

**PREA AUDIT REPORT**    Interim    Final

**COMMUNITY CONFINEMENT FACILITIES**

**Date of report: January 8, 2017**

<b>Auditor Information</b>			
<b>Auditor name:</b> LAWRENCE MAHONEY			
<b>Address:</b> 6650 W. State St. #208 Wauwatosa, WI 53213			
<b>Email:</b> <a href="mailto:mahoneylj@live.com">mahoneylj@live.com</a>			
<b>Telephone number:</b> 262-930-5334			
<b>Date of facility visit:</b> November 2-3, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Wazee House			
<b>Facility physical address:</b> N5488 Hwy 54, Black River Falls, WI 54615			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 715-284-4987			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> David Larson			
<b>Number of staff assigned to the facility in the last 12 months:</b> 13			
<b>Designed facility capacity:</b> 12			
<b>Current population of facility:</b> 9			
<b>Facility security levels/inmate custody levels:</b> N/A			
<b>Age range of the population:</b> 18+			
<b>Name of PREA Compliance Manager:</b> Brittany Nessel		<b>Title:</b> Program Manager	
<b>Email address:</b> brittany.nessel@lsswis.org		<b>Telephone number:</b> 715-386-3015	
<b>Agency Information</b>			
<b>Name of agency:</b> Lutheran Social Services of Wisconsin and Upper Michigan			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 647 W. Virginia St. Suite 200, Milwaukee, WI 53204			
<b>Mailing address:</b> SAA			
<b>Telephone number:</b> 800-488-5181			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> David Larson		<b>Title:</b> Chief Executive Officer	
<b>Email address:</b> david.larson@lsswis.org		<b>Telephone number:</b> 800-488-5181	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Laurie Lessard		<b>Title:</b> Director, Addiction/Restorative Justice Services	

**AUDIT FINDINGS**

**NARRATIVE**

Wazee House is a Community Based Residential Facility (CBRF)/ halfway house with a design capacity of 12. Wazee House is a male only facility. All residents are under supervision of the State of Wisconsin Department of Corrections (DOC) (probation and parole offenders). Lutheran Social Services, the operator of Wazee House has a contract with DOC to house up to 12 male offenders.

As of November 2, 2016, the total population of Wazee was nine. During the past 12 months, 39 residents were admitted to the facility.

Lutheran Social Services (LSS) of Wisconsin and Upper Michigan, Inc., a not-for-profit agency, operates Wazee 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 Wazee is AODA programming. DOC placed most of the residents at Wazee as an alternative to revocation. LSS operates five other halfway houses including in Wisconsin including Fahrman Center in Eau Claire, Cephas House in Waukesha, Affinity House in Eau Claire, and Exodus House in Hudson.

On November 2, the date of the on-site visit, Wazee House had seven staff members, including the Program Supervisor. A Program Manager, who also supervises Affinity House, supervises the Wazee program. The staff members include Support Professionals, Counselors, Support Secretary, and Alcohol and Drug Counselors. There are no other interns, volunteers, or contract staff working in the facility. No medical staff work in the facility.

**DESCRIPTION OF FACILITY CHARACTERISTICS**

Wazee 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.

Wazee House is located in Black River Falls, WI, (Jackson County) in an area that is primarily rural. The facility has 12 beds for male residents. All residents are on supervision with the Department of Corrections-Division of Community Corrections. The facility is located on a large lot, in a rural area, but there are a couple of residences nearby. The program has been operating in Black River Falls for about 35 years. Most of the operations occur on the first floor, with six resident rooms, two staff offices, two living rooms, group room, laundry room, two bathrooms and kitchen/dining areas on the main floor. The basement is also used and has a recreation room, a staff office, and storage/utility rooms. There is a large storage room off the main floor that was previously a garage.

The facility has eight cameras for monitoring residents, six in the interior and two exterior.

## **SUMMARY OF AUDIT FINDINGS**

The agency received the Pre-audit Questionnaire on August 15, 2016 and returned it on September 20, 2016. The date of the on-site visit, originally scheduled for September 27-28, 2016, was rescheduled to November 2-3 due staff illness. The Notice of Audit was sent to the agency on August 1. During the on-site visit, I observed the Notice of Audit posted in two locations. Staff and residents reported that they observed the Notice for several weeks prior to my visit.

