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

☐ **Interim** ☒ **Final**

Date of Report September 3, 2019

Auditor Information

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Company Name: Mahoney and Associates, LLC	
Mailing Address: 6650 W. State St. #208	**City, State, Zip:** Wauwatosa, WI 53213
Telephone: 262-930-5334	**Date of Facility Visit: January 28-29, 2019**

Agency Information

Name of Agency: ARC Community Services, Inc.		**Governing Authority or Parent Agency** *(If Applicable)*:	
Physical Address: 2001 W. Beltline Hwy #102		**City, State, Zip:** Madison, WI 53713	
Mailing Address: SAA		**City, State, Zip:** SAA	
Telephone: 608-278-2300		**Is Agency accredited by any organization?** ☒ Yes ☐ No	
The Agency Is:	☐ Military	☐ Private for Profit	☒ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal

Agency mission: ARC is a private, non-profit agency that serves marginalized women and children in the criminal justice system and the substance abuse systems through community-based, women-specific, family-oriented programming that promotes social change on behalf of this population.

Agency Website with PREA Information: arccommserv.com

Agency Chief Executive Officer

Name: Karen Kinsey	**Title:** Executive Director
Email: kkinsey@arccommserv.com	**Telephone:** 608-278-2300

Agency-Wide PREA Coordinator

Name: Robin Ryan	**Title:** Chief Operating Officer

Email: rryan@arccommserv.com	**Telephone:** 608-278-2300
PREA Coordinator Reports to: Executive Director	**Number of Compliance Managers who report to the PREA Coordinator** 0

Facility Information

Name of Facility: ARC Community Services Fond du Lac			
Physical Address: **27 E. 3rd St. #208, Fond du Lac, WI 54935**			
Mailing Address (if different than above):			
Telephone Number: 920-907-0460			
The Facility Is:	☐ Military	☐ Private for Profit	☒ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal

Facility Type:	☐ Community treatment center	☒ Halfway house	☐ Restitution center
	☐ Mental health facility	☐ Alcohol or drug rehabilitation center	
	☐ Other community correctional facility		

Facility Mission: ARC is a private, non-profit agency that serves marginalized women and children in the criminal justice system and the substance abuse systems through community-based, women-specific, family-oriented programming that promotes social change on behalf of this population.
Facility Website with PREA Information: arccommserv.com
Have there been any internal or external audits of and/or accreditations by any other organization? ☒ Yes ☐ No

Director

Name: Tania Rhoads	**Title:** Program Manager
Email: trhoads@arccommserv.com	**Telephone:** 920-0460

Facility PREA Compliance Manager

Name: **Robin Ryan**	**Title:** Chief Operating Officer
Email: rryan@arccommserv.com	**Telephone:** 608-278-2300

Facility Health Service Administrator

Name: NA	**Title:**
Email:	**Telephone:**

Facility Characteristics			
Designated Facility Capacity: 16	**Current Population of Facility:** 16		
Number of residents admitted to facility during the past 12 months			52
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			Few, if any
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			40
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			51
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	☒ Adults 18-45	☐ Juveniles Click or tap here to enter text.	☐ Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:			4 months
Facility Security Level:			NA
Resident Custody Levels:			NA
Number of staff currently employed by the facility who may have contact with residents:			11
Number of staff hired by the facility during the past 12 months who may have contact with residents:			7
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0

Physical Plant	
Number of Buildings: 1	**Number of Single Cell Housing Units:** 1
Number of Multiple Occupancy Cell Housing Units:	8
Number of Open Bay/Dorm Housing Units:	0
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): No video or electronic monitoring technology.	

Medical	
Type of Medical Facility: NA	

Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	3 interns
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	1

Audit Findings

Audit Narrative

The audit of ARC House Fond du Lac began in December, 2018, when I sent the Pre-audit Questionnaire and the Notice of Audit to the agency. ARC returned the Pre-Audit Questionnaire and supporting documents on about January 16, 2019. Prior to the on-site visit, I reviewed the questionnaire and attached documents. I have previously conducted audits of three other ARC facilities in the past 3 years and I am familiar with the agencies PREA policies and procedures, training materials, and other PREA initiatives. The 3 previous audits included a period of corrective action, after which all 3 ARC facilities complied with all relevant standards. All ARC halfway houses follow virtually the same PREA policies and procedures. Prior to the on-site visit, I reviewed the "ARC PREA Policies" (administrative), "Residential Staff Policy and Procedure for Compliance with PREA" and "PREA Information for ARC House Residents". ARC amended these documents during previous audits. ARC also amended its PREA training curriculum.

The on-site visit of ARC House Fond du Lac occurred on January 28-29, 2019. During these two days, there was a snowstorm, followed by extremely cold weather. The weather prevented several staff members from reporting to work and numerous changes to the staff interview schedule were required. Two staff member were unavailable during the two days, so telephone interviews were conducted.

During the on-site visit, I saw the Notice of Audit posted in a central location of the facility. Residents and staff reported that they saw the Notice of the Audit for several weeks prior to the on-site visit. I did not receive any confidential correspondence during the audit process. Tania Rhoads, the facility Program Manager was also present and led me on a tour of the facility. Due to the poor weather, Robin Ryan, the PREA Coordinator was unable to drive to Fond du Lac. As a result, I conducted a phone interview with Ryan as the CEO Designee, PREA Coordinator, PREA investigator and Human Resources manager. I should be noted that I have interviewed Ryan three times during previous audits.

Rhoads accompanied me during the tour of the facility. I was able to view all rooms and areas of the facility. After the on-site inspection, I interviewed Rhoads as the facility supervisor and as the designee to monitor retaliation. I also conducted staff and resident interviews, reviewed risk screening instruments, staff files and resident files.

On the second day, additional staff and resident interviews were conducted. During the on-site visit, I conducted a phone interview with one staff member who could not be present and later conducted another phone interview with a staff member. All 11 of the staff were interviewed.

Included in those interviews were staff responsible for conducting intake and risk screening. I also interviewed one intern. I reviewed all 11 staff files to review compliance with hiring practices, background checks, and PREA training. The facility has no medical or mental health staff.

During the two days, I interviewed ten of the current 16 residents. Two of those residents were identified as LGBTI. There were no current residents who filed a PREA complaint. I had planned to review all current resident files and about 15 discharged resident files. However, prior to the review, the Program Manager advised me that they did not have signed acknowledgments from resident that they received PREA information at intake. Although interviews with staff and residents confirmed that all residents received PREA information, there was no written documentation in the files. As a result, this issue will be addressed in corrective action in 115.233.

During the on-site visit, I reviewed completed risk assessments for all 16 current residents and 26 discharged residents going back about 12 months. There have been 52 residents admitted in the past year, and I reviewed assessments for 42 of the 52 residents admitted. As part of corrective action, I reviewed an additional 28 completed risk screen forms.

The facility has received one report of sexual abuse or harassment in the past 12 months and Ryan provided me copies of that investigation and the incident review. I spent about 12 hours in the facility over the two days.

Following the on-site visit, I contacted the ASTOP Sexual Abuse Center to confirm details of the agreement between ARC and ASTOP.

As stated in the interim report, there was corrective action for 8 standards. The corrective action period was set for 5 months, but extended by an additional month. A summary of corrective action is described below.

The agency, its staff, and residents at the facility were cooperative throughout the audit process and it was apparent that ARC is committed to implementing PREA standards and protecting residents from sexual abuse and harassment.

Facility Characteristics

ARC House, Fond du Lac, WI is a 16-bed halfway house operated by ARC Community Services, Inc. The facility serves females only. On the dates of the on-site visit, the population was 16. ARC contracts with the State of Wisconsin Department of Corrections (DOC) for all 16 beds. The program serves women who are on probation, parole, or extended supervision. The length of the program is about 4 months. ARC House has been operating at its present location for 21 years.

The facility is located in downtown Fond du Lac and is located on the second floor along with several other businesses and apartments. The door to the facility is locked and visitors must ring a bell in order to enter the facility. The facility has 8 resident bedrooms, with two residents in each room. There are two resident bathrooms each with toilets, sinks, and shower/bath. Resident are able to use the bathrooms privately and lock the door while in use.

