

**PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES**

Date of report: November 22, 2016

Auditor Information			
Auditor name: LAWRENCE MAHONEY			
Address: 6650 W. State St. #208 Wauwatosa, WI 53213			
Email: mahoneylj@live.com			
Telephone number: 262-930-5334			
Date of facility visit: May 3-4, 2016			
Facility Information			
Facility name: ROCK VALLEY RESIDENTIAL RE-ENTRY PROGRAM			
Facility physical address: 203 W. Sunny Lane Road, Janesville, WI 53546			
Facility telephone number: 6081741-4510			
The facility is:	<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		
Facility type:	<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	
Name of facility's Chief Executive Officer: Angel Eggers			
Number of staff assigned to the facility in the last 12 months: 95			
Designed facility capacity: 100			
Current population of facility: 83			
Facility security levels/inmate custody levels: N/A			
Age range of the population: 18+			
Name of PREA Compliance Manager: Julie Lenzendorf		Title: Residential Administrator	
Email address: jlenzendorf@rvcp.org		Telephone number: 608-757-6457	
Agency Information			
Name of agency: Rock Valley Community Programs, Inc.			
Physical address: 203 West Sunny Lane Road			
Telephone number: 608-741-4500			
Agency Chief Executive Officer			
Name: Angel Eggers		Title: Executive Director	
Email address: aeggers@rvcp.org		Telephone number: 608-757-6402	
Agency-Wide PREA Coordinator			
Name: Julie Lenzendorf		Title: Residential Administrator	
Email address: jlenzendorf@rvcp.org		Telephone number: 608-7757-6457	

AUDIT FINDINGS

NARRATIVE

The Residential Re-Entry Program (RRP) is a structured living facility/halfway house operated by Rock Valley Community Programs, Inc. (RVCP), a non-profit organization. The agency was established to assist individuals involved with the Federal and/or State Criminal Justice systems transition into their community following a period of incarceration, or as an alternative to revocation.

The RRP is a Community Based Residential Facility (CBRF) licensed through the State of Wisconsin. RVCP contracts with the Federal Bureau of Prisons to provide residential re-entry services and substance abuse treatment for adult males and females. RVCP also contracts with the Wisconsin Department of Corrections to provide transitional assistance and case management services for adult males. RVCP also has contracts with the U.S. Courts, Wisconsin Department of Health and Family Services and the County of Rock.

The mission statement of RVCP is as follows, "Rock Valley Community Programs, Inc. provides services based on accountability, safety and treatment that enhance the community and Criminal Justice System. RVCP, Inc. will develop and administer programs through partnerships with local, state and federal agencies to serve residents in the greater Rock County area with public safety the constant. RVCP, Inc. programs will provide the opportunity for education, treatment, guidance in the areas of community service, substance abuse, cognitive behavioral restructuring, employment and residency."

The RRP is staff twenty-four hours a day, every day of the year. At the time of the on-site visit, RRP had a staff of 75. The staff provide counseling and assistance in employment, anger management, alcohol and other drug addictions, parenting, daily living, financial management and self-esteem. The facility has a Residential Services Administrator, Residential Services Director, three supervisors, about 25 Residential Re-Entry Monitors (RRM). Other staff for the RRP include four case managers, a Social Service Coordinator, three kitchen workers, a part-time nurse, and other support staff.

At the time of the on-site visit, the population of the RRP was 83. The Federal contract is for 61 beds. The State contract is for up to 30 beds. The facility is coed, but the majority of the program is for males. At the time of the on-site, there were no females in the program. Usually, there are less than five females in the program. Females are housed in a designated area on the B wing.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Residential Re-Entry Program is located in a large, single story, handicap accessible building located in a rural/residential area between the cities of Beloit and Janesville. The facility has a capacity of 100 residents. The building was once a nursing home and RVCP has occupied it since 1998. RVCP was established in 1971 in Beloit, Wisconsin to provide housing for parolees. The facility has four wings attached to the central part of the building. The RRP occupies two of the wings.

In addition to the 100 bed RRP, RVCP operates several other programs in the facility. It has a Veteran's Service Department for homeless veterans that includes a transitional housing program with 48 beds. Harper's Place is a residential program for crisis intervention clients referred from Rock County Intervention. Both of these programs are operated in separate wings of the facility, apart from RRP. RVCP also has the Community Service program, which does placement and monitoring for community service orders in Rock County. There is also the Compass Behavioral Health Clinic for outpatient substance abuse and mental health treatment.

The facility has a large, commercial-type kitchen. Residents of RRP work in the kitchen, usually about five at a time. Three RVCP staff work in the kitchen and oversee the residents. Only State DOC clients are allowed to work in the kitchen. The facility has a large dining room, which serves clients of all the programs in the facility, but they eat at separate times. The residents of RRP, and the veterans and mental health clients are not allowed to mingle at any time. The female residents of RRP eat in a separate area of the dining room and can choose to eat in the housing unit instead. When there are only 1-2 female residents, they often eat in the housing unit.

The RRP has a state-of-the-art monitoring technology. There are 102 cameras that monitor virtually all common areas of the facility including, hallways, day rooms, staff offices, med room, dining room, and kitchen. Several exterior cameras monitor the parking lots, entrances, and resident recreation/smoking areas. Staff have access to monitor the cameras at numerous locations throughout the facility.

There are three cameras in the kitchen, which is a very large area with several storage areas. There are no significant blind spots in the kitchen/dining room area. All storage areas and offices are kept locked.

The residential area includes separate wings. "A" wing is the largest with 31 resident rooms, each housing up to 4 residents. Not all rooms have four residents. There is a central control room on the wing and a med room attached. The central control room is staffed at all times. There are two dayrooms in the wing. Most resident rooms on "A" have bathrooms without showers that can only be accessed from the bedrooms and can be locked when in use. The residents on "A" use a communal shower room with 8 shower stalls off the main hallway and near the control room. The shower stalls all have shower curtains to afford privacy. There are two dayrooms and a laundry room on "A". While many residents are allowed to have cell phones, there are pay phones accessible to residents near the control center. Residents are allowed to use the phone in the control center with staff permission. There is a bulletin board on the unit that contained the Notice of Audit and other PREA information.

"B" wing is smaller and includes two female rooms, housing four residents per room, and along with 16 male rooms. The female rooms are separated on the wing and are nearest the control center and the case manager's office. There is camera monitoring in all of the common areas and hallways in the B wing. The female residents are able to lock the room doors and there are private/single bathrooms with access only from the bedrooms. All bathrooms on B are accessed from the individual bedrooms and have showers. The residents, when using the bathrooms, can lock all bathrooms on B. The common areas on B are similar to A with dayrooms, laundry room, and pay phones. The bulletin board also contained the Notice of Audit and PREA information.

SUMMARY OF AUDIT FINDINGS

The on-site visit of the RRP was scheduled for May 3, 2016. The Pre-Audit Questionnaire and Notice of Audit was sent to Executive Director Angel Eggers on March 3-4, 2016. A reminder for the agency to post the Notice was sent on March 18, 2016. The Pre-Audit Questionnaire was returned to me on April 11, 2016. The questionnaire included numerous documents including staff schedules, resident rosters, facility layout, agency policies and procedures, resident handbook, forms, and other relevant materials. I reviewed the questionnaire and all documents prior to the on-site visit.

The on-site visit occurred on May 3-4, 2016. Upon arrival, I met with Executive Director Angel Eggers. Ms. Eggers has been employed by RVCP since 1990. Ms. Eggers gave me an overview of the facility and described the agency efforts to implement PREA.