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

Prior to the on-site visit, I met with Sara Edwards at the LSS administrative offices in Milwaukee. Edwards is the Human Capital Generalist for LSS residential halfway houses. At that time, I reviewed personnel files for Wazee staff files in the Milwaukee office. I reviewed personnel files for nine staff, but two staff resigned prior to the on-site visit. File reviews were conducted in order to determine compliance with criminal background checks, PREA training, and investigations.

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

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

The on-site visit occurred on November 2-3, 2016. I spent approximately 8 hours at the facility, interviewing staff and residents, reviewing resident files, and inspecting all areas of the facility. During the on-site visit, I interviewed Brittany Nessel, Program Manager for Exodus and Wazee House. I interviewed Nessel as the designated PREA Investigator and one who monitors retaliation. I interviewed all seven staff, including the supervisor. Included in those interviews were staff who conduct intake and risk assessments, and first responder staff. I also interviewed all nine of the current residents. I was able to conduct interviews in a private office.

Following the interviews, I reviewed files of all nine current residents to determine whether the facility provided PREA information to them upon intake. I also reviewed completed risk assessments and reassessments for all nine residents and two discharged residents. During the on-site visit, I toured the facility along with the program supervisor. I was able to inspect all areas of the facility.

Following the on-site visit, I did a thorough review of the PREA Policy and Procedures, the PREA Notice to Residents, LSS Background Check Policy and Procedure, and the Relias PREA Power Point.

As mentioned above, prior the audit of Wazee, I conducted audits on three other LSS halfway houses, Fahrman Center, Affinity House, and Exodus House. Many of the issues addressed in these audits have been resulted in significant amendments to the agency PREA Policy and Procedures, Relias PREA Power Point, and PREA Notice to Residents. I recently reviewed all of the changes to these documents and determined that the amended documents comply with PREA standards. Interviews with staff and residents, along with file documentation, confirms that LSS has implemented the amended information at Wazee. There is only area that did not comply with the standards, the screening of residents for risk. While the audit showed that Wazee House has consistently completed risk assessments for about 6 months, the facility was using an older screening tool that does not comply with the standard. I addressed this issue with the facility staff during the on-site visit and they indicated they would begin using the updated screening tool immediately.

Following the two-month corrective action period, Wazee provided me with copies of all risk assessments completed during this time. Wazee House consistently conducted risk assessments using the update screening tool. As a result, Wazee House now complies with all applicable standards. LSS has demonstrated that they are committed to implementing PREA standards at all its facilities.

**Number of standards exceeded: 0**

**Number of standards met: 37**

**Number of standards not met: 0**

**Number of standards not applicable: 2**

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

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

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

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

The PREA Policy and Procedures and the Notice to Residents describes the agency zero tolerance policy. The policy describes a description of the agency efforts to reduce and prevent abuse and harassment of residents. The policy includes definitions of prohibited behaviors and sanctions for staff and residents who participate in these behaviors. Due to corrective action as part of audits I conducted at other LSS facilities, the agency recently amended the Policy and Procedures and Notice to Residents to comply with the standards. Amended information included sanctions for those found to have participated in prohibited behaviors.

All nine residents interviewed were aware of PREA and were able to recite various ways to report sexual abuse or harassment. Interviews with all seven staff showed an awareness of the agency zero tolerance policy and efforts to prevent, respond, report, and investigate sexual abuse and harassment. All staff were aware of the agency's zero tolerance policy and reported that they received training on the agency's policies and procedures.

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

Based upon my review of the pre-audit questionnaire, the PREA Policy and Procedures, Relias Power Point, and the Notice to Residents, along with the on-site visit and interviews with the PREA Coordinator/ CEO Designee, 9 residents and 7 staff, I conclude that the agency complies with all aspects of the standard.

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

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

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

**Standard 115.213 Supervision and monitoring**

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

The State of Wisconsin requires Wazee 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 staff present at all times. A copy of the staffing plan was attached to the questionnaire. The facility currently has seven staff including the Program Supervisor. The agency reports that they always comply with the staffing pattern. Support Professionals do the primary supervision of residents. During first shift, Monday-Friday, several staff are in the facility, including Support Professionals and the Program Supervisor. There is always a Support Professional on second shift, third shift, and weekends. The staffing pattern is consistent with the size and layout of the facility and is consistent with other halfway houses of this size in Wisconsin. The facility is small and one staff member is able to monitor the activities of the residents at all time.