There is a large day room/dining room, where most of the activities occur, including programming. There is a kitchen, 2 staff offices, staff bathroom, and several locked storage areas.

ARC house is licensed by the State of Wisconsin as a Community Based Residential Facility (CBRF) Halfway House. Its license classification is Class A Ambulatory (AA). It is also licensed as an AODA Transitional facility. The facility may only serve residents who are ambulatory and are mentally and physically capable of responding to an electronic fire alarm and exiting the facility without any help or verbal or physical prompting.

The agency mission states, "ARC Community Services, Inc. is a private, non-profit agency that serves marginalized women and their children in the criminal justice system and the substance abuse systems through community-based, women-specific, family-oriented programming that promotes social change on behalf of this population."

ARC Community Services has serving the community for over 40 years ago and operates five community-based residential programs for women in Madison, Milwaukee, and Fond du lac, Wisconsin. It oversees several other programs for women and children.

At the time of the on-site visit, the facility had 11 employees, including the Program Manager. There are also three interns and no volunteers or contracted staff. Positions include Overnight Counselor, Weekend Staff, 2 Substance Abuse Counselors, and a Family/Relationship Counselor. All staff members are female and the facility has never had male staff. The facility has no medical or mental health staff.

Summary of Audit Findings:

In order to determine compliance with all aspects of the standards, I carefully reviewed the agencies policies and procedures, residents' information, hiring and background policies, investigations, resident and staff files, interviews and with staff and residents, risk screening instruments, training materials, the pre-audit questionnaire, interviews with administrative staff and ASTOP Sexual Abuse Center, and a tour of the physical facility. The interim report identified 8 standards that required corrective action. The corrective action period was originally set for 5 months, but was extended for one additional month because the agency did not begin using the amended risk screening form until about July 2019. The form previously used by the agency included most of the criteria form the standards, but required a few minor changes.

Following the corrective action period of 6 months, the agency satisfied all corrective action tasks and now complies with all relevant standards.

Number of Standards Exceeded: 0

Number of Standards Met: 40

Number of Standards Not Met: 0 (excluding 115.401)

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

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

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

The PREA Information for ARC Residents and the Residential Staff Policy and Procedure describes the agency's zero tolerance policy and includes the following information. The resident information states:

- Residents have a right to be free from sexual abuse and sexual harassment.
- Residents and employees have a right to be free from retaliation for reporting sexual abuse or sexual harassment.
- ARC has zero tolerance for any form of sexual abuse and sexual harassment by another resident or by staff. All residents are encouraged to report suspected sexual abuse or sexual harassment. All staff are required to report suspected sexual abuse or sexual harassment.

- ARC's approach to preventing, detecting, and responding to sexual abuse or sexual harassment includes: educating staff and residents about rights and policies under PREA; creating a safe environment; building trusting relationships between residents and staff; having continual staff presence in the facility; reporting any allegation of sexual assault, and any allegation of sexual harassment that could result in criminal charges, to local law enforcement for investigation; and offering referral to support services to any client who is a victim of sexual assault or harassment (regardless of whether the assault or harassment constitutes a PREA).

The staff policy describes the agency's approach to preventing, detecting, and responding to sexual abuse or harassment. This includes:

- Educating staff and clients, a client's right to be free of assault or harassment, and methods for reporting.
- Creating a safe environment between clients and staff so that clients fell safe reporting concerns.
- Staff having frequent individual sessions with each client so staff may note changes in behavior that may be connected to sexual assault or harassment.
- Staff having continual presence throughout the facility.
- Reporting any allegation of sexual assault or harassment to local law enforcement for investigation.
- Offering referral to support services to any client who is a victim of sexual assault or harassment (regardless of whether it constitutes a PREA violation.)

The Staff Policy and Resident Information both include definitions of prohibited behaviors. The staff policy describes sanctions for staff, contractors, volunteers, and residents who violated agency PREA policies.

During the on-site visit, I observed that the facility posted "PREA Information for Residents" in the day room and several staff and residents said that they had seen the posting for several weeks.

During the on-site visit, I interviewed Robin Ryan, the agency PREA Coordinator. Ryan is the Chief Operating Officer for ARC and answers directly to the Executive Director. Ryan states that she has sufficient time and authority to implement PREA standards. Ryan has been the PREA Coordinator for several years and has been working on the agency's compliance with PREA standards during that time. During the previous audits that I conducted, Ryan was instrumental in amending the various documents and it was apparent that she is best able to implement PREA policies and procedures within the agency.

During the on-site visit, I interviewed 11 staff members, one intern and 10 residents. All those interviewed were aware of the agency's zero tolerance policy and received information about PREA.

Based upon a review of the PREA Information for ARC Residents and the Residential Staff Policy and Procedure, as well as interviews with 10 residents, 11 staff, and the PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

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

Auditor Overall Compliance Determination

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

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

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

According to the Chief Operating Officer, ARC does not contract with other agencies to house residents.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

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

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

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

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

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

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

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

ARC House Fond du Lac currently has 11 staff members and three interns. The agency included a staffing schedule with the questionnaire. The agency policy states that the facility shall have at least one employee present at all times. Contracts with DOC require the facility to be staffed at all times. CBRF regulations also requires at least one staff must be present at all times.

During interviews with management and facility staff, there we no reports of deviation from the staffing pattern. Staff are required to walk through the facility once per hour to monitor activities and must document resident activities in the resident's log. Staff working overnight shifts document the hourly checks in a log. Staff are instructed to contact "on-call" if they cannot adequately monitor all people in the facility**.** During the day, Monday through Friday, there are usually 3-5 staff present in the facility. In the evening there are 1-2 staff present. After 9:00 p.m. and weekends, there is usually one staff member working.

On the dates of the on-site visit, the population of the facility was at the capacity of 16 and the facility is usually near capacity. Based on information in the questionnaire and the interview with the CEO Designee/PREA Coordinator, the agency annually reviews the staffing plan to determine whether changes are needed. The agency provided a memo dated January 3, 2019 which documented that the Chief Operating Office/PREA Coordinator reviewed the staffing pattern with the Executive Director. The criteria in the standard was addressed.

The facility does not have cameras or other monitoring technology. The CEO designee states that based on the size of the facility, the site lines, and other physical layout factors, the agency has determined that the installation of cameras is not needed.

ARC House Policy states that during program hours residents are required to be in the common areas of the house participating in group and individuals as scheduled. Staff note if they are not, and go find them. During non-program hours, when residents are permitted to be in their rooms, staff walk through the house at least hourly to check on residents. Staff on the overnight shifts log these hourly checks, noting the status of each resident.

During the on-site inspection, I noted the facility is small and one staff member would be able to reasonably monitor the activities of residents during normal situations. The size of the facility and the population, as well as the physical layout provide for adequate supervision of residents. In the event of an unusual situation, staff are able to contact on-call and have back-up staff report to the facility. The staffing pattern is consistent with other halfway houses that I have visited given its size and layout.

Based upon the interviews with the PREA Coordinator and eleven staff, information in the Pre-audit Questionnaire that includes the agency staffing plan, and the on-site inspection of the facility, and I conclude that the agency complies with all aspects of the standard.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
  ☒ Yes ☐ No **NA-facility does not allow any body cavity, strip searches or pat down searches**.

115.215 (b)

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

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

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No **NA-facility does not allow any body cavity, strip searches or pat down searches**.

- Does the facility document all cross-gender pat-down searches of female residents?
  ☐ Yes ☐ No **NA-facility does not allow any body cavity, strip searches or pat down searches**.

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

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

115.215 (e)

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

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

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☐ Yes ☐ No **NA-facility does not allow any body cavity, strip searches or pat down searches**.

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☐ Yes ☐ No **NA-facility does not allow any body cavity, strip searches or pat down searches**.

Auditor Overall Compliance Determination

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

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

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

The agency policy prohibits all strip searches, body cavity searches or pat-downs of residents. Interviews with 11 staff and 10 residents confirmed that residents are never searched under any circumstances. The ARC PREA Policies and Staff Policy states that ARC does not permit cross-gender pat searches, strip searches, or visual body cavity searches of residents.

Although ARC House Fond du Lac has never employed male staff, the ARC PREA Policy and Staff Policy prohibits that staff of the opposite gender from viewing a resident while showering, performing bodily functions, or changing clothes.