The agency provided a private office in the central area of the facility to conduct interviews. Residents and staff were readily available for the interviews.

I interviewed the Residential Administrator Julie Lenzendorf, who is the PREA Coordinator for the agency. Ms. Lenzendorf has been with RVCP for 10 years. She has been the PREA Coordinator for about 5 years. I also interviewed Lenzendorf regarding the monitoring of retaliation.

I interviewed Joel Galvin, the Program Director of RRP. Mr. Galvin has been the director of the program for 16 months. He previously worked with the veteran's program within the facility.

I interviewed Deputy Director Gail Hotchkiss, who is responsible for human resources for the agency. Ms. Hotchkiss has been with the agency for about 20 years.

The on-site inspection of the facility occurred in the afternoon. Since the facility is very large and the RRP occupies two separate wings of the building, the inspection took several hours. Eggers, Lenzendorf, and Galvin accompanied me on the tour. In addition to the 100 bed RRP, RVCP operates several other programs in the facility. I inspected all areas of the RRP, which included A and B wing, and common areas.

On May 3 and 4, I also interviewed 10 additional RRP staff and 10 residents. I randomly selected names of residents and staff from resident and staff rosters. The staff interviews included a part-time nurse and Food Service Leader. I also interviewed one volunteer. The interviews included residents of both housing unit. The interviews included FBOP and DOC residents. I was unable to interview female residents, since at the time of the on-site visit, there were no female residents in the population.

On May 4, I reviewed on-line personnel files of 10 staff members to determine if the agency conducted background checks. I also reviewed staff training records. I reviewed and 10 resident files to determine if the agency provided residents with PREA information at intake.

Prior to completing the interim report, I did a thorough review of the Pre-Audit Questionnaire and various agency documents including several policies and procedures. I reviewed the results of the on-site inspection, ten staff and ten resident file reviews, random interviews with 10 staff and 10 residents, as well as interviews with agency administrative staff. A part-time nurse and a volunteer were interviewed. I also reviewed documentation of the two of the three reports of sexual abuse or harassment that occurred at RRP in the past 12 months. The agency referred one incident to the Rock County Sheriff's Department, but no charges were filed.

The Executive Director and PREA coordinator have been actively involved in implementing PREA standards. All staff and residents interviewed displayed some awareness of PREA. During the audit process, there was a great deal of cooperation and positive attitude from RVCP staff at all levels.

However, the interim report, completed on May 31, 2016, showed that the agency complied with one standard and required corrective action for 35 standards. While it was apparent that the agency was committed to preventing, detecting, and responding to sexual abuse and harassment, much of the agency's efforts were not documented in written policy. Although there were many positive indicators, a number of areas required corrective action.

On June 2, 2016, I met with the Executive Director and administrative staff to discuss the interim report and corrective action. During that meeting, we addressed corrective action for 35 standards. Almost all of the agency PREA policies and procedures required amendments. Corrective action also included additional staff training to provide complete and consistent information regarding PREA standards, consistent completion of risk screening according to the standard, training for designed PREA investigators, and completion of criminal background checks before employees begin working with residents.

Corrective action was set for a period of four months, primarily for the agency to demonstrate that they would consistently conduct risk screening according to the standard. Over the past several weeks, the agency sent numerous amended policies and procedures for both staff and residents. The changes to the various policies and procedure now comply with the standards. In addition, training of investigators, volunteers, and medical staff has occurred.

On November 21, 2016, I conducted a follow-up visit to RVCP to confirm that agency made the various changes identified in corrective action. I reviewed risk assessments, personnel files, and resident files. I also observed posted PREA information in the facility. I confirmed that the agency has provided training to staff in several areas identified in corrective action. I confirmed that staff have reviewed the amended PREA Policy and Procedures. I also confirmed that residents received the amended PREA Resident Policy. I confirmed that the agency has consistently conducted criminal background checks on staff prior to hire. I also reviewed the agency website to confirm that the annual report was posted and contained information described in the standard.

Based upon all of the information received from the agency and the follow-up visit, I am pleased to report that RVCP complies with all applicable standards. RVCP has demonstrated a great deal of commitment to implementing PREA standards and ensuring that residents are safe from sexual abuse and harassment.

Number of standards exceeded: 0

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 3

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)

RVCP has a PREA Policy "An Overview for RVCP Residential Re-Entry Program Residents." The document was included with the Pre-Audit Questionnaire. The date of the policy is October 2013. The policy is four pages and includes an acknowledgment signed by residents. RVCP states that RRP staff are required to read the same policy and the "appendix". The appendix has information that includes staff and agency reporting, definitions of various types of sexual abuse and inappropriate staff conduct. Staff sign an acknowledgment that they have read the policy.

The policy states that RVCP has a zero tolerance policy towards all forms of sexual abuse and harassment. The policy includes definitions of prohibited behaviors. The policy addresses several ways that the agency will implement the agency's approach to preventing, detecting, and responding to abuse, but did not address as aspects of implementing PREA standards.

In response to corrective action, the agency developed a PREA Resident Policy to state how the agency will implement all PREA standards. The amended policy addresses the use of risk screening and how it will be used to protect residents from abuse. The amended policy addresses sanctions for residents who violate the PREA policies. The policy includes potential sanctions for criminal and non-criminal behavior. The policy lists strategies and responses to reduce and prevent sexual abuse and harassment of residents

In response to corrective action, a PREA Staff Policy replaced the "appendix". The new policy defines the agency zero tolerance policy and includes definitions of abuse and harassment. The new policy addresses how staff will be trained in various aspects of PREA to prevent, respond, and investigate complaints of abuse. The policy includes sanctions for staff who violate the policy including suspension, termination and criminal prosecution.

Julie Lenzendorf serves as both the agency PREA Coordinator and facility compliance manager. Ms. Lenzendorf is the RVCP Residential Administrator and has been involved in PREA implementation for over five years. In the interviews, she was knowledgeable about PREA and it is apparent she has spent significant time implementing PREA in the facility. Ms. Lenzendorf answers directly to the Executive Director and has the authority to develop, implement, and oversee agency efforts to comply with PREA standards. Both the PREA Coordinator and the Executive Director are located in the facility and spend most of their time in the facility.

I also interviewed the agency executive director who was familiar with PREA standards and demonstrated her commitment to implementing the standards throughout the facility.

Based upon my review of the PREA Resident Policy and Staff Policy and the interviews with the PREA Coordinator and Executive Director, 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 Pre-Audit Questionnaire and interviews with the Executive Director and PREA Coordinator, RVCP does not contract with other agencies to housing of offenders.

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)

RVCP submitted a staffing plan for the RRP with the questionnaire. In the interview with Residential Re-Entry Director Joel Galvan, the facility has a plan that provides for adequate staffing at all times. Galvan said that their contracts require that they have one staff member for every 25 residents.

The facility always schedules a minimum of five staff per shift. The population never exceeds 100. According to the questionnaire, the average daily population since August 20, 2012 is 96.

On first shift, there are usually six Case Managers, four or five Residential Reentry Monitors, and one supervisor. There are also several administrative staff working. On second and third shift, there is always four staff, plus a supervisor on each shift.

If someone calls in on any shift, on-call staff will come in. Galvan states that they have never deviated from the staffing plan and have never operated with less than four staff since he has been the director. The staffing pattern was verified by interviews with other staff and supervisors. RVCP management met on November 1, 2016 to review the staffing pattern of the facility. RVCP provided verification of that meeting.