Wazee House has are eight cameras in the facility that monitor the activities of the residents. There are six in the interior and two exterior. Six interior cameras cover common areas, kitchen/dining room, and recreation area. Given the size and layout of the facility, it is my opinion that the existing cameras are sufficient to monitor residents. During the tour, I noted that the large storage area, that was previously a garage, was unlocked. The area is somewhat isolated from the main area of the facility. I recommended that the agency either add a camera to this area or keep it locked.

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. While on duty, staff wear a "panic button" that is connected to Permar Security. When an alarm is activated, Permar immediately contacts the Jackson County Sheriff's Department.

Both the PREA Coordinator and the Program Supervisor state that the agency reviews staffing patterns at least annually at Wazee and all of its facilities. During previous audits at LSS facilities, the agency provided documentation that agency management regularly accesses staffing patterns and monitoring technology at all its facilities.

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

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

**Standard 115.215 Limits to cross-gender viewing and searches**

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

According to the Pre-Audit Questionnaire and interviews with residents and staff, no searches or pat downs of residents have

occurred. The Wazee policy prohibits body searches or pat downs. No reports of body searches of any kind were reported by the agency in the past 12 months. All LSS halfway house prohibit body searches or part downs. All seven residents reported that they are able to shower, toilet, and change privately in bathrooms located throughout the facility. Two bathrooms in the facility have single toilets, sinks, and showers. The doors to the bathrooms lock from the inside. All staff stated that they believe residents have sufficient privacy in the facility. The PREA Policy and Procedures states that residents must be clothed in all common areas of the program. The Policy and Procedures and Notice to Resident state, "All residents can expect to have privacy while toileting, showering, and changing clothes."

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

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 document the rounds in a log. The Policy and Procedures requires staff of the opposite gender to announce their presence when entering the housing unit.

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

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

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

Wazee does not accept residents with physical disabilities. In the interviews with the PREA coordinator, she cited several reasons for not accepting this population. Being a Class "A" CBRF, clients with physical disabilities are not allowed to reside in the facility. Residents must be ambulatory and are mentally and physically able to respond to an electronic fire alarm and exiting the facility without any help or verbal or physical prompting.

Wazee may accept residents who may have learning disabilities or very low reading levels, but only if they are able to benefit from the facilities programs. Further, the facility does not accept clients who have limited English proficiency because the client would also not be able to participate and benefit from the programs.

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

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

### **Standard 115.217 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

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

LSS Policy requires a background checks on all prospective employees. LSS policy states that background checks shall occur on all employees every four years to comply with State of Wisconsin Caregiver requirements. LSS has used Wisconsin Department of Justice-Crime Information Bureau (CIB). To conduct background checks. The agency has also used "Due Diligence Investigation Service" through True Screen, Inc. to conduct backgrounds checks. LSS is in the process of switching to a system called HIRE RITE for future checks. Due Diligence includes National Sex Offender Search, Wisconsin Sex Offender Registry, Wisconsin CIB, and other states where the employee has been known to reside.

On September 9, 2016, I reviewed personnel files for nine Wazee House employees at the Milwaukee LSS administrative office. Following this review and prior to the on-site visit, two Wazee staff resigned, so there were seven staff at the time of the on-site visit. All employee files contained documentation that background checks were conducted prior to hire using either Due Diligence or HIRE RITE background check. LSS conducted background checks for existing employees according to the standard. Two of the existing employees at Wazee House were hired before 2014. Both employees have updated background checks conducted in 2015.

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

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

Based upon my review of the "LSS Background Check Policy and Procedure", PREA Policy and Procedures, and interviews with human resource staff and the PREA Coordinator, I conclude that the agency complies with the standard.

#### **Standard 115.218 Upgrades to facilities and technologies**

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

According to the Program Supervisor, LSS has no plans to expand or modify Wazee House. Based on discussions with the Program Supervisor, I conclude that the agency complies with the standard.