Staff of the opposite gender must announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothes. Both staff and residents interviewed, stated that residents have sufficient privacy to perform these functions. There are two bathrooms in ARC House Fond du Lac. The residents all use private bathrooms and showers and are able to lock the door to the bathroom. During interviews with ten residents, all residents reported having adequate privacy in the facility.

Although the policy prohibits searches of residents, the ARC PREA Policies and Staff Policy states, "ARC employees may not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted by a medical practitioner."

Based upon a review of the agency PREA policies and interviews with 11 staff and 10 residents, I conclude that the agency complies with all aspects of the standards.

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

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

115.216 (a)

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

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

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

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

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

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

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☐ Yes ☐ No **NOTE: Facility does not accept residents who are deaf, hard of hearing, blind or low vision.**

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

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

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

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

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

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

Auditor Overall Compliance Determination

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

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

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

ARC House does not accept residents with physical disabilities and those who are as blind, low vision, deaf and hard of hearing because the facility is licensed by the State of Wisconsin as a Community Based Residential Facility (CBRF) Halfway House. Its license classification is Class A Ambulatory (AA). The facility may only serve residents who are ambulatory and are mentally and physically capable of responding to an electronic fire alarm and exiting the facility without any help or verbal or physical prompting. In addition, residents must be able to participate and benefit from all programming.

Although ARC House does not accept residents with certain disabilities, the agency has a policy for accommodating residents with other disabilities. The document "Accommodations Provided to Special Populations of Female Offenders. The document states that they facility will provided accommodations to a residents who may have a variety of special needs.

The ARC PREA Policies also address accommodations for special needs residents. It states, "ARC shall ensure that all residents, regardless of disability or limited English proficiency, have an equal opportunity to participate in and benefit from all aspects of ARC's effort to prevent, detect, and respond to sexual abuse and sexual harassment. To this end, ARC shall ensure effective communication with all residents." ARC policy states that historically, women who require interpretation services are not accepted, but if a resident requires interpretation services, ARC will contract for those services.

According to the staff policy, if a resident has limited reading ability, due to either intellectual abilities or vision impairment, a staff member will read the resident handout on PREA.

Although the facility does not typically accept residents who do not speak English, the policy state that if a resident can sufficiently speak English to engage in a conversation with staff, ARC will arrange for a language interpreter to interpret a conversation about PREA between the staff and the resident. The ARC Program Manager will first request that the correctional agency supervising the resident arrange for an interpreter. If the correctional agency does not provide an interpreter, the Program Manager will contact the following: The Interpreters' Cooperative of Madison. The policy states that ARC will not rely on a resident to interpret or read material for another resident, except if delay in obtaining a non-resident interpreter or reader would compromise the other resident's safety, performance of agency first-responder duties, or an investigation of a PREA allegation.

Based upon my review of the ARC PREA Policies and the Staff Policy and interview with the PREA Coordinator, I conclude that the agency complies with the standard.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

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

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

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

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

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

115.217 (b)

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

115.217 (c)

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

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

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

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

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

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

The agencies PREA Policies address hiring and promotion procedures. The policy states the followings:

(a) ARC will not hire or promote any person who may have contact with residents, or contract with any person who may have contact with residents, if any of the following apply:
    1) The person has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile, facility or other institution
    2) The person has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.
3) The person has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (2).
(b) ARC will consider any incidents of sexual harassment in determining whether to hire, promote, or contract with any person who may have contact with residents.
(c) Before hiring any new employee who may have contact with residents, ARC will:
    (1) Perform a criminal background records check.
    (2) Make best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
(d) Before contracting with any person who may have contact with residents, ARC will conduct a criminal background check.

(e) ARC will conduct criminal background checks on those employees who may have contact with residents at least every four years as required by Wisconsin law. (PREA requires at least every 5 years.)
(f) ARC shall ask all applicants and employees who may have contact with residents about previous misconduct described in paragraph (a) in writing or in an interview. ARC employees have a continuing duty to inform their supervisor if they do engage in activity described under paragraph (a).
(g) An employee's failure to make disclosures required under paragraph (f) is grounds for termination.
(h) If a former ARC employee applies for employment with another correctional institutional employer, and that employer requests information regarding allegations of sexual abuse or sexual harassment involving the former employee, ARC will provide the information.

I interviewed the PREA Coordinator who is also responsible for agency human resources. The agency uses Wisconsin Department of Justice-Crime Information Bureau (CIB) to conduct record checks. ARC completes CIB requests prior to hire. The agency policy states that Caregiver background checks on all staff every four years per State of Wisconsin requirements. The PREA confirms that the agency has followed these procedures since the first PREA audit in 2016.

During the on-site visit, I reviewed the personnel files of all 11 of the current staff at ARC Fond du Lac. All files contained confirmation that ARC conducted CIB background checks prior to hire. Nine of the current 11 staff were hired within the past 3 years. Those staff hired more than 5 years ago had updates background checks. None of the current staff had documentation that they previously worked in a correctional institution. The agency asks all applicants who may have contact with residents directly about previous misconduct described in paragraph (a) of this section. All of the current staff files included such documentation and all employees signed "Employee Verification for PREA Compliance".

Based upon my review of the ARC PREA Policies, 10 staff file reviews, and the interview with the PREA Coordinator/Human Resource Coordinator, I determined that the agency complies with all aspects of the standard.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

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

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

According to the Pre-audit Questionnaire and interviews with the CEO/Designee, the agency has not installed or updated a video monitoring system or other monitoring technology since August 20, 2012. ARC opened a new halfway house in Milwaukee in 2014. There have been other minor upgrades/modification to facilities and the agency has considered monitoring and other electronic equipment. However, based on the size and physical layout of its facilities, it determined that there was not a need for a video monitoring system, electronic surveillance system, or other monitoring technology.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

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

115.221 (c)

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

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

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

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

115.221 (d)

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

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

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

115.221 (e)

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

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

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

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

ARC implemented the PREA Staff Policy and Procedure in 2016. It includes the following information:

- Coordinate with law enforcement agencies, correctional agencies, health care providers, and victim advocates to investigate the allegation and address the needs of the victim. (According to the questionnaire and Program Manager, criminal investigations would be done by the City of Fond du Lac.)
- ARC staff will contact law enforcement to conduct a criminal investigation unless the behavior is not potentially criminal.
- Staff will also fulfill the duties of first responder until law enforcement or emergency medical services arrive in order to tend to the victim's needs and to maximize the potential for obtaining usable physical evidence for administrative proceedings or criminal prosecution.
- Staff will notify the Program Manager, who will notify the ARC PREA Coordinator, to conduct an administrative investigation. The Program Manager will also notify the Department of Corrections Program and Policy Analyst (or, if the resident is a federal offender, the Federal Bureau of Prisons Contract Oversight Specialist) of the allegation. If staff make the report to the police after business hours, staff will contact the DOC on-call number in addition to the Program and Planning Analyst. Staff will document contacts to the police and the Program and Planning Analyst (or BOP Contract Oversight Specialist) in the resident's file.
- ARC staff will offer the victim access to a forensic medical exam performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). Forensic medical examinations shall be at no cost the victim. Staff will document efforts to provide SAFEs or SANEs.

  In Fond du Lac: St. Agnes Hospital

- ARC will offer to connect the victim with a victim advocate from a rape crisis center. The victim may request that staff participate in her contact with the rape crisis center or may make the contact confidential. If an advocate from the rape crisis center is not available, ARC will make available a staff member who has been screened and trained to serve as an advocate. Staff will document efforts to secure services from a rape crisis center. In Fond du Lac: ASTOP Sexual Abuse Center.
- At the request of the victim, the victim advocate (or qualified staff member) will accompany and support the victim through the forensic medical examination process and investigatory interviews, and will provide emotional support, crisis intervention, information, and referrals.
- If a resident reports information to staff that must be reported to a state agency, for example child abuse or neglect, or elder abuse, ARC staff will report that information to the appropriate state agency.