RRP has 102 cameras at various locations inside and outside of the facility. During the on-site visit, I noted that cameras are placed in positions that maximize supervision of residents. The monitors were high quality, with pan/zoom capability and other state of the art technology. The system has the ability to record and maintain for 14-30 days.

All hallways, day rooms, laundry room, kitchen, dining room, and other common areas are monitored. The video monitoring system allows several staff throughout the building to monitor multiple cameras at one time. Supervisors, case managers, and administrative staff have the ability to view multiple cameras at any time. Several cameras on the exterior monitor the parking lot, smoking areas, group rooms, and recreation areas around the facility. Exits are locked and monitored by cameras.

There is always at least one staff member on each unit at all times. From the control center, staff are able to see down the hallways and also observe the activities throughout the wing with the monitors in each control center. Outside of resident rooms, individual offices and store rooms, all areas or entrances to those rooms were monitored by cameras.

Because the facility is coed, I closely reviewed whether the supervision, placement and monitoring of female residents was sufficient to adequately protect female residents. On the days of the on-site visit, there were no female residents in the population. There are two female rooms with four beds in each room. Within each room, a bathroom with showers is only accessible from the bedrooms. The residents can lock the doors to the bathrooms and the bedrooms. The PREA Coordinator stated that they made efforts to keep the males and female apart and they have separate activities for each gender.

The two female rooms are locked centrally on the B wing, near the staff control center and across the hall from a case manager. Several cameras monitor the areas around the female rooms. Females have the option of eating meals on the unit or in the dining room at separate tables. Male and female residents are not allowed to sit together.

Considering the size and layout of the facility, it is my opinion that the agency has an adequate staffing pattern. The staffing pattern along with an excellent video monitoring system adequately protects residents against sexual abuse. During resident interviews, not one resident reported feeling unsafe or expressed concerns about monitoring and supervision by staff.

In response to corrective action, the agency developed a "Supervision and Monitoring" policy to state that the agency will annually review staffing levels. The Residential Director, Residential Administrator, and Executive Director will meet to review staffing levels. The policy states that they will consider the physical layout of the facility, the video monitoring system, and other factors described in the standard.

Based upon my inspection of the facility, interviews with staff, residents, and facility management, along with my review of the staffing pattern and agency policy, I conclude that the agency complies with all aspects of 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 questionnaire and interviews with the PREA coordinator, the agency does not conduct cross-gender strip or cross-gender body cavity searches of residents. In the past 12 months, the agency reports no cross-gender strip or cross-gender body searches. None of the staff interviewed reported that such searches occurred.

According to the questionnaire, the agency does not permit cross-gender pat downs of female residents and there have not been any such pat-downs of females in the past year. None of the RRM staff reported that they have observed male staff conducting pat-downs of females.

Three female Residential Re-entry Monitors (RRM) said they have never observed a male staff member conduct a pat-down search of a female. According to staff interviews, female staff were previously doing done pat-downs of male residents, but the practice was eliminated several months ago.

The PREA Coordinator and facility director said that there is always a mix of male-female staff on duty so that cross-gender body searches or pat-downs do not occur. The female population is usually less than five and never exceeds eight. The PREA Coordinator and the RRM staff reported that since RRP began taking females, they have had at least one female staff on every shift.

The agency's policy is that all residents are able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. Most residents on B wing have single/private bathrooms with showers off the bedrooms. The residents are able to lock the bathroom door when in use. Residents on A wing use a communal shower room with eight individual shower stalls that have solid shower curtains. Three female RRP staff and a female supervisor said that they never enter the communal shower room. Staff reported that only male staff enter the shower room.

All staff interviewed reported that residents are able to dress, shower, and toilet without being viewed by staff of the opposite gender and none of the staff reported seeing residents nude.

The agency policy states that staff of the opposite gender must announce their presence when entering a resident housing unit. During random interviews with staff, four females reported that they announce their presence when entering a male room. According to the staff interviewed, male staff do not enter female rooms without a female staff present.

In response to corrective action, the agency developed a policy that prohibits cross gender searches and prohibits staff from physically examining a transgender or intersex resident to determine the resident's genital status. None of the RRM staff reported having to do such searches. The policy identifies alternative methods to body searches if there is a need to identify a resident's genital status.

The policy states that no staff will perform pat searches until they have received appropriate training. The policy states that all residents will be afforded privacy to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing their breast, buttocks, or genitalia. The policy states the staff of the opposite sex are required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. I confirmed that all staff have been provided with copies of the amended policy.

Based upon my interviews with staff and residents, the on-site inspection of the facility, and review of the amended PREA policy, I conclude that the agency complies with all aspects of 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)

The facility does not accept physically disabled clients because of CBRF regulations. Residents must be able to exit the facility during emergencies on their own. According to the questionnaire and the Executive Director, the agency does not have procedures to provide disabled residents equal opportunity to participate in all aspects of the agency's effort in dealing with sexual abuse.

Regarding residents with limited English proficiency, the agency has a policy for those residents. The policy provides for language access services to populations with Limited English Proficiency (LEP). The Deputy Director of the agency is the LEP Coordinator. The policy states that residents have a right to interpreter services at no cost. Written language access rights are distributed "in the major LEP languages" in postings in the building, orientations, and brochures and booklets. The policy describes interpretation and translation services that will be provided, including written translation and oral translation. Resources for those services are listed. Other communication methods are listed including, Interactive Voice Response Methods, voicemail, web pages, posters, videos, and media.

In the interview with the Executive Director, RRP has a staff member who is bi-lingual who assists residents and other community resources are used.

The PREA Policy for staff and residents states that RVCP will provide access to interpreters to assist residents who have limited English proficiency to understand the PREA Policy. It also states, "RVCP will make reasonable efforts to assist those who may have disabilities, both physical and intellectual in understanding the PREA Policy."

In response to corrective action, the agency amended the Policy and Procedures: "Residents with Disabilities and Residents who are Limited English Proficient". It prohibits the use of resident interpreters or readers, except in incidents described in the standard. It also establishes procedures to ensure that residents with disabilities, including deaf or hard of hearing, visually impaired, or those with intellectual, psychiatric, or speech disabilities have access to all PREA policies and procedures. The accommodations include "written, telephone, in-person, video remote interpretation and communication access real time translation." Residents with intellectual, psychiatric, or speech disabilities are provided with accommodations that include a number of formats listed in the policy.

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

Standard 115.217 Hiring and promotion decisions

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

Prior to the audit, the agency did not have a written policy that prohibits hiring or promoting anyone who may have contact with residents who has engaged in sexual abuse as defined in the standard. In response to corrective action, the agency developed a policy that states RVCP will not hire or promote any individual who may have contact with resident and will not enlist the services of any contractor who may have contact with residents who have engaged in sexual abuse as 115.217 (a)-1.

The policy states that it will ask candidates for employment about previous misconduct in the written application for hiring. It also asks current employees these questions during promotions and in performance evaluations.

During the initial on-site visit, I reviewed ten personnel files and observed that all new employees had a background check conducted, but background checks were not completed prior to the employee starting employment. All files reviewed showed

that background checks completed within a week of starting on the job for all employees, but this practice did not comply with the standard. The Executive Director confirmed that background checks were done after hire. After I pointed out that this practice did not comply with the standard, she stated that they would begin conducting the background checks prior to the employee starting.

