.			
Medical			
Type of Medical Facility:		NA	
Forensic sexual assault medical exams are conducted at:		Hudson Physicians	
Other			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			0
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			5



Audit Findings

Audit Narrative

Exodus House is a halfway house operated by Lutheran Social Services of Wisconsin and Upper Michigan (LSS) located in Hudson Wisconsin. The audit process of Exodus House began in April 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 15, 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 previously completed a PREA audit of Exodus House 2016. After a period of corrective action, the agency eventually complied with all of the relevant standards. I am currently in the process of auditing an LSS facility, Cephas House. The interim report for Cephas House was submitted on May 6, 2019.

The agency implemented most PREA standards at its 6 residential facilities 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 Exodus House was scheduled for May 8-9, 2019. Prior to the on-site visit, the agency sent me current resident and staff rosters. Since there were only 8 residents and 7 staff, I notified LSS that I would interview all staff and residents during the on-site visit. Exodus has no contracted staff or volunteers.

Prior to the on-site visit, I met with Sara Edwards, the LSS Human Capital 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 7 staff members to determine if the agency's hiring and training practices complied with the standards. Prior to the on-site visit, I interviewed Laurie Lessard, the Director of ARJ/CCD Programs for LSS, who is the PREA Coordinator for the agency.

The on-site visit occurred on May 8-9, 2019. Upon arrival, I was greeted by Nikki Kulibert, the Program Supervisor. The Program Manager, Brittany Nessel, who is also the PREA compliance Manager was unavailable on May 8, but I interviewed her on May 9. Nessel is one of 5 designated PREA investigators, and I have interviewed her several times in the past 3 years during previous audits regarding investigations

Ms. Kulibert 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. I also observed PREA information posted in the facility on a bulletin board.

During the on-site visit, I interviewed all 8 residents and 7 staff members. Staff interviews included the facility supervisor and those who conduct intake with residents and complete risk screening.

During the two days in the facility, I reviewed the current 7 resident files and 16 discharged resident files to determine if residents were provided PREA information at intake. I also reviewed the discharge files to determine if risk screens were completed. The discharged files were randomly selected by me from residents discharged in about the past 12 months. A total of 49 residents were admitted to the facility in the past 12 months, so I reviewed 23 of the 49 resident files.

I also reviewed completed risk screens for the 7 current residents and 16 discharged residents from about the past 12 months. Overall I reviewed risk screens for 23 of the 49 residents admitted in the past 12 months. The facility did not receive any reports of sexual abuse or sexual harassment in the past 12 months, thus there were no investigations to review.

Following the on-site visit, I did a thorough review of my interview notes with facility staff, agency staff, and residents. I reviewed the PREA Policy and Procedure, the PREA Notice to Residents, training materials, risk screening information, and other findings from the on-site visit. I also contacted staff at Turning Point to confirm that that agency provides support services to victims. Due to my familiarity of LSS PREA policies, training materials and other policies, the audit process of Exodus House was completed in a relatively short period of time.

The interim report was submitted to the agency on May 24, 2019. The interim report identified two standards that required corrective action, 115.217 and 115.241. Following the corrective action period of 5 months, the agency provided documentation that it complied with 115.217. However, the agency did not comply with 115.241 because it did not consistently completed risk screenings according to the timeframes identified in the standards.

Facility Characteristics

Exodus 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.

Exodus is located in Hudson, WI, about five miles from the downtown, in an area that is primarily rural. The facility has been at this location since 2007. There facility has 12 beds for male residents. All residents are on supervision with the Department of Corrections-Division of Community Corrections. Exodus does not accept resident under the age of 18.

The facility resembles a residence that is a tri-level. It is located on a large lot, with a few other residences within about 100 yards. The facility uses all three levels for resident rooms, offices, and kitchen dining areas. There are two bathrooms with shower/bathtub used by both residents and staff. The bathrooms facilities are single use and residents are able to shower and toilet privately and lock the door while in use.

The facility has eight cameras for monitoring residents, but only 4 are activated due to a directive by State of Wisconsin licensing staff. The State directed LSS to disable 4 cameras within the facility due to residents' privacy and confidentiality rights.