Summary of Staff Responsibilities upon receiving an allegation of, or otherwise becoming aware of, sexual abuse or sexual harassment that is covered by PREA:

1. If a situation is a medical emergency or poses a risk of danger that requires the assistance of law enforcement, call 911. If the situation is not an emergency, the Program Manager will handle any contacts with law enforcement.
2. If the alleged victim has immediate needs, tend to the alleged victim's needs.
3. If the alleged victim and alleged perpetrator are present in the facility, separate the two, and, if relevant, take action to preserve any evidence related to sexual assault.
4. Notify the Program Manager, and if she is not available, on-call staff.

The agency developed a uniform evidence protocol that maximizes the potential for obtaining physical evidence for administrative proceedings. According to the PREA Coordinator, the agency used the most recent edition of the U. S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault medical Forensic Examinations". According to the Program Manager, during the last investigation of sexual abuse at ARC, the complaint was referred to the Fond du Lac Police Department. At that time, the Program Manager requested that the Fond du Lac Police Department follow the requirements of 115.221 (a) through (e) and she sent of copy of that portion of the standards to the investigating officer.

The Staff Policy includes specific steps for staff to follow to preserve and collect evidence. During interviews with 11 staff, all staff interviewed had a general knowledge of the agency procedure for preserving evidence.

The PREA Resident Information states that victims will be referred for a forensic medical exam by a SAFE or SANE at no cost to the victim. It also states that ARC will refer the victim to a victim advocate from a rape crisis center.

The agency provided me with a letter from ASTOP Sexual Abuse Center in Fond du Lac dated 9-25-17. The letter states the center will provide 24-hour telephone crisis hotline, information and referral, 24-hour medical and law enforcement advocacy response and court accompaniment, case management, counseling, support groups, rand prevention education. "ASTOP has an agreement with ARC to provide emotional support services to their clients related to sexual abuse." On January 31, 2019, I spoke with Nicole Krause of ASTOP, who confirmed that her agency provided the services described in the letter. Ms. Krause state the ASTOP will continue to provide these services to ARC residents and at no charge to the resident. ASTOP confirmed that St. Elizabeth Hospital provides forensic exams using SAFEs or SANEs.

Based upon my review of the Pre-audit Questionnaire, the Staff Policy, Resident Information, the agreement letter and interviews with ASTOP Sexual Abuse Center, Program Manager and PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

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

115.222 (b)

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

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

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

The Residential Staff Policy and Procedure state that the ARC will "contact law enforcement to conduct a criminal investigation unless the behavior is not potentially criminal." It states that complaints from ARC Fond du Lac will be reported to the Fond du Lac Police Department.

The PREA Information for ARC Fond du Lac Residents states that ARC "will report the allegation to the Fond du Lac Police Department for investigation."

Both the staff policy and resident information state that ARC will conduct all administrative investigations. The staff policy describes the responsibilities of both agencies during investigations.

In the past 12 months, the facility referred one allegation of sexual abuse or harassment to the Fond du Lac Police Department, but no charges were referred to the District Attorney's Office.

Corrective action required that the agency post its policy for referring all allegations of sexual abuse to the Fond du Lac Police Department on its website. The agency's website is now functional and I verified that the policy of referring allegations to the Fond du Lac Police Department is now on the website.

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

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.231 (b)

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

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

115.231 (c)

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

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

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

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

The ARC PREA Policies states that ARC will train all staff, volunteers, and interns who have contact with residents. The policy states that employees, volunteers, and interns will be trained in all areas described in 115.231 (a) (1)-(10). The policy also states ARC will provide refresher training every two years.

I reviewed the ARC training curriculum that describes in detail the training content, training methods, and materials with the Program Manager.

ARC has developed a specific training curriculum for PREA. The training includes two parts. Part 1 requires the employee to read specific training materials including the Residential Staff Policy for Compliance with PREA. The Part 1 training covers: Policy and rights, reporting, ARC response to report, outside support services, preserving evidence, services for victims, response to violation, definitions from PREA.

After reviewing the material, the staff member views the video – Pt. 2 and meets with the program manager to review ARC PREA policies. The training video coves the material in the Staff Policy and includes prevention and detection, rights to free from retaliation, common reactions of victims, reporting, how to communicate with residents, including LGBTI. The training includes specific information on supervising female offenders. The agency provided a copy of articles by Stephanie Covington that is part of the training for staff on supervising female offenders.

According to the PREA Coordinator and Program Manager, staff receive part 1 and 2 of the training during their first three shifts on the job. They are required to complete the training before working alone with residents. According to the Program Manager, most staff receive the above PREA training within a few days after hire. Some of the relief and weekend may receive the training within a longer period of time, but before they have worked with residents for more than a few days.

According to the Program Manager, once a year she reviews all of the above training materials with all staff. All of the staff hired more than two years ago said they have received update training on a regular basis. Staff also reported that PREA is often reviewed at staff meetings.

I conducted interviews with all 11 staff members, including the Program Manager. Nine of the 11 staff were hired within the last 3 years and all 9 staff were trained on PREA shortly after hire. One staff member hired 8 years ago said that she received initial PREA training three years ago. The Program Manager has been at ARC for 21 years and is involved in training new staff and update training for all staff.

In addition to interviewing staff, I reviewed personnel files for all 11 staff to document training completion. The files confirmed that all staff had initial and update training if applicable.

Based upon my review of agency training policies, personnel files, training materials, and interviews with 11 staff, I conclude that the agency complies with all aspects of the training.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

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

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

The ARC PREA Policies states that ARC will train volunteers, interns, and consultants who have contact with residents on PREA policies. The PREA Coordinator said that interns, volunteers, and contractors would complete the same training described in 115.231 that all staff complete. ARC Fond du Lac does not have contractors, but they currently have 3 interns. The Program Manager said that only one of the three interns received PREA training. During the on-site visit, I interviewed one of the interns. She stated that she received PREA training shortly after starting as an intern. The other intern did not receive PREA training and corrective action was necessary. During the corrective action period, the agency had one intern. The agency provided documentation that the intern received PREA training.

Based upon my review of the ARC PREA Policies, training documentation, and interview with one intern, I conclude that the agency complies with all aspects of the standards.

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☐ Yes ☐ No **NA- ARC House does not accept residents who are deaf or visually impaired.**

- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☐ Yes ☐ No **NA- ARC House does not accept residents who are deaf or visually impaired.**

- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

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

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

During the on-site visit, I interviewed the staff member who conducts intake with residents. She stated that residents receive the handout, PREA Information for ARC Fond du Lac Residents at the time of intake. Intake usually occurs the first day. The staff member said that she goes over the handout with each resident and if she is aware that the resident may have a disability or limitations, she go over the information in more detail.

The PREA Resident Information includes the agency zero-tolerance policy and other information that complies with the standard. It states that a resident may report an incident or suspicion of sexual abuse or sexual harassment, retaliation for reporting such incidents, or staff neglect or violation of responsibilities that may have contributed to such incidents by:

- Making a written or oral report to any staff member — a report may be anonymous or from a third party.
- Contacting the ARC PREA Coordinator, Robin Ryan, at (608) 278-2300.
- Contacting ASTOP at (920 921-7657.)
- Contacting the Department of Corrections-Program and Policy Analyst with the address and telephone.

The Resident Information states that the grievance process is the not the appropriate means to file a report of sexual abuse or harassment. The staff policy states that ARC accepts third party reports of sexual abuse or sexual harassment at all residential facilities and at the administrative office. The Staff Policy describes how the facility provides PREA information to residents in formats accessible to all residents, including those that who are limited English proficient, deaf, visually impaired, otherwise disabled, or residents who have limited reading skills.

During the on-site visit, I interviewed ten residents. All ten reported that they received PREA information upon intake (within 1-2 days) and were aware of zero tolerance and reporting option. I planned to review the files of all 16 residents to confirm that intake information was provided to residents. However prior to the file review, the Program Manager told me that they did not have signed acknowledgments from residents that they received PREA information at intake. Although the interviews with staff and residents demonstrated the residents received PREA information, 115.233 (d) requires that the agency maintain documentation of resident participation in these education sessions. Corrective action was necessary.

As part of corrective action, the agency provided documentation that 24 residents received PREA information at intake. These residents included all residents admitted during the corrective action period.