In response to corrective action, the agency amended the policy to state that it will conduct criminal background checks "upon conditional offer of employment and prior to their first day of employment." On November 21, 2016, I did a follow-up file review for the 10 staff hired since the on-site visit. Ten background checks were conducted prior to hire. With one employee, the background check was done about 12 days after hire. The Executive Director was aware of that situation. She stated that the person who was responsible for conducting background checks failed to follow agency procedures and was sanctioned. The employee no longer is employed with the agency. It should be noted that this situation occurred early in the corrective action period. Since that time, background checks were consistently conducted on all 9 hires that occurred during a four month period.

According to the Deputy Director, who is responsible for human resources, the agency conducts criminal background checks through the Wisconsin Department of Justice-Crime Information Bureau (CIB). In addition, staff get a background check including fingerprints through the FBOP. The Wisconsin Caregiver Law requires that all employees have a criminal background check every four years. The agency reports that all employees hired more than four years ago had had background checks.

The standard also requires that a criminal background check be conducted on existing employee every five years. Wisconsin Caregiver laws requires the agency to conduct criminal background checks every four years. Of the ten personnel files that I reviewed, three employees were hired more than five years ago. All three had updated criminal background checks within that past four years. According to the questionnaire, the agency has hired 20 employees in the past 12 months. The agency complies with the standard in regards to follow-up background checks.

According to interviews with agency staff, they do not contract with anyone to work with residents in the facility.

In response to corrective action, the agency amended policy to state that material omissions regarding misconduct, or where the provision of materially false information, shall be grounds for termination.

On November 21, 2016, a review of 10 random personnel files, verified that RVCP staff received copies of the amended Policy and Procedures.

Based upon my review of personnel files and amended Policy and Procedures, and interviews with the Executive Director and the Deputy Director, I conclude that the agency complies with all aspects of 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 questionnaire and interview with the Executive Director, the facility has not made any substantial expansion or modifications to the facility since 2012. However, since that time they have added a number of cameras to cover blind spots. The agency also added bubble mirrors during this time. During the on-site visit, I observed the 100+ cameras throughout the facility, including the exterior.

Based upon the interview with the Executive Director, 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)

RVCP is responsible for conducting administrative investigations. The agency refers all criminal investigations to the Rock County Sheriff's Department (RCSD). The PREA Policy states that the agency will contact the Rock County Sheriff's Department (RCSD) after receiving a report of sexual abuse. The Rock County Sheriff's Department follows the uniform evidence protocol as described in 115.221. An email from Commander Troy Knudson confirmed that RCSD follows the protocol. The Captain of detectives at RCSD confirmed that the department follows the protocol described in the standard.

For administrative investigations, the Executive Director states that RVCP follows "A National Protocol for Sexual Assault Medical Examinations."

The facility offers all residents who experience sexual abuse access to forensic medical exams. In response to corrective action, the agency amended the PREA Policies for staff and residents to state that resident victims of sexual abuse will have a forensic medical exam at Beloit Memorial Hospital using Sexual Assault Nurse Examiners (SANE) and at no charge to the resident. RVCP provided me with a copy of an Inter-agency Agreement with Beloit Memorial Hospital regarding forensic medical exams for victims. The agreement confirms that SANEs will conduct forensic exams.

The agency provided a copy of an agreement it has with Sexual Assault Recovery Program (SARP). SARP agreed to provide victim support services including accompanying and supporting the victim through the forensic medical exam process and investigatory interviews. The PREA Policy states that RVCP will contact SARP to facilitate contact between the victim and SARP. "The victim advocate will, if the victim desires, accompany and support the victim to Beloit Memorial Hospitals for forensic medical exam, investigatory interviews, provide emotional support, crisis intervention, information, and schedule on-going counseling and follow-up services." The agreement with SARP was updated on October 4, 2016. On November 21, 2016, I spoke with John Pfeleiderer, the Executive Directors of SARP. He confirmed that their agency would provide victim support services for the forensic exam and follow-up services

According to the questionnaire, the agency has had no forensic medical exams conducted in the past 12 months.

Based upon my review of the amended Policy and Procedures for staff and residents, Inter-agency Agreements with SARP and Beloit Memorial Hospital, emails from Rock County Sheriff's Dept. and interviews with the RVCP Executive Director, the PREA Coordinator, and SARP Executive Director, 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)

In response to corrective action, the agency amended the PREA Policy and Procedures. The amended policy states "RVCP will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Criminal Investigations are conducted by the Rock County Sheriff's Department" (RCSD). The policy includes language that the agency will contact RCSD as soon as it is determined that criminal acts have occurred.

The agency recently published on the RVCP website its policy for referring all allegations of sexual abuse to the RCSD and the responsibilities of both the agency and RCSD during an investigation. I confirmed that the information is on the website.

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)

During the on-site visit, ten random staff members were interviewed regarding PREA training. Three staff said they did not receive training upon hire, but they were hired over three years ago. Two of those three said they received some training later. One of these three said no training had been provided over several years. The nurse reported receiving no training on PREA.

The responses from staff regarding their training was not consistent with the file reviews that I conducted. Ten staff files showed all staff have received some type of PREA training. Seven of the ten staff were hired in the past three years. The files showed these seven staff received training shortly after hire. Regarding the staff member who reported receiving no training, the personnel file indicated that several trainings were provided over the years.

The frequency of training reflected in the staff files was much greater than what staff reported that they received. The interviews revealed that several staff could not recall PREA training even though the files showed training was provided. The inconsistency is likely due to the format of the training provided. Most of the training reflected in the staff files had employees reviewing the agency PREA policy and signing an acknowledgment that they read the policy. In my opinion, the reviewing of existing policies alone does not constitute an effective training method.

In addition, staff interviews and a review of the PREA policy shows that the training did not cover all areas described in 115.231 (a).

In response to corrective action, the agency amended its PREA employee training policy. It states that all staff who have contact residents will be trained in all required PREA standards within two weeks of hire. It also states that refresher training will be provided every two years. The training also includes information on how to supervise and respond to male and female residents per 115.231 (b).

The policy has specific training for all staff that includes National Institute of Corrections on-line training. All RVCP staff are required to take, "Your Role: Responding to Sexual Abuse" and "Communicating Effectively and Professionally with LGBTI Offenders". In addition, the nurse is required to complete "Medical Health Care for Sexual Assault Victims in a Confinement Setting." The policy lists additional training for administrative staff and agency investigators. The Residential Administrator/PREA Coordinator is required to complete "PREA Coordinator's Roles and Responsibilities" and "Investigating Sexual Abuse in a Confinement Setting."

PREA investigators are also required to complete "Investigating Sexual Abuse in a Confinement Setting." RVCP has designated eight staff as PREA investigators. NIC training covers all areas described in the standard.

On November 21, 2016, I reviewed 10 staff files to verify that the agency provided updated training to staff. All ten files contained signed acknowledgments from staff that they completed "PREA: Your Role: Responding to Sexual Abuse" and "Communicating Effectively and Professionally with LGBTI Offenders". All files also showed that staff reviewed the amended policies and procedures. I also verified that the nurse completed the above training as well as "Your Role: Responding to Sexual Abuse".

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)

During the on-site visit, the agency reported that there was one volunteer who has direct contact with residents. He primarily does chaplain work and bible study. I interviewed the volunteer on May 4, 2016. The volunteer reported that he is in the facility about 2 hours per week. I asked the volunteer about PREA and he stated that he was not familiar with it. When I described aspects of PREA, he stated that he may have received information about it, but he gets "a lot of information," and does not specifically recall getting the information. In the Pre-Audit Questionnaire, the agency reported that they did not provide training to the volunteer described in 115.232 (a) and (b).