Lutheran Social Services (LSS) of Wisconsin and Upper Michigan, Inc., a not-for-profit agency, operates Exodus 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 Exodus House is AODA programming. The average length of stay is about 2 1/2 months. Residents are not allowed to leave the facility unattended until about a few weeks prior to completion of the program. Most residents come to Exodus House after an initial stay at Fahrman Center, another LSS halfway house in Eau Claire, WI.

LSS operates 5 other halfway houses in Wisconsin including Fahrman Center in Eau Claire, Wazee House in Black River Falls, Affinity House in Eau Claire, Cephas House in Waukesha and BART in Barronette, WI.

As of May 8, 2019, the date of the on-site visit, Exodus House had 7 staff members, including the Program Supervisor. A Program Manager supervises the program, along with other LSS programs and is not at the facility full-time. The staff members include Support Professionals and Addictions Counselor/Case Managers. There are no contracted staff or volunteers at Exodus.

Summary of Audit Findings

Following the on-site visit, I did a thorough review of my interview notes with facility staff, agency staff, and residents. I reviewed the PREA Policy and Procedure, the PREA Notice to Residents, training materials, risk screening information, and other findings from the on-site visit. Based upon my review of the all of the materials, I was able to determine that the agency complied with 39 standards. There were 2 standards not met and corrective action was necessary. Corrective action was for 5 months. Following the corrective action period, I determined that the agency complied with all but one standards.

Number of Standards Exceeded: 0

Number of Standards Met: 40

Number of Standards Not Met: 1

Summary of Corrective Action:

Corrective action was required for 2 standards:

115.217 The agency shall ask all current employees about previous misconduct per (f).

115.241 The agency shall complete risk screening in a timely manner according to the timeframes in the standard using the recently amended screening form.

The agency provided documentation that it complied with 115.217. However, the agency did not comply with 115.241 because it did not consistently conduct risk screening of residents according to the timeframes in the standards. The agency has otherwise demonstrated its commitment to implementing the standards at all of the facilities and keeping the resident safe from sexual abuse and sexual harassment.

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*)

Exodus 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 PowerPoint, which all staff are required to review, includes the agency zero tolerance policy. Staff also review the Relias PREA PowerPoint for training.

During the on-site visit, I interviewed all 7 staff regarding their awareness of the agency's 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 and demonstrated a high level of awareness of PREA. All staff also said that the agency often does update training and reviews of PREA procedures during staffing and other meetings. The 8 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 Exodus 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 7 staff, 8 residents and the PREA Coordinator, along with my review of the PREA Policies and Procedures, Notice to Residents and PREA PowerPoint, 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 7 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 usually a minimum of two staff on duty. Overnight and on weekends, there is always one staff member scheduled. The staffing pattern for Exodus House is similar to other halfway houses of similar size and population in Wisconsin.

The State of Wisconsin requires Exodus 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.

In my opinion, the current staffing plan is sufficient, given the size and layout of the facility

Exodus has are 4 operable cameras in the facility that monitor the activities of the residents. There are two interior and two exterior cameras. As mentioned earlier, the facility has a total of 8 cameras, but 4 are disabled due to a directive from the State of Wisconsin licensing staff. They directed that several cameras must be disabled due to resident privacy issues. The agency has stated that they ideally would like to enable all 8 cameras to better protect residents. Given the size and layout of the facility, it is my opinion that the agency should request a waiver from the State in order to maximize all 8 existing cameras that would better monitor residents.

The PREA Policy and Procedures states that staff are required to make rounds and conduct room checks. The LSS policy states that staff "will make and document rounds and beds checks on a regular basis to assure both the whereabouts and safety of residents." Staff must check that door alarms and cameras are operable. Staff must document the rounds in a log.

The PREA Coordinator states that the agency reviews staffing patterns at least annually at Exodus House and the other 5 facilities. The agency provided documentation of the review dated August 11, 2018.