**Standard 115.221 Evidence protocol and forensic medical examinations**

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

LSS is responsible for conducting administrative investigations of sexual abuse at Wazee House. The Jackson County Sheriff's Department conducts criminal investigation.

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

Wazee House does not accept clients under the age of 18.

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 Black River Memorial Hospital. The PREA Notice to Residents, Resident Handbook, and the LSS PREA Policy state that forensic medical exam and "all necessary services will be provided to the resident victim at no cost, regardless of whether names an abuser or cooperates with the investigation." Black River Hospital uses SANE nurses for forensic exams according to the agency.

Wazee House has an Inter-agency Agreement with Bolton Refuge House, a rape crisis center based in Eau Claire, WI. Bolton Refuge House provides victim services to Jackson, Eau Claire, and Buffalo Counties. The agreement states that Bolton House would provide a victim advocate for residents of Wazee House for the forensic medical exam, interviews and follow-up support services. On November 28, 2016, I spoke with Peggy Hakala, the Program Coordinator at the Bolton Refuge House. Ms. Hakala confirmed that her agency would accompany a victim to the forensic exam. She confirmed that Black River Hospital uses SANE nurses for the exam. She also confirmed that Bolton Refuge House would provide any needed support services for victims.

Based upon my review of the Questionnaire, PREA Policy and Procedures, Inter-agency agreements, interviews with Program Supervisor, PREA Coordinator, and Bolton Refuge House, I conclude that the agency complies with all aspects of the standard.

**Standard 115.222 Policies to ensure referrals of allegations for investigations**

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

The PREA Notice to Residents to states, "All reported incidents will be referred to law enforcement." The Notice to Residents includes language to ensure that administrative investigations shall occur. It states, "We will investigate all allegations of sexual abuse, sexual harassment, and staff sexual misconduct. We may work with the WI Department of Corrections or the Federal



Bureau of Prisons, depending on the supervision status. Specially trained individuals will be assigned to investigate promptly, thoroughly and objectively, and gather and preserve direct and circumstantial evidence.” The agency also amended the PREA Policy and Procedures to include specific language that allegations of sexual abuse shall be referred to law enforcement.

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

Wazee House has not received any allegations of sexual abuse or harassment in the past 12 months.

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

### **Standard 115.231 Employee training**

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

The PREA Policy and Procedures states that, “All staff and volunteers will receive training at hire and regular intervals throughout the year.” Training includes review of the Policy and Procedures and the Relias Power Point.

On September 9, 2016, I reviewed eight personnel files at the LSS Administrative offices in Milwaukee. Subsequent to the file review, two staff members resigned. The file review showed that seven of the staff have received PREA training. (One staff member was hired a few weeks earlier and the file did not contain training documentation.) Two staff were hired over four years ago and received PREA training in 2011 and 2012. All newer staff hired after 2015 received training within two months of hire. According to the personnel file review, all current staff received update PREA training in 2016.

During the on-site visit, I interviewed all seven of the current staff members at Wazee regarding training. All stated that they received training on PREA. The newest employee hired on August 18, 2016, received training that included a review of the policy and procedures and the on-line training. The longer-term employees received training in the past few years. The newer employees all reported receiving PREA training shortly after hire. All seven staff said that they have recently reviewed the amended Policy and Procedure and Relias on-line training. LSS amended these documents because of audits at three other LSS facilities. Staff also said that PREA issues are frequently discussed at staff meetings.

All staff signed acknowledgements that they received training on PREA.

Based upon personnel file reviews, interviews with all staff, and review of the Relias Power Point slides and PREA Policy and Procedures, I conclude that the agency complies with all aspects of the standard.

### **Standard 115.232 Volunteer and contractor training**

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

Wazee House currently has no contracted staff or volunteers. The PREA Policy and Procedures states that if contractors are used, they are required to complete the PREA training in Relias. The policy also states that interns will complete the training.

Contractors and volunteers are required to sign an acknowledgement that they completed the training.

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

### **Standard 115.233 Resident education**

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

According to staff at Wazee House, all residents receive a copy of "PREA Notice to Residents" upon intake. All nine residents interviewed stated that they received PREA printed information in a packet upon arrival (all within 1-2 days) and that the information was explained to them.

I reviewed nine resident files during the on-site visit. All nine files had signed acknowledgements from residents that they received PREA information. According to staff responsible for intake, they review the material with residents and if a resident has reading deficiencies, the material is read to them.