Based upon my review of the PREA Resident Information, interviews with 10 residents and signed acknowledgments from 24 residents, I conclude that the agency complies with all aspects of the standards.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

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

115.234 (b)

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

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

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

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Robin Ryan, the PREA Coordinator, is the agency PREA investigator. Ryan completed National Institute of Corrections training, "PREA: Investigating Sexual Abuse in a Confinement Setting" on August 15, 2016. The agency provided verification that training was completed. Ryan was interviewed during the on-site visit. She was able to describe the investigation process. She has completed several PREA investigations at ARC facilities over the past 2 years. ARC Fond du Lac had one investigation of sexual abuse or harassment. Ryan provided me with a copy of the investigation. The investigation began immediately after the agency received the report and concluded the investigation in 9 days.

The ARC PREA Policies state, "Any ARC staff member who conducts administrative investigations of sexual abuse will receive training in conducting such investigations in confinement settings. The training will include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral."

Based upon my review of the PREA Policies and interview with the agency investigator, I conclude that the agency complies with all aspects of the standards.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? ☐ Yes ☐ No **NA ARC Fond du Lac does not have medical or mental health practitioners.**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? ☐ Yes ☐ No **NA ARC Fond du Lac does not have medical or mental health practitioners.**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☐ Yes ☐ No **NA ARC Fond du Lac does not have medical or mental health practitioners.**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☐ Yes ☐ No **NA ARC Fond du Lac does not have medical or mental health practitioners.**

115.235 (b)

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

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☐ Yes ☐ No **NA ARC Fond du Lac does not have medical or mental health practitioners.**

115.235 (d)

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

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

Auditor Overall Compliance Determination

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

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

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

According to Pre-audit Questionnaire and the PREA Coordinator, ARC Fond du Lac does not have medical or mental health staff, but they do have a policy that states, "ARC will ensure that mental health care practitioners who work regularly in the residential facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment. How to respond effectively and professionally to victims of sexual abuse and sexual harassment. How and to whom to report allegations or suspicions of sexual abuse and harassment."

Based upon my review of the Pre-audit Questionnaire., the PREA Policies and the PREA Coordinator, I conclude that the agency complies with all aspects of the standards.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
  ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
  ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? ☒ Yes ☐ No

115.241 (e)

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

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

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

115.241 (f)

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

115.241 (g)

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

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

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

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

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

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

The Residential Staff Policy and Procedure states that ARC will screen residents for risk of sexual victimization or abusiveness within 72 hours after arrival. The policy states that ARC will conduct a second screening within 30 days after the resident arrives. It also states that a rescreening will occur is staff received information relevant to the resident's risk for sexual victimization or abusiveness.

The policy also states that the second assessment ARC will consider information based on the resident's adjustment and behavior in the program, information provided in additional assessments and in case management and treatment sessions. ARC will document the screenings in a PREA screening that is not part of the resident's treatment file. The policy also states that residents will not be disciplined for refusing to provide information for the screening. I reviewed the risk-screening instrument that ARC uses.

Prior to the interim report, the PREA Screening Tool used by ARC did not comply with the standards because it doesn't consider all of the criteria identified in 115.241 for risk of sexual victimization. The tool considered whether the "client identifies as gay, bisexual, transgender, intersex, or gender nonconforming", but did not include whether the resident is **perceived** to be gay, bisexual, transgender, intersex, or gender nonconforming. The screening tool did not consider, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated and whether the resident's criminal history is exclusively nonviolent. The screen tools considered previous incarcerations and prior convictions for non-violent offenses, but these criteria were included in section B where residents are considered for risk for being sexually abusive. As a result of my review of the screening form, I concluded that corrective action was necessary and amendments to the form were required.

The Residential Staff Policy and Procedure states that the screening forms shall be kept in a separate file for PREA screening forms. The completed screening forms are maintained in Program Manger's office.

According to the Program Manager, she completed most of the initial risk screening and the Substance Abuse Counselor does most of the second screening. The Program Manager said they began doing risk screening on a regular basis in about March 2018. She said most residents have been screened for risk since that time, but they may not all have been timely.

I also interviewed the Substance Abuse Counselor (SAC) who is responsible for completing the second risk screening at ARC Fond du Lac. She started conducting risk screening about a month earlier. She states that to the best of her knowledge, all residents have had risk screen completed according to the standards. According to the SAC, residents do not have to answer any or all of the questions. She said when completing the screening, if there are any red flags, she will immediately take it too staffing. She said that "anything that causes concerns, is immediately staffed." The SAC said that information from the risk screening is used during intake to develop a safety plan for residents who are vulnerable. They consider the placement of the resident, the closeness of the room, the type of roommate and other factors.

During the on-site visit, I interviewed 10 of the 16 residents. All ten residents said they were asked questions from the risk screening within 1-2 days of arrival. However, when reviewing completed risk screen tools, two of those residents did not have initial screening done. Of the 10 residents interviewed, eight were admitted more than 30 days. These eight resident said that they were asked risk questions a second time within 30 days, but when reviewing completed screening tools, only nine of the residents had been screened.

I reviewed completed risk assessments for all 16 current residents. The review of current residents showed that 15 of the 16 received an initial screening, all within 72 hours. Thirteen of the current residents have been at the facility over 30 days. Twelve of those 13 residents had a second screening, but three of those were not done within 30 days. One resident did not have a second screening. Corrective action required timely completion of screens.

I also reviewed completed assessments for 26 discharged residents back to March 2018. In the past year, 52 residents were admitted to ARC Fond du Lac, and I reviewed screening tools for 42 of those residents.

All of the discharged residents reviewed since March 2018 received an initial screening and all received a second screening, but not within the timeframes described in the standards. Considering the 26 discharged residents, 9 of the initial screens were not done within 72 hours. The second screening did not occur for 12 residents within the 30-day timeframe. It should be noted there was significant improvement with timely completions of risk screening in about the past 4-5 months, however there continued to some residents not screened in a timely manner in the recent months.

In summary, my initial review of completed risk screening tools revealed that most of the 42 current and discharged residents were done, but many were not completed within the time frames in the standard and there were enough deficiencies to require corrective action.

During the period of corrective action, the agency amended the Screening Tool to include the criteria from the standard. The amended form complies with the standards. The agency did not begin using the amended form at the beginning of the corrective action period. As a result, corrective action was extended for an additional month to allow the agency to use the amended form.

At the conclusion of corrective action, the agency, the agency provided 28 completed PREA Screening Tools residents admitted since the on-site visit. The agency demonstrated that risk screens were completed according to the standard and in a timely manner.

Based upon my review of the Staff Policy and Procedures, the PREA Risk Screening Tool, interviews with 10 residents and staff responsible for completing risk screens, and 70 completed risk screens for current and discharged residents, I conclude that the agency complies with all aspects of the standard.

Standard 115.242: Use of screening information

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

115.242 (a)

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

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

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

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

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

115.242 (b)

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

115.242 (c)

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

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

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

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

Auditor Overall Compliance Determination

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

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

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

The ARC Residential Staff Policy and Procedure addresses the use of risk screening. "ARC shall use relevant information regarding a resident's programming and room assignments. ARC will make individualized determinations about how to ensure the safety of each resident. ARC will work with DOC and FBOP regarding placement of transgender or intersex residents in ARC facilities. A transgender or intersex residents own views will respect to his or her own safety will be given serious consideration. All residents shower separately from other residents. ARC will not place LGBTI residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility unit, or wing established in connection with a consent decree, or legal judgment for the purpose of protecting such residents."

During the on-site visit, I interviewed the Substance Abuse Counselor who conducts risk screening at ARC Fond du Lac. She stated that the staff considers information from the screening when making housing decisions and programming. She said that "anything that causes concerns, is immediately staffed." The SAC said that information from the risk screening is used during intake to develop a safety plan for residents who are vulnerable. They consider the placement of the resident, the closeness of the room, the type of roommate and other factors. Residents who are identified as being at risk of being sexually abused are not assigned a roommate is a risk of sexually abusing others.

