

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

Date of report: June 10, 2017

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| Auditor Information | | | |
| Auditor name: Robert Lanier | | | |
| Address: P.O Box 452, Blackshear, GA 31516 | | | |
| Email: rob@diversifiedcorrectionalservices.com | | | |
| Telephone number: 912-281-1525 | | | |
| Date of facility visit: May 12, 2017 | | | |
| Facility Information | | | |
| Facility name: Chase Center | | | |
| Facility physical address: 21 Cliff Street, Waterbury,CT | | | |
| Facility mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Facility telephone number: 203-596-0783 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input checked="" type="checkbox"/> Private not for profit | | |
| Facility type: | <input type="checkbox"/> Community treatment center | <input checked="" type="checkbox"/> Community-based confinement facility | |
| | <input type="checkbox"/> Halfway house | <input type="checkbox"/> Mental health facility | |
| | <input type="checkbox"/> Alcohol or drug rehabilitation center | <input type="checkbox"/> Other | |
| | | | |
| Name of facility's Chief Executive Officer: Mark Manning, Program Director | | | |
| Number of staff assigned to the facility in the last 12 months: | | | |
| Designed facility capacity: 66 | | | |
| Current population of facility: 67 | | | |
| Facility security levels/inmate custody levels: Community Based Work Release Center | | | |
| Age range of the population: 18+ | | | |
| Name of PREA Compliance Manager: | | Title: | |
| Email address: | | Telephone number: | |
| Agency Information | | | |
| Name of agency: Community Solutions, Inc. | | | |
| Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text. | | | |
| Physical address: 340 West Newberry Rd., Suite B., Bloomfield, CT 06002 | | | |
| Mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Telephone number: 860-683-7100 | | | |
| Agency Chief Executive Officer | | | |
| Name: Robert Pidgeon | | Title: Chief Executive Officer | |
| Email address: rpidgeon@csimail.org | | Telephone number: 860-683-7100 | |
| Agency-Wide PREA Coordinator | | | |
| Name: Kristen Cappeletti | | Title: Quality Assurance and PREA Coordinator | |
| Email address: kcappelletti@csimail.org | | Telephone number: 203-596-0783 | |

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Chase Center, Community Solutions, Inc., was conducted on May 12, 2017. Prior to the on-site audit the facility posted the Notice of PREA Audit instructing interested parties to contact the PREA Auditor (contact information provided). These notices were posted throughout the facility in areas accessible to residents, staff, visitors and contractors. The auditor did not receive any correspondence as a result of those notices. The Agency PREA Coordinator provided the Pre-Audit Questionnaire, company policies, procedures and supporting documentation via email 30 days prior to the on-site PREA Audit. The provided information was well organized facilitating the review. The provided Pre-Audit Questionnaire contained detailed information. The auditor reviewed the provided information and requested additional clarification and documentation. The PREA Coordinator was always very responsive to any request and continued to be responsive during the on-site audit and following the audit. The interactions before, during and after the audit confirmed that this PREA Coordinator is a true professional and takes sexual safety and PREA very seriously. The policies developed reflect attention to detail and these were comprehensive and detailed.

By prior agreement the auditor arrived at the Chase Center at 0700 just prior to the overnight shift departing to interview those staff prior to their departure from the program after their shift. The auditor was met by the Assistant Program Director and overnight staff. Following introductions, the auditor began interviewing randomly selected staff from the overnight shift followed by interviewing the PREA Coordinator, Assistant Director and finally residents of the facility. The facility does not employ medical staff or mental health staff. These are provided in the community or through Department of Correction facilities and programs. Residents were selected from all housing units. There were no residents who identified as either gay, bi-sexual or transgender. Additionally, there were no residents who had alleged prior sexual abuse or sexual abuse while in this program. The facility Pre-Audit Questionnaire and interviews with staff and residents indicated the facility has not had any allegations of either sexual abuse or sexual harassment during the past twelve (12) months or since the last PREA Audit.

A tour of the entire facility was conducted, led by the Assistant Director and accompanied by the CSI PREA Coordinator. PREA information in the form of posters was observed throughout the facility. This facility had sixty-seven (67) residents in house on the day of the on-site audit. Twenty-eight (28) of those residents are Federal and thirty-nine (39) are Connecticut Department of Correction residents. There are thirty (30) cameras strategically located throughout the facility. Four additional cameras were installed during the past six (6) months. The cameras record to a hard drive making them accessible. Additionally the Assistant Director reviews video during shifts to ensure staff and residents are doing what they are supposed to be doing. Blind spots were minimal and were addressed through staff increasing monitoring, mirrors and restricting keys to authorized staff only.