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

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

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

Based upon interviews with Wazee intake staff and nine residents, a review of the amended Notice to Residents and posted information in the facility, I conclude that the agency complies with all aspects of the standard

### **Standard 115.234 Specialized training Investigations**

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

The Pre-Audit Questionnaire states that LSS has designated five staff to conduct PREA investigations. The five investigators have completed NIC PREA Training for Investigators. During a recent audit of other LSS facilities, the agency provided copies of the certificates from NIC. According to the PREA Coordinator, the agency typically assigns two investigators for each incident.

I interviewed Program Manager Brittany Nessel, who is one of the five designated investigator for LSS. I utilized the questions

from the Investigative Staff interview protocols. Nessel stated that she estimates that an administrative investigation would take about 1½ weeks to complete, depending on the circumstances. Nessel has been involved in a couple of investigations at LSS facilities. She was familiar with the investigation process, including interview techniques, Miranda/Garrity issues, collaborating with law enforcement, documentation, etc.

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

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

### **Standard 115.235 Specialized training: Medical and mental health care**

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

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

Wazee currently does not have medical STAFF. The Program Manager is designated as a mental health professional at Wazee, as well as Exodus House and Affinity house. She was interviewed during the on-site visit of Affinity House. She reported that she has completed PREA training as described in 115.231 and 235. She said that when meeting with a resident, she discloses the limitations of confidentiality and duty to report. The counselor said that she is required to report any knowledge, suspicion, or information regarding sexual abuse.

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

### **Standard 115.241 Screening for risk of victimization and abusiveness**

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

The Program Supervisor at Wazee does most of the risk screening of residents. She was interviewed during the on-site visit regarding the completion of risk assessments and reassessments. She said that she does the majority of assessments and the AODA Counselor/Case Manager does a few. She said risk screening is done as soon as the resident's arrive, usually within 24-48 hours. The re-assessment is done within 30 days. The facility began completing risk assessments about six months ago.

If a resident scores high on the assessment, the Program Supervisor would conduct a phone staffing with the Program Manager. Residents at risk would be referred for services. To date, the facility has referred one residents to Vantage Point for support services. The facility has not had transgender or intersex residents. The facility uses the "Sexual Vulnerability/Predation Risk Assessment" to screen all residents. However, during the on-site visit, I learned that the facility has been using an older screening form, which does not comply with the standard. This form was recently amended at other facilities to include all language from the standard, specifically questions about whether the resident is or is perceived to be LBGTI.

The PREA Policy and Procedures was amended to clarify time periods for completing assessments and re-assessments. The language in the Policy and Procedures now complies with of the standard and includes information that residents may not be disciplined for refusing to answer questions, and controls for accessing the assessments. According to the Program Supervisor, the completed assessments are kept in a locked file cabinet in her office.

During the on-site visit, I interviewed all nine residents. Eight said they were asked questions about sexual safety issues. One resident said that he was not asked risk questions after intake. However, during a file review, I confirmed that both the assessment and reassessment were completed for that resident. I reviewed risk assessments for nine of the current residents and two recently discharged residents. All eleven residents were assessed within 72 hours of arrival. Nine of the eleven residents received a reassessment within 30 days of arrival. One resident was reassessed 33 days after arrival. One resident, who was admitted about seven weeks earlier, did not have a reassessment.

Although the facility had been conducting risk assessments for several months using the Sexual Predation/Vulnerability Form, they were not using the amended form that included questions about whether the resident is or is perceived to be LGBTI. LSS amended this form in September 2016 following the audit at Fahrman Center. The form used at Wazee included all criteria described in the standard except the LGBTI question. Considering the circumstances, a two-month period of corrective action was set. Following the interim report, Wazee began using the screening tool that complied with the standard. I reviewed copies of five assessments completed for residents who were admitted during this time or had a reassessment due. All of the assessments completed during the corrective action period were done using the correct screening tool.