In response to corrective action, the agency developed a training policy for volunteers and contractors. Volunteers and contractors will be trained prior to starting with RVCP. They are required to complete "Your Role: Responding to Sexual Abuse" and "Communicating Effectively and Professionally with LGBTI Offenders".

Since the on-site visit, the agency has an additional volunteer in the facility. On November 21, 2016, I confirmed that the both volunteers completed "Your Role: Responding to Sexual Abuse" in October 2016.

Standard 115.233 Resident education

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

The Pre-Audit Questionnaire reports that residents receive information at time of intake about the zero-tolerance policy and other aspects of the agency PREA efforts. All residents receive the information whether they came from another correctional facility or the community.

Prior to the audit, the information provided to residents did not comply with the standards. The agency has since modified the information for residents. All residents receive a copy of the PREA Resident Policy upon intake. Residents sign an acknowledgment that they read the policy. The document addressed the zero-tolerance policy and states that residents have a right to be safe from sexual abuse or harassment. It gives residents internal and external reporting options. It states that residents may report verbally or in writing, anonymously or through a third party. The document states that residents have the right to be free from retaliation. The document address all areas defined in the standards.

I interviewed ten residents who were randomly selected and asked them if they received PREA information upon intake. All ten said that they received information within 1-3 days. Most residents were able to describe aspects of PREA, but three could not recall details of PREA.

Ten residents files (randomly selected) were reviewed to confirm that residents received PREA information at intake. Nine out of ten files reviewed has acknowledgments signed. Those nine residents received the information between 1-3 days after arriving at the facility.

I interviewed a staff member who is responsible for resident intake. He reported that he gives residents PREA information upon intake, usually the first day they arrive. He stated that he read the information to the resident if they have problems reading or understanding the material.

According to the questionnaire, the agency policy is to provide PREA education in formats accessible to all residents. The CEO states that they have bi-lingual (Spanish-speaking) staff member who would assist a resident with PREA education. The CEO said that the agency has access to sign language interpreters through community resources. Prior to the audit, the agency did not have a written policy to provide PREA education to residents including those who have disabilities or limited

language skills. In response to corrective action, the agency developed a written policy that states PREA education will be available in formats accessible to all residents, including those who are LEP, deaf, visually impaired, other disabilities, and limited reading skills. Resources are described for specific disabilities.

While conducting the on-site inspection, I saw the Notice of Audit in both housing wings, and information posted about PREA.

After the agency provided numerous amendments to the Resident Policy, I conducted a follow-up visit to the facility on November 21, 2016. I observed that updated PREA information for residents was posted in both housing units, and common areas. I also reviewed 11 resident files to confirm that residents received the updated PREA Resident Policy.

Based upon my review of the PREA Resident Policy, amended Staff Policy and Procedures, 11 resident files, interviews with 10 residents and a staff member who conducts intake, and the follow-up visit, I conclude that the agency complies with all aspects of the standard.

Standard 115.234 Specialized training: Investigations

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

Prior to the audit, the agency did not require that investigators receive training in conducting sexual abuse investigations. According to the CEO/Executive Director, the agency has designated the PREA Coordinator, the Residential Director and three supervisors to conduct PREA investigations. In the past 12 months, there are been three investigations involving sexual abuse or harassment. The PREA Coordinator led the investigation, and the director and supervisors participated in the investigation.

I interviewed one of the supervisors designated to assist with investigations. The supervisor confirmed that the investigators have not had specialized training in conducting PREA investigations. She was not sure if the agency policy is to refer allegations involving criminal sexual behavior to law enforcement. Supervisors do not initiate investigations, the PREA Coordinator does. The supervisors usually just interview residents. The supervisor could not describe the investigation process and stated "not sure" when asked about several steps in the process. The supervisor states that when there is an allegation made of sexual abuse or harassment, the practice has been to interview all residents and ask standard questions of all residents whether they have been abused or harassed. Another supervisor who was interviewed confirmed that all residents are interviewed whenever allegations are received.

I reviewed the results of two of the three PREA investigations conducted by RVCP in the past 12 months. I reviewed the reports with the PREA Coordinator and Executive Director and determined that the investigations were inadequate and did not describe all aspects of the investigation in the reports. The reports illustrated the need for all designated investigators to receive specific training in conducting sexual abuse investigations.

Since the interim report was issued, the agency has not had any investigations of sexual abuse or harassment, thus there were no reports to review following the on-site visit.

In response to corrective action, the agency developed a written policy that requires investigators to complete NIC Training, "Investigating Sexual abuse in a Confinement Setting." According to the Executive Director, the agency has designated eight supervisory to staff to conduct investigations and all eight have completed the NIC training. On November 21, 2016, I conducted a follow-up visit to the facility and verified that the eight staff completed the required training..

Based upon my review of the amended training policy and training verification, and interviews with the PREA Coordinator, Executive Director, and supervisors, I conclude that the agency complies with all aspects of the standard.

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)

The facility does not have mental health staff. The facility has a part-time RN that works with residents. Prior to the audit, the agency did not have a policy of training medical staff who work regularly in the facility and no training of medical staff has occurred.

I interviewed the Registered Nurse who confirmed that he hasn't had PREA training since working at the facility. He reports that he has had training on "professionalism." He has started working for RVCP in the psychiatric facility and just started in the halfway house one month earlier. Although he did not have specific PREA training, the nurse had some awareness of PREA issues, such as the limits of confidentiality, where and how to report incidents of abuse, and offering support services to victims. The RN does not conduct forensic medical exams.

In response to corrective action, the agency amended its training policy to require nursing staff to complete, "Your Role: Responding to Sexual Abuse", "Communicating Effectively and Professionally with LGBTI Offenders" and "Medical Health Care for Sexual Assault Victims in a Confinement Setting. On November 21, 2016, I reviewed documentation that the nurse completed the required training.

Based upon my review of the amended training policy and training documentation, 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)

Prior to the audit, the agency had an Intake Procedure that addressed risk screening. However, the policy did not comply with the standard. The risk-screening tool also did not comply. I compared the amended risk screening form to the criteria outlined in the standard. The amended risk-screening tool complies with the standard.

During the on-site visit, interviews with 10 random residents confirmed that risk screening had not occurred with those 10 residents. One resident said that someone asked him if "I felt safe." A review of resident files showed that no risk screening occurred. Interviews with the PREA Coordinator confirmed that the facility does not regularly conduct risk screening upon intake and a follow-up within 30 days.

In response to corrective action, the agency developed a policy for risk screening and amended the PREA Risk Screening form. The policy states that "a PREA screening will be conducted within 3 days of their arrival and again within 30 days of their arrival and again when warranted due to referral, request, incident of sexual abuse or receipt of additional information that is relevant to an individual's risk level." The amended screening form considers all criteria described in the standards.

The amended policy states that completed screenings will not be shared with staff unless they have a need to know. It also states that completed risk forms are to be put in a sealed envelope and placed in the case manager's mailbox. The form will be maintained in a locked file with only case managers, supervisors, and directors having access. The policy also states that a resident may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions from the assessment.