All of the 8 residents interviewed stated that they have sufficient privacy to change clothes, shower, and toilet. All 8 said they feel safe at Exodus. 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, which included a walk-thru of the entire facility, a review of the camera monitoring system, and interviews with the PREA coordinator, Program Supervisor, 7 staff, and 8 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 ☒ **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 ☒ **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 ☒ **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 ☒ **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 ☒ **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 ☒ **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 Exodus 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 pat downs. All residents interviewed said that they are able to shower, toilet, and change privately in bathrooms located throughout the facility. There are two bathrooms in the facility that are used by staff and residents with 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. Six of the seven current staff are female.

During interviews, all female staff said they announce their presence when entering a resident bedroom and bathroom. 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 7 staff and 8 residents, I conclude that the agency complies with the standard.

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☐ Yes ☐ No **Exodus 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 **Exodus 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 **Exodus 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 **Exodus 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 **Exodus 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 **Exodus 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 **Exodus 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, Exodus 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 Affinity 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, 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. 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 on them financially and administratively.

LSS has a policy for providing PREA information to residents with disabilities or limited reading levels. Clients with limited cognitive abilities or those with limited reading/English proficiency may be provided with a variety of accommodations. These may include audio or video tapes, assistance of a recovery coach, written translations services are appropriate. 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.

Based upon my review of the agency policies to provide services to the limited number of residents accepted with disabilities, I conclude that the agency complies with all aspects of the standard.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

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

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

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. However, at the time of the on-site visit, the PREA Coordinator said that the agency has not asked current employees about previous misconduct in either promotions or written self-evaluations conducted as part of reviews. Corrective action required the agency to follow the procedure by asking all current staff about previous misconduct.

During the corrective action period, the PREA Coordinator provided documentation that all Exodus did sign a statement regarding previous misconduct. She also stated that the agency has included the question in the form used for its annual review of all employees. Based upon the documentation submitted, I conclude that the agency complies with this standard.

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 7 current Exodus House employees. Two of the 7 current employees were hired prior to the last audit in 2016. The agency provided documentation that all of the 7 staff had criminal background checks completed prior to hire. There are no Exodus employees who were hired over 5 years ago, so no employees required an updated background check.

The agency currently uses **In Check** for 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.

The agency records did not show that any of the current employees had previously worked in a correctional facility, so (c) (2) is not applicable.

Based upon my review of the "Background Check Policy and Procedure, employee personnel files, job application, information submitted as part of corrective action and interviews with the HR Generalist and the PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

The agency opened a new halfway house in Barronette, 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 questionnaire, 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 St. Croix County Sheriff's Department conducts criminal investigations. The agency provided me with a copy of a letter it sent to the St. Croix County Sheriff's Department and Hudson Police Department requesting that they follow a uniform evidence protocol and the criteria from the standard. Although the Sheriff's Department typically investigates criminal matters at Exodus House, the Hudson Police occasionally respond to calls from Exodus House.

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 PowerPoint training. I interviewed all the Exodus staff and they were able to describe steps they would take following an assault.

Exodus 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 Hudson 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."

Hudson 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 available 24 hours a day. It states that an advocate and a SANE attend to the patients upon her/his arrival. I spoke with the manager of the emergency department at Hudson Hospital who confirmed that they have a SART team and they use trained SANEs available for exams.

The agency reports that it has an agreement to get victim support services from **Turning Point** would provide a victim advocate to accompany victims to the forensic exam, investigatory interviews, and follow up services, including emotional support services. On May 13, 2019, I contacted Katie Niznik, Sexual Assault Service Coordinator for Turning Point. Ms. Niznik confirmed that Turning Point provides support services for residents of Exodus House at no cost to the victim. Turning Point would provide a victim advocate for the forensic medical exam, investigative interviews, and follow-up services. Turning Point has a hotline and is available 24 hours a day for victims to confidentially report sexual abuse. Turning Point would report the abuse to Exodus House only if the victim sign a release of information form. Turning Point also offers on-going support services to residents of Exodus House at no cost to the resident.

Based upon my review of the LSS PREA Policy and Procedures, the Notice to Residents, the Hudson Hospital emergency department and Hudson Hospital website, and the interview with Turning Point, 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 St. Croix County Sheriff's 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 be 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 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. The file review documented that 4 of the current staff received PREA training. The agency later provided documentation that the additional 3 staff members received training.