Based upon interviews with the Program Supervisor and nine residents, a review of the PREA Policy and Procedures, the amended Sexual Predation/Vulnerability Form, and 16 completed risk assessments, I conclude that the agency complies with all aspects of the standard

#### **Standard 115.242 Use of screening information**

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

According to the LSS PREA policy regarding risk screening, "room assignments and general program participation will be predicated on the findings of the assessment." The Program Supervisor, responsible for completing screening, said that when residents have risk issues, the case will be staffed with the supervisor team and they would consider options for housing the resident within the facility (i.e. single room, room close to office), or consider moving the resident to make them feel safe. If a resident was previously victimized and scored high on the assessment, a meeting with clinical staff would occur. If a resident were previously a perpetrator, a meeting would be set up with the Supervisor and Program Manager. The Supervisor was interviewed regarding the use of screening information. She confirmed that residents who scored high on the assessment would be staffed with the Program Manager.

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

Based upon my review of the PREA Policy and Procedures, the "Sexual Vulnerability/Predation Risk Assessment" form, and the interview with the Program Supervisor, I conclude that the agency complies with all aspects of the standard.

#### **Standard 115.251 Resident reporting**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

During the on-site visit, I interviewed nine residents and seven staff. Staff and residents were able to identify several different ways for residents to report abuse. The PREA Policy and Procedures also states that residents may report abuse “verbally, in writing, anonymously, or by a third party” and states that residents can contact the Supervisor, PREA coordinator, managers, or LSS ARJ Director. The policy also specifies that staff may make a report of sexual abuse to the same entities and make complaints privately. The policy mandates that staff accept all reports of abuse regardless of the manner of reporting. The process for staff to report abuse is detailed. The Relias PREA Power Point training, required of all employees, also includes information about residents reporting abuse and lists multiple reporting options.

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

**Standard 115.252 Exhaustion of administrative remedies**

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

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

The amended documents include information regarding emergency filing of grievances and states that residents may be disciplined for filing a grievance in bad faith. The Policy also listed the process for third party filing of grievances. The updated Notice to Residents has been provided to residents and staff have reviewed the updated Policy and Procedures.

LSS reports that no residents have filed grievances that allege sexual abuse.

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

**Standard 115.253 Resident access to outside confidential support services**

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

The PREA Policy and Procedures and Notice to Residents state that residents shall be provided access to outside victim services related to sexual abuse. The Notice to Residents includes a list of support services, including addresses, phone numbers. These agencies include Jackson County Victim/Witness Program, Bolton Refuge House, Ho-Chunk Nation Sexual Assault Advocacy and Gunderson Lutheran Behavioral Health. During the on-site visit, I observed that information about these victim support services are posted in the facility.

The agency provided a copy of an Inter-Agency Agreement with Bolton Refuge House, a rape crisis center based in Eau Claire, WI. Bolton Refuge House provides victim services to Jackson, Eau Claire, and Buffalo Counties. The agreement states that Bolton House would provide victim support services to any resident of Wazee. On November 28, 2016, I spoke with Peggy Hakala, the Program Coordinator at the Bolton Refuge House. Ms. Hakala confirmed that Bolton Refuge House would provide any needed support services for victims.

The PREA Policy and Notice to Residents states that it will inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Based upon my review of the PREA Policy and Procedures, PREA notice to Residents, Inter-Agency Agreements, and the interview with Bolton Refuge House, I conclude that the agency complies with all aspects of the standard.

### **Standard 115.254 Third party reporting**

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

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

Based upon my review of the LSS website, the PREA Policy and Procedures and Notice to Residents, as well as interviews with staff and residents, the agency complies with the standard.

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

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

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

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

The PREA Policy and Relias Power Point state that staff are prohibited from revealing information related to a sexual abuse

other than reasons cited in 115.261 (b). The policy includes language from 115.261 (c) and (e). The facility does not accept anyone under the age of 18, so (d) is not applicable.

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

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

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

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

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

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

The PREA Relias Power Point, that all staff are required to view, has similar language to the policy for dealing with imminent risk. During interviews with seven staff, all staff were able to describe steps they would take in response to imminent risk including ensuring victim safety, contacting law enforcement and the supervisor, preserving evidence, securing the area, and separating the victim and the perpetrator. The Program Supervisor and PREA coordinator also recited steps that the agency would take in response to imminent risk.