Based upon my review of the Residential Staff Policy and Procedure and interview with the Substance Abuse Counselor, I conclude that the agency complies with all aspects of the standard.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

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

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

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

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

The PREA Information for ARC Fond du Lac Residents addresses multiple ways that residents may report sexual abuse or sexual harassment. "A resident may report an incident or suspicion of sexual abuse or sexual harassment, retaliation for reporting such incidents, or staff neglect or violation of responsibilities that may have contributed to such incidents by:

- Making a written or oral report to any staff member- a report may be anonymous or from a third party."
- Contacting the ARC PREA Coordinator (name and phone number included).
- Contacting ASTOP (phone number)
- Contacting the Department of Corrections (Program and Planning Analyst). The addresses and telephone numbers are included for DOC.

ASTOP Sexual Abuse Center is a 24/7 agency that is one way for residents to report sexual abuse or sexual harassment to an entity or office that is not part of the agency and the agency is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials. I confirmed with ASTOP that they are able to take reports for ARC residents and immediately forward reports to the agency.

The Staff Policy also addresses various reporting options for residents. It also states that if staff received verbal reports, in writing, anonymously, or from third parties, they shall document the report and report the incident. In interviews with eleven staff, all were aware of the various reporting options for residents, including methods for residents and staff to privately report. The Staff Policy states, "Staff may report sexual abuse to the Program Manager, or if the Program Manager is involved, to the Director of Community Justice Programs".

Interviews with 10 residents demonstrated that all residents were aware of multiple reporting methods as described in PREA Information for ARC Fond du Lac Residents.

Based upon my review of the Staff Policy and The PREA Information for ARC Fond du Lac Residents, along with interviews with 11 staff and 10 residents and ASTOP staff, I conclude that the agency complies with all aspects of the standards.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

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

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

115.252 (c)

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

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

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

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

115.252 (e)

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

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

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

115.252 (f)

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

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

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

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

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

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

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

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

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

The agency policies state that the grievance procedure is not an option for residents to report sexual abuse or sexual harassment. The Staff Policy and Resident Information states that the "grievance process is not an appropriate way of reporting sexual abuse or harassment." Based upon this language, the agency is exempt from this standard per 115.252 (a).

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

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

115.253 (b)

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

115.253 (c)

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

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

Auditor Overall Compliance Determination

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

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

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

The Resident Information and Staff Policy include information about support services. The Resident Information states that residents will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It states that residents may contact ASTOP Sexual Abuse Center, with the address and telephone number listed. It states that residents may choose whether to have staff participate in the phone call or to make the call confidentially.

The Staff Policy also states that ARC will provide residents access to and contact information for outside victim support advocates for emotional support related to sexual abuse. The Staff Policy and Resident Information address confidentiality, the extent to which communications will be monitored and issues regarding mandatory reporting as described in 115.253 (b).

ARC provided a letter from ASTOP Sexual Abuse Center. The letter states that ASTOP has an agreement with ARC to provide emotional services to their clients related to sexual abuse. ASTOP will provide ARC residents will confidential support service free of charge. It will 24-hour crisis line, medical and law enforcement advocacy case management, counseling, support groups, and prevention education.

On January 31, 2019, I spoke with Nicole Krause of ASTOP, who confirmed that her agency provided the services described in the letter. Ms. Krause state the ASTOP will continue to provide these services to ARC residents and at no charge to the resident.

Based upon my review of the Resident Information, Staff Policy, letter from the ASTOP, along with interviews with the PREA Coordinator and ASTOP staff, I conclude that the agency complies with all aspects of the standard.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

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

Auditor Overall Compliance Determination

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

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

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

The Staff Policy states that residents may report sexual abuse, sexual harassment, retaliation, or staff neglect or violation of responsibilities that may have contributed to such incidents from a third party. The Resident Information also states that residents may make a report through a third party. Both documents state that ARC will accept third (party) reports of sexual abuse at all residential facilities and at the administrative office.

Corrective action required the agency to post information regarding third-party reporting on its website or in the facility. The agency's website is now functional and I verified that third party reporting information is posted on the website.

Based upon my review of the Staff Policy, Resident Information, and the agency's website, I conclude that the agency complies with all aspects of the standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

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

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

115.261 (b)

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

115.261 (c)

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

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

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

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

The Residential Staff Policy and Procedure states, "ARC staff are required to report suspected sexual abuse or sexual harassment." It later states ARC staff will immediately report to the Program Manager any knowledge, suspicion or information regarding an incident of sexual abuse, sexual harassment, retaliation for reporting sexual abuse or sexual harassment or staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, regardless of whether it occurred an ARC facility, a correctional facility, or another community corrections facility." The policy states that the Program Manager will report all allegations to the facility's designated investigators.

All eleven staff were interviewed and all stated that they are required to report all incidents or suspected incidents of abuse or harassment.

Although ARC Fond du Lac does not have medical or mental health staff that work in the facility, the Staff Policy states that any ARC staff member who provides medical or mental health services is required to report as provided in the above paragraph, and, at the initiation of medical or mental health services with a resident, must inform the resident of the duty to report and the limitations of confidentiality. It also states if state law governing mandatory reporting of child abuse or state law governing mandatory reporting of elder abuse or at risk adult abuse applies to an allegation of sexual abuse, staff shall report as mandated.

The agency requires all staff to sign a confidentiality agreement that complies with 115.261 (b). ARC Fond du Lac does not accept residents under the age of 18, so (d) is not applicable.

The Resident Information states, "All staff are required to report sexual abuse or sexual harassment." The Resident Information also addresses mandatory reporting requirements for staff.

Based upon my review of the Staff Policy, Resident Information, and interviews with 11 staff members, I conclude that the agency complies with all aspects of the standard.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

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

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

The Residential Staff Policy and Procedure states, "If ARC staff learn that a resident is subject to a substantial risk of imminent sexual abuse, the Program Manager will take immediate action to protect the resident." The agency reports that there have been no such incidents in the past 12 months.

During interviews with 11 staff, all staff stated that if a resident were at imminent risk, they would immediately take steps to protect the potential victim by separating the victim and abuser. All staff said they would call 911 if necessary and contact the Program Manager immediately.

The agency reports that there have been no incidents where a resident was subject to a substantial risk in the past 12 months.

Based upon my review of the Staff Policy, the Pre-audit Questionnaire, and interviews with 11 staff members, I conclude that the agency complies with all aspects of the standard.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

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

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

The Residential Staff Policy and Procedure FOR Compliance with PREA states that if ARC staff receive an allegation that a resident was sexually abused while confined in prison, jail, or another community corrections facility, the ARC Director of Community Justice Programs will notify the head of the facility within 72 hours of receiving the allegation and will document the notification. According to the Pre-audit Questionnaire, there have been no reports in the past 12 months of abuse that occurred in other facilities.

Based upon my review of the Residential Staff Policy and Procedure and Pre-audit questionnaire, the agency complies with the standard.

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

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

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

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

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

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

The Residential Staff Policy and Procedure addresses first responder duties. It states "Upon learning of an allegation that a resident was sexually abused, the ARC staff member who responds to the report will separate the alleged victim and abuser, and, under the guidance of police to whom the allegation is reported, preserve and protect any crime scene and physical evidence, for example by requesting the victim not wash, brush teeth, change clothes, go to the bathroom, smoke, drink, or eat as appropriate, until police have an opportunity to gather physical evidence."

The Resident Information includes specific language from the standard that addresses preserving evidence and includes instructions for the victim to follow in order to preserve evidence.

During interviews with eleven staff at ARC Fond du Lac, all 11 staff were said the first step is to protect the victim. All staff were able to describe steps to take following an assault: protect the victim, separate victim and perpetrator, contact supervisors and police, maintain the crime scene, and preserve evidence.

In the past 12 months, the facility had had one incident of sexual abuse reported. The details of the investigation are described under 115.272.

Based upon my review of the Staff Policy and Resident Information, as well as interviews with 11 staff, I conclude that the agency complies with all aspects of the standard.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

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

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

The ARC Residential Staff Policy and Procedure describes the role of first responders, the Program Manager, PREA Coordinator, investigators, and police. The procedures include notification of police and agency management, preserving and collecting evidence, assisting the victim by offering a forensic medical exam, conducting an administrative investigation, and determining appropriate support services for the victim.