The Executive Director reports that that facility has been completing risk assessments and reassessments for all residents beginning in June 2016. During the follow-up visit to the facility on November 21, 2016, I reviewed risk assessments for 10 residents admitted after June 21, 2016. All 10 residents had initial assessments done with 72 hours and reassessments done within 30 days to comply with the standard.

Based upon my review of the amended policy and screening tool and review of 10 risk assessments completed on residents admitted during the corrective action period, I conclude that the agency complies with 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)

As mentioned above, the agency policies and procedures did not comply with the standard prior to the audit. The agency developed a Policy and Procedure: "Use of Screening Information." The policy states that the facility will ensure that information obtained from the screening will be utilized to make decisions about room assignments, work, education, and program assignments. "The goal is to keep residents at high risk of being sexually victimized separate from those at high risk of being sexually abusive."

The new policy states that RVCP will make individualized determinations about how to ensure the safety of residents. The policy states that the facility shall make housing and program assignments for transgender or intersex residents on a case-by-case basis. "RVCP will give serious consideration to a transgender or inter-sex resident's own view of his or her own safety." It also states, "Transgender and intersex residents will be given the opportunity to shower in an area separate from other residents."

Based upon my review of the amended Policy and Procedures and interview with the PREA Coordinator, I conclude that the agency complies with 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)

During the on-site visit, interviews with staff and residents revealed inconsistent information regarding resident reporting of abuse. In response to corrective action, the agency has amended staff and resident policies that describe multiple internal ways to report regarding abuse or harassment, retaliation, and staff neglect that may have contributed to such incidents. The policy also states that residents may also contact the authorities (911) or contact the Sexual Assault Recovery Program (24-hour phone number).

The agency also amended the staff and resident policies to state that residents may make reports verbally, in writing, anonymously, and from third parties. Staff are required to accept all reports and document all reports.

Staff interviewed consistently identified a ways that they could privately report abuse. In addition to reporting to the supervisor, most staff said they would contact the Residential Director/PREA Coordinator if needed.

During the follow-up visit to the facility on November 21, 2016, I observed posted PREA information in both housing units that included internal and external names of people or agencies to report sexual abuse or harassment, including addresses, and telephone numbers.

Based upon my review of the amended staff and resident policies and information posted in the facility, I conclude that the agency complies with all aspects of the standard.

Standard 1.15.252 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)
- X Not applicable

The agency reports that they do not have an administrative procedure for dealing with resident grievances regarding sexual abuse. None of the agency's policies or documents, including resident handbook, contain information regarding any such procedure. As a result, the agency is exempt from this standard.

Standard 1.15.253 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)

Prior to the audit, the PREA policy for residents states, "If you have been the victim of an assault by staff or inmates, crisis counseling will be available to you." However, the policy did not describe what counseling is available and no other information about outside victim advocates was provided. Confidentiality and limits to confidentiality were not addressed in any agency document for residents.

In response to corrective action, the agency amended the policy to residents to comply with the standard. The Resident Policy states that a victim advocate will be available for counseling and referrals and follow-up responses. The policy addresses the limits to confidentiality and mandatory reporting laws. The resident policy also includes mailing addresses and telephone numbers of victim advocates for emotional support services.

The amended staff policy states "RVCP will provide residents with access to outside victim advocates for emotional support services by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers." The staff policy addresses confidentiality and the limits to confidentiality as defined in the standard.

The agency has three Interagency Agreements with community agencies for support services. RVCP has an agreement with YWCA – Alternatives to Violence Program to provide women's abuse group counseling and support services to residents. There is an agreement with Family Services of Southern Wisconsin and Northern Illinois for "counseling services" for RVCP clients. RVCP has an agreement with YWCA – Alternatives to Violence Program to provide "women's abuse group counseling and support services" to residents. There is an agreement with Family Services of Southern Wisconsin and Northern Illinois for "counseling services" for RVCP clients. There is an agreement with Sexual Assault Recovery Program (SARP) for "counseling services". Copies of these agreements were attached to the questionnaire. RVCP recently updated the agreement with SARP.

On November 21, 2016, I contact the Executive Director of SARP who confirmed that SARP provides victim support services to residents of RVCP.

During the follow-up visit on November 21, 2016, I observed PREA information posted in both housing units that included names of support agencies, mailing addresses and telephone numbers.

Based upon my review of the amended Resident and Staff Policy and Procedures, Interagency Agreements, and posted information in the facility, 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)

Prior to the audit, the agency did not provide a method to receive third-party reports of sexual abuse or harassment. The agency also did not publicly distribute information on how to report sexual abuse or harassment on behalf of residents. In response to corrective action, the agency amended the staff and residents policies to address third party reporting, listing several options for reporting. In addition, the agency recently published information on its website on how to make third-party reports of sexual abuse or harassment on behalf of residents. On November 21, 2016, I reviewed the agency website, which contains third-party reporting options.

Based upon my review of the amended staff and resident policies and the RVCP website, I conclude that the agency complies with all aspects of the standard.

Standard 115.261 Staff and agency reporting duties

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

Prior to the audit, the PREA policy (appendix) for staff stated, "Staff who become aware of any form of sexual abuse or sexual harassment that has occurred, or they suspect may have occurred are required to report the sexual abuse or sexual harassment to the PREA Coordinator, Executive, Director, or Deputy Director immediately after they discover the information. "Staff shall not reveal any information related to the sexual abuse to any person other than the extent necessary to make treatment, investigation, and other security and management decisions." However, the policy did not require staff to report retaliation or neglect as described in (a). In response to corrective action, the agency amended the policy to require staff "to immediately report" retaliation against residents. It also requires staff to report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

All staff interviewed reported that they are required to report all reports and information regarding sexual abuse. All staff said they would be subject serious consequences including termination for failing to report abuse or harassment.

Previous PREA policy, as well as the amended policy, prohibits staff from revealing any information related to a sexual abuse report to anyone (except those described in 115.261 (b)) other than the extent necessary to make treatment, investigation, and other security and management decisions.

The amended policy addresses confidentiality and mandatory reporting by staff. The amended policy states that RVCP behavioral health and nursing staff are required to report abuse and are required to inform residents of their duty to report

and the limitations of confidentiality.

Based upon my review of the amended Policy and Procedures and interview with 10 random 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)

Prior to the audit, the agency did not have a policy that addressed 115.262 (a). In response to corrective action, the agency developed a policy that addresses this area. The policy states that RVCP staff will take immediate action to protect a resident who subject to a substantial risk of sexual abuse. The policy describes steps for staff to take, including separating the victim from the potential abuser. All other staff are notified that there is a potential risk and to keep at involved residents separate. It also states, "RVCP management staff will determine if the potential perpetrator(s) will be removed from the facility. During interviews, all staff described steps they would take following a report of imminent risk, with the priority being separation of the victim from the abuser. The Executive Director and Program Director also gave appropriate responses as to how the facility protects residents who are at imminent risk.

Based upon my review of the amended policy and interviews with staff, the Executive Director, and Program Director, I conclude that the agency complies with all aspects of the program.

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)

According to Pre-audit Questionnaire and the PREA Coordinator, the agency had not received any allegations in the past 12 month that a resident was abused at another facility. The agency also has not received any allegations from another facility that a resident was abused while at RVCP.

In response to corrective action, the agency developed a policy requiring the reporting of sexual abuse to another facility as described in 115.263. The policy states that the Residential Director will notify the head of the facility where the abuse occurred. The notification shall occur "as soon as possible but not later than 72 hours after receiving the allegation." The policy also states, "The Residential Director will inform that head of the facility where the alleged abuse occurred that they are required to investigate the allegation according to PREA standards. This report will be documented, including the date and time of the notification."