During the on-site visit, I interviewed all 7 of the current staff. All staff reported that they received training on PREA shortly after hire. I confirmed staff training by interviews and file reviews. There are 2 current staff members who were hired more than 2 years ago. These 2 staff signed acknowledgments that they received update training. All staff interviewed reported that PREA and related updates were discussed at weekly in-service and staff meetings. All 7 staff interviewed had an awareness of PREA, the zero-tolerance policy, staff reporting procedures, and different ways that residents could report abuse. All staff at Exodus 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 7 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*)

Although Exodus House does not currently has volunteers or contractors, the LSS PREA Policy and Procedures states that volunteers, interns, and contractors will complete PREA training. According to the PREA Coordinator, volunteers and contractors receive similar training to what staff receive.

Based upon my review 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 ☒ 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 ☒ 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 ☒ NA 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 LSS PREA Policy and Procedure state that staff will provide residents with the "PREA Notice to Residents" upon intake. All 8 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 the current 8 residents. All files had signed acknowledgements from residents that they received PREA information upon intake within 1-2 days of arrival. I also reviewed 15 files of discharged residents from the past year. All 15 of the discharged files contained documentation that residents received PREA information upon intake. M Based on my review of these files, I determined that the agency consistently provides PREA information to residents at intake.

The PREA "Notice to Residents" addresses the agency zero tolerance policy, how to report incidents, their right to be free of abuse and retaliation, and the agency response to reports of abuse or harassment. As mentioned earlier, Exodus House does not accept clients who are limited English proficient, deaf, visually impaired or who have significant physical disabilities.

During the on-site visit, I interviewed the Lead Support Professional, who conducts intake at Exodus House. She confirmed that all residents receive the PREA information upon arrival. She said that she assesses whether residents can comprehend the information when she explains the materials to the residents. If they have problems with comprehending or 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.

Based on my review of the PREA Policy and Procedure, Notice to Residents, file reviews of 8 current and 15 discharged residents, and interviews with 8 residents and the Lead Support Professional, I conclude that the agency complies with all aspects of the standard.

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. I also interviewed the Program Manager regarding investigations.

Based upon my review of the PREA Policy and Procedures, NIC training certificates, and interview with the PREA Coordinator and Program manager, 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*)

Although Exodus House does not have medical or mental health staff, the PREA Policy and Procedure 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.

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

The PREA Policy and Procedures states 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 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. The agency uses the Sexual Vulnerability/Predation Risk Assessment for screening residents. The agency recently amended the Sexual Vulnerability/Predation Risk Assessment during an audit of Cephas House to remove unnecessary information and to make the scoring of the form easier. The agency implemented the amended form at Exodus House and its other facilities. This form complies with the criteria in the standard.

During the on-site visit, I interviewed the Addiction Counselor/Case Manager who completes the assessments and reassessments. She said she completes the first screen within 1-3 days of arrival and the second assessment within 30 days. She has been completing risk screens for about 1 year. If a resident is medium or high risk, she notify the Program Supervisor and Program Manager for staffing. Services are offered to residents who may be at risk.

In response to the risk screening, the agency considers housing location and roommate placement in order to protect residents who may be at risk. 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 8 residents who reported that staff asked them questions about their abuse history and risk issues upon arrival. One of the residents arrived on the day of the interview and hadn't had intake yet. Five of the 7 other residents had been admitted to the facility for more than 30 days. All five said they that staff asked them the follow-up questions within about the first month.

During the on-site visit, I reviewed completed risk assessments for 7 of the current residents. Four of the 7 residents had the initial screening within 72 hours. Three were reassessed after 30 days. Those 3 received the reassessment on the 34th or 35th day of arrival.

I also reviewed completed risk assessments for 16 discharged residents who were discharged in the past year. I randomly selected these files. Eight of the 16 residents were screened within 72 hours. Seven residents were not screened within 72 hours. Six of these residents were screened between 4-5 days of arrival. One resident did not have an initial screen. Regarding reassessments, 12 of the 16 discharged were reassessed within 30 days. Eleven were reassessed after 30 days. Ten residents were reassessed between 32 days and 59 days of arrival. One resident did not receive a second screening.