Following a complete tour of the program, the auditor interviewed additional staff, randomly selected and specialized, and residents representing all of the living units and programs.

After reviewing additional documentation that had been requested, the auditor conducted an exit briefing attended by the Program Director, Assistant Program Director and the PREA Coordinator.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Community Solutions Chase Center, Waterbury, CT is a residential work release program for offenders reintegrating into the community. It is located in a two story building in an older mixed residential and business area. The program is operated by Community Solutions Incorporated.

The program offers substance abuse counseling, education and job search assistance for adult males eighteen and over. Residents attend programming and search for jobs with the goal of securing stable employment prior to leaving the program.

The facility, although older, is maintained in good condition. Entry into the facility is controlled by staff, who man a security station/office in the front of the house. The program offered at Chase Center is essentially work release and transition back into the community following a period of incarceration. The facility's rated capacity is sixty-six (66) and there were sixty-seven (67) residents housed in the Chase Center on the day of the on-site PREA Audit. Twenty-eight (28) of the residents were Federal and thirty-nine (39) were Connecticut Department of Correction residents.

There are total of thirty (30) cameras located and strategically placed throughout the facility to mitigate blind spots. These record to a hard drive. Four (4) cameras were added to the facility during the past six months.

The first floor of the Chase Center contains, in addition to the administrative area and food services, eleven (11) bedrooms housing three to six residents. The second floor contains five bedrooms housing between two to four residents. The staff of Chase Center have been conscientious in identifying blind spots and taking steps, including increasing staff supervision, to mitigate the views.

Residents have restrooms that offer privacy, enabling residents to shower individually and use the restrooms behind closed doors.

SUMMARY OF AUDIT FINDINGS

The audit process was designed to assess and determine compliance with the PREA Community Confinement Standards. Essentially the process consisted of reviewing policies and procedures provided by the company and other documentation related to specific standards, observations made during the tour and throughout the on-site audit process, interviewing staff from all shifts and residents from all living units, and company staff. Staff interviews included both specialized staff, as applicable, and randomly selected staff from all shifts. The process also included reviewing the program's Pre-Audit Questionnaire. The auditor also reviewed additional documentation that was requested. The auditor reviewed each standard and applied the verbiage of the standard, no more and no less, to determine whether or not the programs were in compliance with a standard.

In addition to nine (9) randomly selected staff, specialized staff interviews were conducted. In this program staff perform additional duties therefore some of the interviews involved the same staff. There were a total of eleven (11) specialized interviews.

Interviews with staff confirmed that they have been trained in PREA. One-hundred percent (100%) of the interviewed staff, both random and specialized, indicated they were aware of the facility and agency's zero tolerance policy. They were also aware of the need to report every suspicion, allegation, knowledge and report of sexual abuse, sexual harassment and retaliation, including reports of residents being at substantial risk of imminent sexual abuse and stated they are required to report these. Staff consistently reported they have been trained to take everything seriously and report it and let the investigators take it from there. Staff were also very articulate about their responsibilities as first responders and described each step they would take in response to a sexual assault in this program.

Interviews with 10 residents, randomly selected, indicated they were provided information on PREA including the facility's zero tolerance for all forms of sexual activity, sexual harassment and retaliation for reporting, upon admission to the facility. They related they were given this information both orally and in writing and were provided an opportunity to ask questions. Residents have multiple ways to report and were aware of them. Residents are allowed to have their own cell phones and most of the residents have phones, enabling them to access the outside world for reporting at any time of the day or night. Too, most of the residents are out in the community on an almost daily basis, either going to work, attending programs, looking for work and/or on passes. Residents indicated they would report to staff because they trust them and believe they would take appropriate action. One hundred percent (100%) of the interviewed residents reported they feel very safe and comfortable in this facility.

The auditor reviewed samples of documents that had been previously requested. The PREA Coordinator provided everything that was requested and the documentation that was provided prior to the audit and during the audit, as well as interviews and observations, were used to determine compliance with each standard.

The auditor reviewed 39 Standards from the Community Confinement Standards. Two standards are rated "exceeds". These include 115.212, Limits to Cross Gender Viewing and Searches and 115.251, Resident Reporting. Two standards were rated "not applicable". These were 115.212, Contracting with other entities for confinement of residents and 115.235, Specialized Training for Medical and Mental Health Staff. Thirty-five standards were rated "met".