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

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

According to the CEO Designee and PREA Coordinator, the agency does not have any collective bargaining agreements.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

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

115.267 (b)

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

115.267 (c)

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

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

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

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

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

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

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

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

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

The ARC Residential Staff Policy and Procedure states that the Program Manager and Director of Community Justice Programs (PREA Coordinator) will monitor all residents and staff involved in the incident or involved in the reporting or investigation of the incident to ensure that residents and staff are not subject to retaliation. The policy describes monitoring steps that include checking in with the resident or staff, reviewing consequences imposed on a resident, and reviewing any grievance or complaint regarding a staff member. "ARC will take all necessary steps to prevent or end retaliation, such as discharging a resident who is retaliating, removing a staff member who is retaliating, or assisting a resident who is a victim of retaliation to transfer to another ARC residential program. ARC will continue monitoring for at least 90 days after the incident was reported and will extend the monitoring period if the initial monitoring period indicate a continuing need."

The Resident Information states, "Residents have a right to be free from retaliation for reporting alleged sexual abuse or harassment." It states that residents may report retaliation through a number of options, including written or oral, anonymous and third party.

The Program Manager at ARC Fond du Lac is designated to monitor retaliation the facility along with the PREA Coordinator. During the on-site visit, I interviewed the Program Manager regarding retaliation. She is on-site full-time as is involved closely in the daily activities at ARC Fond du Lac. She described different ways she would monitor retaliation if either staff or residents were involved. While the agency policy states that they would monitor retaliation for at least 90 days, the Program Manager said they would likely monitor for the entire time the resident was in the facility. The agency reports there have been no reports of retaliation in the past 12 months.

Based upon my review of the Staff Policy and Resident Information, along with the interview with the Program Manager at ARC Fond du Lac, I conclude that the agency complies with the standard.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

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

115.271 (b)

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

115.271 (c)

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

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

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

115.271 (d)

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

115.271 (e)

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

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

115.271 (f)

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

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

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

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

The ARC PREA Policies state that any ARC staff member who conducts administrative investigations will receive training in conducting such investigations per 115.234. The ARC Director of Community Justice Programs/PREA Coordinator Robin Ryan is designated to conduct all administrative investigations at its facilities. Ryan completed National Institute of Corrections training, "PREA: Investigating Sexual Abuse in a Confinement Setting" on August 15, 2016. The agency provided verification that training was completed.

The ARC PREA Policies describes the steps that the agency will follow during an administrative hearing. The language in the policy addresses all the standards in (a) through (f) and (1) and (2).

I interviewed Robin Ryan, Chief Operating Officer and the PREA Coordinator regarding investigations. She has conducted several investigations in the past 3 years at ARC facilities.

The facility has received one allegation of sexual abuse or harassment in the past 12 months. Ryan provided me a copy of the investigation. According to the investigation, a report that a resident was involved in sexually abusive behavior toward 4 other residents. The report was received on February 18, 2018 and the agency commenced the investigation the next day. The perpetrator was removed from the program on February 19. The investigation substantiated that one resident had inappropriate sexual contact with two residents. The agency determined that the behavior towards the other two residents involved behavior or actions not falling under the definitions of sexual harassment.

The investigation was concluded on 2-21-18. The agency referred the matter to the Fond du Lac Police Department, but the police did not refer the case to the District Attorney's Office for criminal charges. The investigation report did not indicate if the Fond du Lac Police Department investigated the matter. There was no indication that the agency received copies of the police reports or if there was any contact with the police after the complaint was filed. The standard requires that criminal investigations shall be documented in a written report.

In the report, it is indicated that the interviews of the potential victims and the perpetrator were conducted by the ARC Fond du Lac staff under the direction of the Program Manager. The Program Manager and the staff were not designated/trained PREA investigators. 115.271 (b) states that the agency shall use investigators who have received special training in sexual abuse investigations. The interviews should have been conducted by the PREA Coordinator, who is designated as the agency PREA investigator. The report also does not indicate which staff members conducted the interviews with the victims, witnessed, and the suspect.

The investigation did not include an assessment of the credibility of the victim, suspect, or witnesses. The investigation indicates that victims were offered support services on 2-19-18.

The agency's policies are well written and addresses all of the criteria in the standards. However, the one investigation conducted in the last year, that agency did not follow all of the criteria in the standard. These issues were addressed in corrective action. Since the interim report, the agency provided documentation that the Program Manager completed the NIC training for PREA Investigators.

During the corrective action period, the agency did not have any PREA investigations. The last PREA investigation occurred in February 2018. As a result, there were no additional investigations to review. However, the issues raised in the interim report were reviewed with the PREA Coordinator and Program Manager.

Based upon my review of the ARC PREA Policies, 1 completed investigation, training documentation, and interview with the PREA Coordinator/Investigator, I conclude that the agency complies with all aspects of the standard.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

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

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

According to the questionnaire and interview with the PREA Coordinator, the agency uses a preponderance of evidence as the standard for determining whether allegations are substantiated. The ARC PREA Policy and Staff Policy describes this standard.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

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

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

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

115.273 (d)

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

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

The ARC Residential Staff Policy and Procedure for PREA addresses reporting to residents. The policies state that ARC will inform the resident whether the allegation is substantiated, unsubstantiated, or unfounded. If a staff member is alleged to have committed sexual abuse, and the allegation is not determined to unfounded, ARC will inform the resident if the staff person is no longer employed at the facility and if the agency learns the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. If a resident alleges another resident committed sexual abuse against the resident, ARC will inform the resident if the alleged abuser is indicted or convicted. ARC will document all notifications and attempted notification under this section. The policy also states that notification obligations end when the resident is discharged from the facility.

In the past 12 months, ARC Fond du Lac has had one report of sexual abuse or sexual harassment. The incident involved one resident having inappropriate sexual contact with 4 residents. The agency determined that the contact with 2 of the residents was substantiated and 2 were unfounded (agency determined that the behavior with those 2 residents did not fall under the definitions of sexual abuse or harassment.)

According to the Program Manager, she informed the 4 residents of the outcome of the investigation. The PREA Coordinator confirmed that the 4 residents were informed of the outcome. At the time of the on-site visit, the four residents were discharged from the facility and I was unable to interview them.

Based upon my review of the ARC Residential Staff Policy and Procedure for PREA and interviews with the Program Manager and PREA Coordinator, I conclude that the agency complies with all aspects of the standard.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

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

Auditor Overall Compliance Determination

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

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

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

The Residential Staff Policy and Procedure addresses sanctions for staff. The policy states that staff will be subject to disciplinary sanctions, up to and including termination, for violating ARC sexual abuse or sexual harassment policies. "Termination is the presumptive disciplinary sanction for staff who engage in sexual abuse." For violations of this policy other than sexual abuse, the sanction will be commensurate with the nature and circumstances of the violation, the staff member's disciplinary history and sanctions imposed for comparable violations by other staff members with similar histories.

The Staff Policy states ARC will report terminations for sexual abuse or harassment to relevant licensing or certification agencies to law enforcement (unless the activity was clearly not criminal). The policy also states that they will also report staff members to these agencies who would have been terminated if not for their resignations. In the past 12 months, no staff were disciplined for violating the agency's PREA policies.

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

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (b)

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

Auditor Overall Compliance Determination

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

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

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

According to the Program Manager, ARC House does not use contractors, but they have interns.

The Residential Staff Policy and Procedure states, "If a contractor or volunteer engages in sexual abuse, ARC will prohibit the contractor or volunteer from having contact with residents, and report the contractor to the police, unless the activity was clearly not criminal. ARC will also report the contractor or volunteer to relevant licensing or certification agencies. If the contractor or volunteer commits a violation of this policy other than sexual abuse, ARC will take remedial measures, such as education, or a work plan, and will consider whether to prohibit further contact with residents or exclude the contractor or volunteers.

According to the Pre-audit Questionnaire, there have been no reports of sexual abuse or harassment involving contractors or volunteers in the past 12 months.

Based upon my review of the Staff Policy and interview with the Program Manager, I conclude that the agency complies with all aspects of the standard.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

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

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

According to the agency, the decision to sanction a resident would usually be made mutually between ARC and the DOC. According to the Staff Policy, if a resident is found to have sexually abused another resident, DOC will likely remove the resident and discharge the resident from facility. If DOC initiates revocation, they would provide the offender with a due process hearing. The hearing would consider the nature and circumstances of the abuse committed and other factors described in the standard.