During the on-site visit, I reviewed risk screens for a total of 24 residents admitted to the facility in the past year. A total of 49 residents were admitted in the past year, so I reviewed about half of the residents admitted. Of the 49 residents reviewed, 13 residents were not screened according to the timeframes identified in the standards. Because of the number of risk screens that were not completed within the timeframes in the standard, corrective action was necessary.

Following the 5 month period of corrective action, I reviewed completed risk screens for 17 residents admitted since the interim report. Of those 17 residents, 5 were did not have an initial risk screen within 72 hours of intake. Five of those residents had screening completed between 4 days and 7 days. Thirteen of the 17 residents required a re-screening within 30 days of arrival. Of these 13 residents, 3 were not re-screened within 30 days. Overall, 8 risk screens that were not completed with the timeframes identified in the standard.

In summary, between the on-site visit and corrective action, completed risk screens were reviewed for 66 residents admitted over a period of about 17 months.

Because the agency did not consistently complete initial risk screening and re-screening according to the timeframes identified in the standard, the agency does not meet the standard.

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

Auditor Overall Compliance Determination

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

The 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 LGBTQI. Additionally, information from risk screening tool will be included in room assignment decisions for all residents."

I interviewed the Addiction Counselor/Case Manager who is responsible for completing screening. She said that when residents score medium to high on the screen, she notifies the Program Supervisor and Program Manager for staffing. They would consider options for housing the resident within the facility, such as room placement and roommate selection. The counselor said that she offers residents support services if the resident has previously been abused or is at risk.

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 Exodus 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 the Addiction Counselor/Case Manager, 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 Turning Point, a rape crisis center in St. Croix County. Turning Point has a 24 hour hotline which is posted in the facility and listed in the Notice to Residents. Turning Point is a private agency not affiliated with LSS. Turning Point staff confirmed that they are able to receive and immediately forward resident reports of sexual abuse which complies with (b). They would allow residents to remain anonymous upon request.

During the on-site visit, I interviewed 8 residents. All residents were aware that there are several different ways for residents to report abuse, including through a third party.

I also interviewed 7 staff regarding resident reporting of abuse. All of the staff were aware that residents could report abuse verbally, in writing, anonymously and through a third party. 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 to the Program Supervisor or Program Manager.

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 7 staff and 8 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 Procedures 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 Exodus House residents, including Turning Point, a rape crisis center in St. Croix County. According to the Program Manager, Exodus has a MOU with Turning Point for support services. Although the agency did not have a signed copy of the MOU with Turning Point, I confirmed that Turning Point provides victim support services. On May 13, 2019, I contacted Katie Niznik, Sexual Assault Service Coordinator for Turning Point. Ms. Niznik confirmed that Turning Point provides support services for residents of Exodus House at no cost to the victim. Turning Point has a hotline and is available 24 hours a day for victims. Turning Point offers on-going support services to residents of Exodus House at no cost to the resident.

The agency also reported that victim support services are available from Hudson Counseling Services.

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.

Based upon my review of the PREA Policy and Procedures, the PREA Notice to Residents, the agreement with Turning Point and the interview with Katie Niznik of Turning Point, 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. Staff said they would immediately document any third party reports and contact the Program Supervisor.

Based upon my review of the LSS website, the PREA Policy and Procedures and Notice to Residents, as well as interviews with 7 staff and 8 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 states that staff are required to report any knowledge, suspicion, or information they receive regarding sexual abuse or harassment, whether it occurred at Exodus House or another facility. The PREA PowerPoint, states that employees are required to report in any of the listed situations, including retaliation.

The Policy and Procedures and the PowerPoint state that staff are prohibited from revealing information related to a sexual abuse other than reasons cited in 115.261 (b). Although Exodus does not have medical staff, the policy states that 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 7 staff. All staff stated that they are required to report any knowledge, suspicion, or information they receive regarding abuse or retaliation.

According to the Pre-audit Questionnaire and the Program Supervisor, the facility has not received any reports of sexual abuse or harassment in the past 12 months.