Number of standards exceeded: 2

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 2

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Community Solutions, Inc., Policy 20-29, Sexual Assault-Harassment-PREA Compliance, affirms the company’s zero tolerance toward all forms of sexual abuse, sexual harassment or other forms of unlawful harassment and requires that any person who becomes aware of or suspects sexual, physical or psychological abuse/assault is or has occurred to report it immediately to the Program Director or higher authority within the company. Definitions of sexual abuse, that are compliant with the PREA Standards, are discussed in 2.0, Sexual Abuse General Definitions. Staff minutes for monthly staff meetings documented that the definitions were also discussed during a monthly staff meeting where a PREA Topic is presented each time. The PREA Policy addresses the agency’s efforts in preventing, reporting and responding to allegations of sexual abuse and sexual harassment.

The company has designated a Company Wide PREA Coordinator. That position is documented on the Company’s Organization Chart and reflects the value the Company places on that position and their commitment to PREA by having that position report directly to the Company’s Chief Executive Officer and to the Chief Operating Officer in all issues related to sexual abuse/harassment, whether an allegation is substantiated or not. The PREA Coordinator also serves as the Chief Operating Officer’s Quality Assurance Coordinator. The PREA Coordinator’s duties are defined in the company’s procedures, 3.0, PREA Coordinator, and in the Section of the Policy entitled PREA. This section tracks the community confinement standards and addresses the company’s response to each of them. Duties of the PREA Coordinator are specified in Paragraph 4. Prevention Planning, A., PREA Coordinator. An interview with the Agency’s PREA Coordinator indicated she is a highly motivated, conscientious and knowledgeable staff who obviously takes her responsibilities seriously.

The Company’s PREA Policy addresses Prevention Planning, Response Planning, Reporting , Official Response, and Data Collection and Analysis. While these sections address the Company’s response to each standard, separate chapters of CSI Policy provide the specific details for each topic describing how the facility is expected to implement the PREA Standards.

Staff are advised of the agency’s zero tolerance policy during new employee’s training and through in-house orientation and training. Multiple PREA Acknowledgment Statements were provided for review indicating staff’s understanding of zero tolerance for all forms of sexual activity. PREA Acknowledgment Statements for staff, residents, contractors and volunteers advise of the zero tolerance policy. Interviewed staff, including randomly selected line staff, case managers and administrative staff stated they have received training in the agency’s zero tolerance policy and that they understood it. A brief interview with the facility’s food service worker indicated she had received PREA training and fully understood the agency has zero tolerance for any form of sexual activity. Residents are advised of the CSI zero tolerance policy when they are first admitted to the facility. At intake this information is provided to them both verbally and in writing. Residents sign an acknowledgement that they understand the agency’s zero tolerance for all forms of sexual activity and that they can be disciplined and prosecuted for it. This information is also included in the Resident Handbook (Page 22). Interviews with ten (10) residents confirmed they were provided information on the agency’s zero tolerance policy during the admission process and that they signed an acknowledgment stating they received that information and that they understood it. Residents also advised the auditor that PREA posters were located on bulletin boards throughout the facility emphasizing zero tolerance.

Standard 115.212 Contracting with other entities for the confinement of residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

This standard is rated non-applicable. Community Solutions, Inc, (CSI) is a private, non-profit agency. CSI does not contract for the confinement of its Work Release or transitional House residents with other private agencies or entities.

The PREA Coordinator confirmed that the agency nor this facility contracts with any other agency or with other entities for the confinement of residents. The Pre-Audit Questionnaire also documented the facility does not contract for the confinement of residents.

Standard 115.213 Supervision and monitoring

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI PREA Policy requires each program to develop a staffing plan to provide adequate staffing levels and where applicable, video monitoring to ensure staff and resident safety and to protect residents against sexual abuse. Policy also requires that when developing the staffing plan, the facility takes into account the layout of the facility, the composition of the resident populations and other relevant factors. Deviations, if any, and justifications for the deviations are required to be documented by the Program Director or designee. Policy requires that whenever necessary, but at least once a year, the PREA Coordinator is required to assess, determine and document whether adjustments are needed to the staffing plan, video monitoring technology and the resources the facility has available to adhere to the staffing plan. An interview with the Agency PREA Coordinator indicated the staffing levels are determined by the Department of Correction in the contract between them and Community Solutions. An interview with the PREA Coordinator and Assistant Program Director indicated the minimum staffing levels for this program are three (3) Human Service Workers (HSW) on 1st and 2nd shifts and a minimum of two (2) HSWs on the 3rd shift. There are a total of 15 HSWs, seven (7) case managers and four (4) supervisors. Four (4) nights per week a supervisor is on site until 9PM. According to staff, the contract specifies the numbers of staff

required by shift and the hours. If Community Solutions needed to change the staffing plan they would need to justify it to the Department of Correction.