Based upon my review of the amended policy and Pre-audit Questionnaire and interviews 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)

During random interviews, staff were able to describe various steps they would take as a first responder, but the responses were not consistent or complete. In response to corrective action, the agency amended the policy for first responders. The amended policy describes specific steps for staff to follow when learning of allegations of sexual abuse. It states that the first responder shall separate the alleged victim and abuser, and preserve and protect the crime scene. If abuse occurred within a period of time that allows for the collection of physical evidence, the policy direct staffs to request that the victim not take any actions that could destroy physical evidence. It also ensure that the abuse does not take any action to destroy evidence.

In the past 12 months, the agency received no allegations that a resident was sexually abused.

Based upon interviews with first responder staff and review of the amended procedures, 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, the agency develop a policy to coordinate actions taken in response to an incident of sexual abuse among first responders, investigators and facility leadership. The new policy states, "The PREA Coordinator is responsible to ensure the coordinated response plan outlined in the procedures below is carried out in response to an incident of sexual abuse."

The procedures describe the duties of first responders, supervisors, investigators, and the Residential Director. The facility does not have mental health staff. Because the nurse work part-time, the role of the nurse was not included in the plan. The procedure states that the Residential Director will make immediate contact with the victim and offer victim support services.

The Executive Director reports that during the corrective action period, the agency has not had any reports of sexual abuse or harassment.

Based on my review of the new Policy and Procedures and interviews with first responder staff and Executive Director, 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

- 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 questionnaire and the CEO, the agency 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)

According to the questionnaire, the agency did not have a policy that addresses retaliation of residents or staff who report or

cooperate with reports of sexual abuse or harassment. Although the questionnaire states that the agency has not designated staff to monitor retaliation, the PREA Coordinator stated that she is responsible for monitoring retaliation. I interviewed her using the retaliation interview protocol.

The PREA Coordinator stated that when retaliation is suspected, she is the point of contact to monitor it. Possible measures that include removal of the resident from the facility and separating residents by wings. If a staff member is involved in retaliation, the staff member could be moved to a different wing. The PREA coordinator would make direct contact with a resident if any suspected retaliation were occurring.

According to the PREA Coordinator, the agency would employ several methods to monitor retaliation including viewing video, having staff focus on the victim and perpetrator.

In response to corrective action, the agency developed a Policy and Procedure to address the response to retaliation. The new policy addresses multiple protection measures. The policy states that if the perpetrator is a resident, the resident "will be moved to another wing and isolated from the victim or referred to authorities and removed from the program." If the perpetrator is a staff member, "they will immediately be placed on suspension".

The policy states that they will offer emotional support through victim advocacy. Staff will also be offered emotional support through employee assistance program.

The policy states that monitoring shall occur for at a minimum of 90 days and will terminate if the agency determines that the allegation is unfounded.

In addition, the agency addressed retaliation in the PREA Resident Policy.

Based upon my review of the amended staff and resident policies and interview with the 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)

According to the questionnaire, the agency has a policy related to criminal and administrative investigations. The PREA Policy states that substantiated allegations that appear to be criminal are referred for prosecution. It states that RVCP will retain all written reports as long as the abuser is incarcerated or employed by the agency, plus five years.

The agency reports there have been no substantiated criminal allegations in the past 12 months. However, there have been three investigations of sexual abuse or harassment in that time. As mentioned in 115.234, I reviewed the reports of two of those investigations. In my opinion, the reports were inadequate and did not thoroughly document the investigations. I considered the reports when identifying the need for the agency to train investigators.

According to the PREA Coordinator and supervisor, the agency originally designated five designated investigators. However, interviews with the investigators revealed that they have not received specialized training. In response to corrective action, the agency developed a policy that requires specialized training for investigators. The agency requires investigators to completed NIC Investigating Sexual Abuse in a Confinement Setting. The agency has now designated eight staff as investigators and reports that all eight completed training in conducting PREA investigations. On November 21, 2016, I confirmed that the investigators completed the NIC training.

The agency amended the policy for conducting investigations. This includes procedures for investigators, including gathering and preserving evidence, interviewing victims, perpetrators and witnesses, and other steps. The policy states that when the agency determines the quality of the evidence appears to support criminal prosecution, RCSD will immediately be contacted.

The policy states that the credibility of the victim, suspect, or witness will be assessed on an individual basis and not on the person's status. Polygraphs or other truth-telling devices are not allowed. The investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. The investigation shall be documented in written reports that include a description of the evidence and the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations shall be documented in a written report. The policy addresses the process for conducting compelled interviews as described in (d) to state that the agency will only conduct compelled interviews after consulting with prosecutors.

When outside agencies investigate, "RVCP will cooperate with outside investigators" and remain informed of the progress. The agency policy for retaining written reports complies with the standard. In addition, the policy states that the departure of the abuser or victim shall not be a basis for terminating an investigation.

The PREA Resident Policy has information on the investigative process and the role of investigators and law enforcement.

Since the agency has not had any reports of sexual abuse or harassment since the on-site visit, there were no recent investigations to review.

Based upon my review of the amended staff and resident policies, training certificates, and interviews with the PREA Coordinator and supervisor, I conclude that 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)

In response to corrective action, the agency developed a policy that states, "The evidentiary standard for administrative investigations that RVCP will impose is preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." It also states, "The PREA Coordinator will assist investigators in ensuring this policy is upheld." The amended policy complies with the standard.

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)

In response to corrective action, the agency amended its policies to state that following an investigation into an allegation of sexual abuse, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If RVCP did not conduct the investigation, the PREA Coordinator will request relevant information from the investigative agency to inform the resident. The amended policy also states it will inform residents about staff abusers if the staff member is no longer posted in the resident's wing; the staff member is no longer employed; or the staff member has been indicted for the sexual abuse.

The amended policy requires notice to residents when the abuser is indicted or convicted of the sexual abuse. The policy states that all notifications or attempted notifications shall be documented and kept in the victim's file. It also states that the agency's obligation to report under this standard if the resident is released from RVCP.

Based upon my review of the amended PREA Policy and Procedures, 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)

Prior to the audit, the agency did not have a policy that adequately addressed disciplinary sanctions for staff. As a result, the agency amended its policy that states, "RVCP staff are subject to disciplinary sanctions up to and including termination for violating RVCP sexual abuse and harassment policies." It also states, "Termination will be the sanction for any RVCP staff who have engaged in sexual abuse." The policy states that RVCP will report 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, to law enforcement agencies, unless the activity was clearly not criminal. It also states it will report of instances of sexual abuse or harassment policies to the State of Wisconsin Caregiver's office. The policy addresses various disciplinary sanctions for non-criminal violations of PREA policies.

In the past 12 months, two staff have violated agency sexual harassment policies. Both incidents involved staff members sexually harassing other staff members.

Based upon my review of the amended PREA Policy and Procedures, 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)

As stated earlier, the facility does not currently have contractors. There currently is two volunteers in the facility. As mentioned earlier, I interviewed the volunteer during the on-site visit. He stated that he did not receive PREA training and was unable to describe the basic elements of PREA. However, I later confirmed that both volunteers have received PREA training.

According to the questionnaire, the agency did not have a policy that requires any contractor or volunteer who engages in sexual abuse to be reported to law enforcement agencies and to relevant licensing bodies. The agency reports that it has not reported any contractors or volunteers to law enforcement for sexual abuse in the past 12 months.