Based upon my review of the Policy and Procedures, the Pre-audit Questionnaire, and Relias Power Point, and interviews with seven staff, the Program Supervisor, and the PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

### **Standard 115.263 Reporting to other confinement facilities**

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

The PREA Policy and Procedure has process for notifying other facilities about reports of abuse. It includes specific steps to take if a resident reports being sexually assaulted at another facility. The Program Manager will contact the head of the facility where the abuse occurred within 72 hours. The Program Manager will document the notification. This policy complies with the standard.

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

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

**Standard 115.264 Staff first responder duties**

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

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

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

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

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

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

**Standard 115.265 Coordinated response**

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

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

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

- Exceeds Standard (substantially exceeds requirement of standard)



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

According to the Questionnaire and interviews with administrative staff, Wazee House has no collective bargaining agreements.

**Standard 115.267 Agency protection against retaliation**

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

The agency recently amended the PREA Policy and Procedures, Relias Power Point, and Notice to Residents to provide more details on the facility response to retaliation. The policy defines retaliation to include staff-on-staff, staff on resident, resident on resident, and resident on staff. The policy incorporates multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with the victim, and emotional support services for staff or residents who fear retaliation. The policy states that monitoring retaliation shall occur for at least 90 days after the report and longer if needed. The documents provide residents with options for reporting retaliation.

The Program Manager and Program Supervisor said they are responsible for monitoring retaliation at Wazee House. I interviewed the Program Manager regarding retaliation. She said that her role would be to monitor retaliation along with the supervisor. She identified several steps she would take to monitor retaliation that included separating the victim and perpetrator. Either the victim or perpetrator could be moved to another facility if appropriate. If a staff member were retaliating, suspension or dismissal would be an option. The Program Manager said she would work with the supervisor and maintain regular contact with the victim.

According to the Program Manager, there are a number of ways to detect whether someone is experiencing retaliation, including isolating, overall fear, PTSD responses, changes in appearance, etc. Steps would include talking to staff about concerns, monitoring different shifts, review video cameras. The facility would monitor a resident who is subject to retaliation for as long as the resident as the resident was at the facility.

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

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

**Standard 115.271 Criminal and administrative agency investigations**

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

In response to audits at other LSS facilities, the agency recently amended the PREA Policy and Procedures to describe steps the agency shall take when a report of abuse is made. The policy describes the role of the investigative team, supervisor, and PREA Coordinator. LSS will conduct administrative investigations only. Wazee refers all criminal allegations to the Jackson

County Sheriff's Department.

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

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

The Policy also states the client's files are retained for 10 years when there is a PREA investigation. After 30 days after the PREA case has been closed, investigative team and program leadership will meet to review and discuss any strategies or changes to operations or policies to prevent future situations. The administrative investigation shall be documented in a written report and be retained for as long as the alleged abuser is incarcerated is employed by the agency, plus five years.

I interviewed the Program Manager, who is a designated investigator, using the interview protocols for investigative staff. The Program Manager and the other four designated trainers completed NIC Investigating PREA training. The Program Manager confirmed that the agency policy requires that all allegations of sexual abuse or harassment be referred to law enforcement.

According to the Program Manager, an administrative investigation would commence immediately and would usually take about 1½ weeks to complete. If a staff member were involved, they would be put on administrative leave. One of the first steps would be interview the victim and witnesses. Staff would also be interviewed. The PREA Coordinator would be informed of the investigation. The Program Manager said she would document all details and consult with the PREA Coordinator and HR. Third party and anonymous reports would be treated the same as other reports.

Regarding the gathering of evidence, the Program Manager would direct first responders at Wazee as to the process. She would remain in contact with law enforcement throughout the process. Regarding credibility of a witness, she would consider a number of factors, not the person's status as a resident. Instead, she would consider the witness's behavior, body language; tone of voice, affect, and compare the witness statement to the other evidence available.

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

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

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

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

In the past 12 months, Wazee House has not received any reports of sexual abuse.

Based upon my review of the amended PREA Policy and Procedures and interviews with the Program Manager, PREA Coordinator, and HR Generalist, the agency complies with all aspects of the standard.

#### **Standard 115.272 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

According to the agency PREA Coordinator and HR Generalist, LSS uses "a preponderance of evidence" in determining whether allegations of sexual abuse or harassment are substantiated.

### **Standard 115.273 Reporting to residents**

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

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

Wazee House has not had any criminal investigations in the past 12 months.