Based upon my review of the PREA Policy and Procedures, the PowerPoint, interviews with 7 staff, including the Program Supervisor, I conclude that the agency complies with all aspects of the standards.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

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, Exodus 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 7 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 Procedures, the Pre-audit Questionnaire, PREA PowerPoint, and interviews with 7 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 one incident reported that required notification to another facility. According to the Program Supervisor, during the risk screening process, a resident reported that he was sexually assaulted by another inmate about 15 years ago while he was an inmate at Menard Correctional Center. The resident said that he did not previously report the assault to anyone.

The Program Supervisor said she contacted Menard Correctional and spoke to the PREA Coordinator and a staff member from Internal Affairs. She said that the staff at Menard did not indicate that they would investigate the allegation and questioned the residents' motive for waiting 15 years to report the incident. No one from Menard ever contacted Exodus House to interview the resident. According to the Program Supervisor, the resident was offered support services. The Program Supervisor sent an email to the LSS PREA Coordinator, documenting the call to Menard. LSS provided me with a copy of the email.

Based upon my review of the PREA Policy and Procedures, Pre-audit Questionnaire, and the interview with the Program Supervisor, 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 7 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, physical evidence and by instructing the victim and perpetrator to not destroy evidence.

According to the questionnaire, Exodus House has not received a report of sexual abuse or harassment in the past 12 months.

Based upon my review of the PREA Policy and Procedures, the PREA PowerPoint, and interviews with the 7 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. Exodus does not have medical or mental health staff.

Based upon my review of the Policy and Procedures, 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 ☒ 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.

During the on-site visit, I interviewed the Program Supervisor regarding retaliation. There have been no reports of sexual abuse or harassment in the past 12 months and no incidents of retaliation or suspected retaliation. She said that retaliation would be monitored for 90 days, or longer, if needed. Most residents are at Exodus less than 90 days. The Program Supervisor said she would meet with any parties involved, both the victim and potential abuser. If it is established that a resident is retaliating against another, they would be removed from the program. If a staff member is involved, they would be placed on suspension.

The Program Supervisor said she would meet daily with the residents who is being retaliated against. She would discuss the status with the Program Manager at least once a week. In order to determine if retaliation was occurring, she would meet with the victim, observe other residents, and talk with staff. She would observe the behavior of all residents in groups and during routine activities. Since Exodus is a small facility, she would be able to determine if anything unusual is occurring. The cameras system would be utilized to see if retaliation is going on.

The Policy and Procedures 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 placed on suspension.

Based upon the Policy and Procedures, Notice to Residents, PREA PowerPoint, LSS Whistleblower Policy, 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 future 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.

According to the Pre-audit Questionnaire and the Program Supervisor, Exodus has not had any investigations of sexual abuse or harassment in the past 12 month. Over the past 3 years, I have reviewed several PREA investigations conducted by LSS investigators. I have also interviewed Laurie Lessard, the PREA Coordinator regarding investigations in general. The investigation by LSS have been timely, thorough, and included extensive documentation of the investigators activities.

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

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

According to the 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, Exodus House has not received any reports of sexual abuse in the past 12 months.

Based upon my review of the PREA Notice to Residents and the PREA Policy and Procedures, 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.

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 has not had a PREA investigation in the past year.

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

Commented [A1]:

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*)

Exodus House does not have volunteers or contractors, but 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."

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, Exodus 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, the Pre-audit Questionnaire, 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 administration of 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."

The policy 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.

Exodus House has not had an investigation of sexual abuse or harassment in the past 12 months. Thus, there were no incident reviews. During previous audits of other LSS facilities, I have been provided copies of incident reviews conducted by the agency following PREA investigations. The agency routinely complies with the standard when conducting incident reviews.

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

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

The 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 2 of its facilities audited in 2017 and 2 in 2018. In addition to the Exodus House audit, I am also in the process of auditing Cephas House. The interim report for Cephas House was recently submitted to the agency. With a total of 6 halfway houses, the PREA Coordinator said that the agency is planning to have 2 facilities audited each 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.

Lawrence J. Mahoney
Auditor Signature

October 21, 2019
Date