In response to corrective action, the agency developed a policy that states, "Any RVCP contractor and volunteer who engages in sexual abuse will be prohibited from contact with residents, their services will be terminated and they be reported to law enforcement unless the activity was clearly not criminal. The State of Wisconsin Caregiver's Office will also be notified." For non-criminal violations of sexual harassment policies, RVCP contractors will have their services terminated. The policy also applies to contractors and volunteers that had knowledge of sexual abuse or harassment and failed to report it.

The amended policy 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)

Based on interviews with the PREA Coordinator and agency management, the agency would immediately remove any resident who engages in resident-on-resident sexual abuse. The agency would immediately discharge a DOC resident who engages in resident on resident sexual abuse. Once the resident is discharged, DOC would determine any further sanctions. The resident would be afforded due process by DOC in a revocation proceeding. FBOP residents would be subject to a disciplinary hearing required by FBOP. The Disciplinary Hearing Officer would make the final determination as the sanction for the resident. This outcome would also occur for a resident who had sexual contact with staff if the staff member did not consent.

The amended PREA Resident Policy states, "Any resident found guilty of committing sexual assault will be immediately terminated from RVCP programming and will be referred to the authorities and RVCP will advocate for criminal prosecution to the fullest extent." The policy also lists potential sanctions for residents who commit sexual harassment.

Since the agency does not determine final sanctions for residents who engage in sexual abuse, 115.278 (b) and (c) are not applicable. Because the facility does not offer programming for sexual abuse, 115.278 (d) is not applicable.

RRP policy prohibits all sexual activity between residents. The agency policy states that such activity is sexual abuse only if that activity is coerced.

In response to corrective action, the agency amended the policy to state that no sanctions shall be imposed against a resident who files a report of sexual abuse in good faith, even if an investigation does not establish evidence sufficient to substantiate an allegation.

Based upon interviews with the PREA Coordinator and review of the amended resident and staff PREA policies, I conclude that the agency complies with all aspects of the standard.

Standard 115.282 Access to emergency medical and mental health services

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

Prior to the audit, the PREA Policy did not provide adequate information to residents regarding emergency medical and mental health services. As a result, the agency amended its policies for staff residents. The amended policy states that resident will have a medical exam by a SANE. It also states that victims will be examined and tested for sexually transmitted diseases, HIV and females will be tested for pregnancy.

The amended resident policy states that residents may be tested for sexually transmitted diseases and pregnancy and residents will receive emergency contraception and sexually transmitted infections prophylaxis. The amended policy states that residents are not responsible for the cost of medical examination, victim advocate services, or therapeutic interventions.

The amended staff policy includes language from the standards regarding testing and treatment.

The amended staff policy states that first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical facility. Since the facility does not have mental health staff, the Residential Director will make contact with victim to inform them of medical and mental health services that are available. The staff and resident policies state that services will be provided to the victim whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based upon my review of the amended PREA Staff and Resident Policy and Procedures, 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)

Prior to the audit, the agency policies did not adequately identify ongoing medical and mental health care for victims and abusers. As a result, the agency amended policies for residents and staff.

The policies state that the facility offers medical and mental health evaluation and treatment to residents who have been victimized in any prison, jail, lockup, or juvenile facility. It also states that the evaluation and treatment of 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. It states that victims shall be provided with medical and mental health services "consistent with the community level of care". In addition to providing pregnancy tests, if pregnancy tests are positive, residents shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The policy states that tests will be offered tests for sexually transmitted diseases. As stated in 115.282, the policy states that treatment services shall be provided without financial cost to the resident whether or not the victim names the accuser or cooperates with the investigation. The policy states that if victims are pregnant, they will receive timely and comprehensive information and access to all lawful pregnancy-related services.

The amended staff policy states that RVCP will attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse and offer treatment when deemed appropriate. The policy states that the agency will be conduct evaluations and subsequent treatment for abusers by RVCP's therapists in their Compas Behavioral Health Clinic.

Based upon my review of the amended PREA Staff and Resident Policy and Procedures, I conclude that 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)

Prior to the audit, the facility did not have a policy to conduct sexual incident reviews after completing investigations. In response to corrective action, the agency developed a policy that identifies the review process. The policy states, "RVCP will 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."

Since the on-site visit, the facility has not had any investigations, thus the review team has not met.

According to the policy, the incident review team consists of the PREA Coordinator, Residential Director, Lead Shift Supervisor, Second Shift Supervisor, Third Shift supervisor, and Compliance Manager. A review will occur within 30 days of the conclusion of the investigation. The review team will seek input from investigators and medical and mental health practitioners. According to the policy, the team will:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise

- caused by other group dynamics at the facility.
- Examine the area in the facility where the incident allegedly occurred to access whether physical barriers in this area may enable abuse.
- Access the adequacy of staffing levels.
- Access whether monitoring technology should be deployed or augmented to supplement supervision by staff, and
- Prepare a report of its findings, including but not limited to determinations made pursuant to the above bullet points of this section, and any recommendations for improvement, and submit such report to the Executive Director.
- RVCP will implement the recommendations for improvement, or shall document its reasons for not doing so.

Based upon my review of the PREA Policy and Procedures, 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)

Prior to the audit, the agency did not have a policy to collect sexual abuse data. The agency has not had any reports or allegations of sexual abuse in the past 12 months. In response to corrective action, the agency developed a policy that complies with the standard. The policy states that the data will be aggregated annually. The agency shall maintain, review, and collect data as needed from all incident-based documents including reports, investigation files, and sexual abuse incident reviews. The policy states that the agency will collect data using the DOJ Survey of Sexual Violence and will maintain and review as needed. Upon request, RVCP will provide all such data from the previous calendar year to the DOJ.

Based upon my review of the PREA Policy and Procedures, 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)

Prior to the audit, the PREA Coordinator said that the agency has not collected data and has not reviewed any data. As a result, the agency developed a policy to review collected data. It states the agency shall review data collected in order to assess and improve effectiveness of RVCP's sex abuse prevention, detection, and response policies, practices, and training. The agency shall prepare an annual report of its finding and corrective actions. The report shall include a comparison of current year's data with prior years.

The policy states that the report will assess the agency's progress in addressing sexual abuse prevention, detection, and response policies, practices, and training including, identifying problem areas and taking corrective action on an on-going basis. The Executive Director will reviewed and approve the report. The annual report will be posted on RVCP's website.

The policy states that RVCP may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility. Whenever material is redacted, the report will indicate the nature of the material.

The agency recently published its annual report on the RVCP website. I reviewed the report and determined that it complies with the standard. In addition to listing annual aggregate data of sexual abuse and harassment, the reports describes the agency efforts to prevent, detect, and respond to sexual abuse.

Based upon my review of the PREA Policy and Procedures and the RVCP website, 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)

According to the questionnaire and the interview with the PREA Coordinator, the agency did not have specific policies for data storage, publication, and destruction prior to the audit. The agency has since developed a policy that states RVCP will ensure that all data collected pursuant to Policy #10-I: 002 is securely retained for at least 10 years after the initial collection. It states data will be maintained by the PREA Coordinator in a locked filing cabinet in a locked office. RVCP will make all aggregated sexual data readily available to the public annually by posting the PREA Annual Report on its website. The policy states that prior to making data public, the agency shall remove all personal identifiers.

Based on my review of the policy, 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

November 22, 2016

Auditor Signature

Date