According to the ARC Staff Policy, if DOC and ARC determine that a resident may remain in the program, ARC could impose the appropriate consequence for violation of ARC rules and would consider the nature and circumstances of the abuse, the resident's disciplinary history and sanctions imposed for comparable offenses by other residents. ARC would consider the resident's mental disability or mental illness in determining a consequence. Given the fact, that both the ARC policy and DOC process address the criteria in the standard, I conclude that the agency complies with the standard.

The ARC Staff Policy also states that ARC will not impose consequence on a resident for having sexual contact with a staff member unless the staff member did not consent to the sexual contact. For purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegations. It also states that ARC will attempt to have a mental health evaluation conducted on a resident who sexually abuses another within 60 days and will offer treatment deemed appropriate by mental health practitioners.

ARC rules prohibit any sexual activity between residents and ARC may impose consequences for violating that rule. However, ARC does not deem sexual activity between residents to be sexual abuse if the activity is not coerced.

The PREA Information for ARC Fond du Lac Residents also addresses sanction for residents and states that if a resident sexually abuses another resident, they will likely be removed from the program and discharge. It also states that ARC will attempt to have a mental health evaluation conducted on a resident who sexually abuses another within 60 days and will offer treatment deemed appropriate by mental health practitioners.

Since the facility does not have a program that offers sexual abuse therapy or counseling, (d) does not apply.

Based upon my review of the ARC Staff Policy, I conclude that the agency complies with all aspects of the standards.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

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

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

The PREA Residential Staff Policy and Procedure and PREA Information for Residents state that resident victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Both documents state that it will offer timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care. These documents state the victim will be offered a pregnancy test. The victim will also receive timely and comprehensive information about and timely access to pregnancy related medical services.

Both documents state that the victim will be provided treatment services without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The Staff Policy states victims will be offered support services to any victim of sexual assault or harassment. I reviewed a copy of the one investigation that occurred at ARC Fond du Lac. The report indicated that support services were offered to the victims.

ASTOP Sexual Abuse Center in Fond du Lac provides 24-hour telephone helpline offering confidential crisis counseling, referral, and information, and accompaniment to medical exams, law enforcement interviews, and legal proceedings. On 1-31-19, I spoke with Nicole Krause from ASTOP. She confirmed that her agency would provide victim support services to any resident of ARC at no cost to the resident.

Based upon my review of the PREA Residential Staff Policy and Procedure and PREA Information for Residents, investigation report from ARC, and interview with ASTOP staff, I conclude that the agency complies with all aspects of the standard.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

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

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

The PREA Residential Staff Policy and Procedure states that victims will be provided emotional support, crisis intervention, information, and referrals. The agency will offer medical and mental health evaluation and treatment to residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Services will be consistent with the community level of care. Victims who are discharged from the ARC program will be offered services for victims.

The Staff Policy states that victims will be offered pregnancy tests. If a resident is at risk of becoming pregnant a result of sexual abuse, ARC will refer the resident to comprehensive information regarding pregnancy-related services, as well as for pregnancy-related medical services. The Staff Policy also states victims of sexual abuse, ARC will arrange for tests for sexually transmitted infections, as medically appropriate.

The Staff Policy states that ARC will attempt to have a mental health evaluation conducted on a resident who sexually assaults another resident within 60 days of learning of such abuse and will offer treatment deemed appropriate by mental health practitioners.

PREA Information for Residents states that victims will be offered the above ongoing medical and mental health services, including emergency contraception and sexually transmitted disease prophylaxis, pregnancy testing and access to pregnancy related medical services. The Resident Information states that services will be offered to residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility and following their transfer, to other facilities or release.

ASTOP Sexual Abuse center will provide on-going victim support services, including 24 hour telephone helpline offering confidential crisis counseling, referral, and information; counseling for sexual assault survivors.

Based upon my review of the PREA Residential Staff Policy and Procedure and PREA Information for Residents, I conclude that the agency complies with all aspects of the standard.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No

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

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

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

115.286 (e)

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

Auditor Overall Compliance Determination

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

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

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

The ARC PREA Policies states that conclusion of an investigation of an allegation of sexual abuse, other than an allegation that is determined to be unfounded; ARC will conduct an incident review. The policy states that the ARC Director of Community Justice Programs (PREA Coordinator) will assemble a review team, which will include the Director of Community Justice Programs, Director of Program Development and Evaluation, the Program Manager, and any additional investigator. According to the policy, the review team considers the factors identified in (d) (1) through (6) and (e). This language complies with the standard.

In the past year, the facility had one investigation of sexual abuse. The PREA Coordinator provided me with a copy of the Incident Review dated 3-22-18. The review team include the PREA Coordinator, the Director of Women's Treatment and the Program Manager at ARC Fond du Lac.

The review states that staff response to the allegation and investigation was prompt, deliberate, and appropriate. The review found no indication that the incidents were motivated by race, ethnicity, or issues of gender identity or sexual preference. The review team found no issues with the facility layout, staffing patterns, or monitoring technology. The team determined that the agency should focus on screening out clients with a history of sexual misconduct and encouraging residents to report any information regarding sexual misconduct.

Based upon my review of the ARC PREA policies and an Incident Review conducted on 3-22-18, I conclude that the agency complies with all aspects of the standards.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

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

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

According to the ARC PREA Policy, Program Managers will report all sexual abuse or sexual harassment allegations to the ARC Director of Community Justice Programs. The Director will maintain list of allegations and investigation outcome and provide information about allegations to the DOC upon request. The Director will annually review the data on investigation. The Director maintains paper copies of data for 10 years.

The agency uses the "Survey of Sexual Victimization" incident form and summary form, and states that it will aggregate the incident-based sexual abuse data at least annually and that it will use the data from the forms. It states that ARC will provide such data from the previous calendar year to the Department of Justice, if requested, no later than June 30.

Based upon my review of the ARC PREA Policy, I conclude that the agency complies with all aspects of the standards.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

According to the questionnaire and the PREA Coordinator, the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. The ARC PREA Policies state that it will annually review data on allegations and investigation findings to access agency effectiveness. The policy states, "The Directors will take corrective action as needed. The Directors will prepare an annual report on agency findings from prior years, in order to access agency progress." The Director of Community Justice Programs approves the report.

On January 3, 2019, ARC published an annual PREA report for 2018. The report also compares data from 2015-2018. The report from all 5 ARC facilities included two substantiated allegations of sexual abuse. The report stated that ARC had one PREA audit in 2018 and the facility complied with all PREA standards. It stated that ARC made minor revisions to the process for clients to report allegation. It also states ARC is working with DOC to screen out referrals for women who have a history of sexually inappropriate behavior. The report addresses the criteria in the standard.

During the onsite visit, the PREA Coordinator said that the agency website had not been functioning for several months. During the corrective action period, the agency website became functional. The agency posted the annual report for all of its facilities on the website. I reviewed the agency website and confirmed that the annual report is posted and complies with the standard.

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

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

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

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

The ARC PREA Policies states that the Director of Community Justice Programs will maintain data collected for at least 10 years. The data collected will be securely retained in password protected computer files and store paper copies in a locked location. It states that before making the data publicly available, it shall remove all personal identifiers.

The agency policy states it will post the annual report on the agency website, if possible. During the onsite visit, the PREA Coordinator said that the agency website had not been functioning for several months. During the corrective action period, the agency website became functional. The agency posted the annual report for all of its facilities on the website. I reviewed the agency website and confirmed that the annual report is posted and complies with the standard.

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

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

ARC has 5 residential facilities in Wisconsin that require PREA audits. The first audit of an ARC facility started in May 2016. To date, ARC has had audits at 4 of its 5 facilities (including this current audit). According to the PREA Coordinator, they plan to have the 5th facility audited this year.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

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

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

As mentioned earlier, the agency website was not functional for some time and they were unable to post annual reports. The agency recently activated the website and it contains PREA information and annual reports. According to the Chief Operating Officer, the agency has posted the previous audit reports for ARC House, Dayton House, Maternal and Infant Program, on the facilities and the administrative office.

AUDITOR CERTIFICATION

I certify that:

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

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

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

Lawrence J. Mahoney September 3, 2019

Auditor Signature **Date**