Regarding requesting information from law enforcement during investigations, the PREA Policy and Procedures states that the supervisor or manager will remain in contact with law enforcement in order regarding any criminal investigation.

If a staff member is the subject of an allegation, the Policy and Procedures states that residents will be informed whether the staff has been placed on leave, and the disposition and outcome of any indictments or convictions from the criminal investigation. The policy states that such notification will be documented in writing in the client chart.

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

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

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

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

In addition, the agency recently amended the PREA Relias Power Point to address disciplinary sanctions for staff. All staff are required to view the Power Point as part of their PREA training.

Based upon my review of the PRAE Policy and Procedures, Relias training slides, and interviews with agency management staff, I conclude that the agency complies with all aspects of the standard.

**Standard 115.277 Corrective action for contractors and volunteers**

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

The Supervisor reports that Wazee House currently has no contract staff, volunteers or interns.

The PREA Policy and Procedures states the following, "Contractors and/or Volunteer found to have engaged in sexual harassment, sexual misconduct, sexual abuse will be dismissed from services at any LSS ARJ facility." The Relias Power Point used for training contractors and interns also has sanctions for contractors and interns who violated PREA policies.

Based upon my review of the amended PREA Policy Procedures and Relias Power Point and interview with the Program Supervisor, I conclude that the agency complies with all aspects of the standard.

**Standard 115.278 Disciplinary sanctions for residents**

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

According to the CEO/Designee, Wazee House has no authority to sanction residents who engage in sexual abuse or harassment. DOC would determine the actual sanction. All agency policies state the residents would be immediately removed from the program if they engage in sexual abuse or harassment. DOC would immediately detain the resident pending their investigation and disposition. If DOC initiates revocation of the resident's supervision, the resident would be afforded due process.

Regarding 115.278 (f), the agency policy states that LLS programs "have no ability to discipline a correctional client for making a false report. The relevant correctional entity would be contacted if the report is found to be false and although a recommendation would be made by LSS, any discipline would be up to the correctional entity." The facility does not provide programming for sexual abusers, so 115.278 (d) is not applicable.

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

**Standard 115.282 Access to emergency medical and mental health services**

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

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

There are no medical or mental health practitioners at Wazee House. The PREA Policy and Procedures states that first responder staff shall take steps to protect the victim and shall notify the appropriate medical and mental health practitioners.

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

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

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

LSS recently amended the PREA Policy and Procedures and Notice to Residents to describe on-going medical services for victims. I verified that all staff and residents have reviewed the amended documents. The documents state that the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The facility shall provide such victims with medical and mental health care services consistent with the community level of care. The documents also state that testing and treatment for sexually transmitted infections shall be provided. All services will be provided at no cost to the victim regardless of whether the victim cooperates with the investigation. Evaluation and treatment shall include follow up services, treatment plans, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

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

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

### **Standard 115.286 Sexual abuse incident reviews**

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

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

Wazee House had not any investigations of sexual abuse in that past 12 months. The agency had investigations at other facilities. The agency provided me with notes from a review team meeting that occurred at another LSS facility. The team included the PREA Coordinator/ARJ Director, Program Manager, HR Generalist, and supervisor. The review occurred within two days of the conclusion of the investigation. The review team considered several issues including discussing boundaries at staff meetings, reviewing job duties with staff, and additional staff training.

Based upon my review of the PREA Policy and Procedures and notes of the review team, along with interviews with LSS staff, I conclude that the agency complies with all aspects of the standard.

### **Standard 115.287 Data collection**

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

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

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

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

**Standard 115.288 Data review for corrective action**

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

According to the PREA Coordinator, LSS collects sexual abuse incident data and reviews the data. The agency recently published a PREA annual report (for the period of September 2015-September 2016) on the agency website. The report includes data from five LSS halfway houses, including Exodus. The agency reports two incidents of resident-on-resident sexual harassment and two incidents of staff sexual misconduct, one unsubstantiated and one investigation is ongoing.

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

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

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

**Standard 115.289 Data storage, publication, and destruction**

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

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

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

**AUDITOR CERTIFICATION**

I certify that:

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

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

Lawrence J. Mahoney

January 8, 2017

Auditor Signature

Date