CSI Policy, 2.5.4, Supervision and Monitoring, requires each CSI program/facility to maintain adequate staffing to ensure the safety and well being of the clientele. Staff are expected to be awake, alert and observant at all times. Staff are reminded their foremost priority for employees is the safety and security of the public, clients and the facility.

In developing a staffing plan, the following must be considered: the physical layout of the facility; composition of the client population; prevalence of substantiated and unsubstantiated incidents of sexual abuse and/or the funding source contracts. The Chief Operating Officer, ACOO and other relevant personnel develop a staffing plan that ensures the safety and security of the residents and to ensure that residents are able to receive the services necessary to transition back into the community. Initial staffing plans are proposed to the agency (Department of Correction) in response to a Request for Proposals.

When necessary, but not less than once a year, CSI assess the staffing patterns of the program to determine if any adjustments need to be made. If adjustments are recommended, the justification is provided to the funding agency who will ultimately determine whether the adjustment will be approved. Policy states the use of video monitoring systems may be used to enhance supervision and monitoring of clients. An assessment of video monitoring needs takes place at least annually and includes analyzing the number of cameras, the placement of cameras, monitoring and dependability of monitoring systems.

CSi Policy 20-09, Supervision and Accountability, describes the company's expectations of staff related to supervising residents. Policy requires that to ensure proper coverage, Chase Center requires the facility to be staffed by awake and alert staff, twenty-four (24) hours per day, seven (7) days per week. It also requires Chase Center to have a master staffing plan that considers the following:

- Staff to client ratio necessary to ensure safety and appropriate supervision
- The physical layout of the facility
- The composition of the resident population
- Prevalence of substantiated and unsubstantiated incidents of sexual abuse and/or harassment
- Any other relevant factors

Staff schedules are based on the master staffing plan. Deviations from the staffing plan must be documented on the deviation log with an explanation as to why the plan was not followed. Procedures for ensuring staffing requirements require advance notice of an absence and when reporting late, calling in, or being involved in other forms of "no show", the staff on duty is required to stay on the shift to maintain the required staff ratios and appropriate supervision. Too, CSI Policy 2.5.12 and 30-09 require that when staff do not report for work in a timely manner, staff are required to remain on shift to ensure the required supervision standards are upheld.

Staffing plans are reviewed annually to assure the greatest staff supervision is available when the greatest need exists. The facility considers all of the requirements of the standard in reviewing the staffing plan.

AWR 20-09, Supervision and Accountability, 3.0, Rounds and Inspections, require program directors and coverage staff to conduct random and scheduled house rounds daily during each shift. Rounds are required of the common areas, living quarters, food service areas, and perimeter grounds. Rounds are documented in the Program Log. Additionally, counts are required at two hour intervals from 8AM to midnight. Unscheduled counts are held at the discretion of staff.

The facility has a number of video cameras, (30), strategically placed throughout the facility to maximize viewing and mitigating blind spots. The Assistant Facility Director related he views the cameras at random to observe supervision and movement of residents throughout the facility.

Interviews with higher level staff indicated that unannounced rounds are being conducted. Staff related that they make unannounced rounds after normal business hours for the purpose of deterring sexual misconduct and sexual abuse. They

also stated they conduct camera reviews as frequently as once per week. Staff serving as Residential Monitors also related that they make unpredictable rounds at last hourly. The facility provided multiple pages of unannounced checks of the residents, staff and facility. This includes, according to the Assistant Director, areas such as food services and the gym. Blind spots in this facility are limited. Where there are solid doors that may be out of view of the camera, keys are restricted and are accessible to authorized staff only, according to the Assistant Director.

Standard 115.215 Limits to cross-gender viewing and searches

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary

This standard is rated exceeds. CSI has excellent search policies to protect staff from the potential frivolous allegations. The Company prohibits cross gender pat and frisk searches absent exigent circumstances. This practice is confirmed through multiple interviews with both residents and staff. Too, the agency provides excellent privacy for residents while changing clothes, showering and using the restrooms. Announcing cross gender presence was confirmed through interviews as well. Community Solutions, Inc., Prison Rape Elimination Act (PREA) Policy, Paragraph C., Cross Gender Viewing and Searches, 1) through 3), prohibits cross gender strip searches and body cavity searches, absent exigent circumstances. Policy provides that if exigent circumstances arise and a strip search or a cross gender strip search must be conducted for safety or security reasons, the incident is to be immediately reported to the PREA Coordinator and documented in an incident report. Staff are trained to conduct all strip searches in a professional and respectful manner. Staff are also prohibited from physically examining or searching a transgender or intersex for the sole purpose of determining genital status. CSI Policy, 20-12, Searches, 2.4, Pat and Pocket Searches, describe pat and pocket searches as involving the emptying of pockets, cuffs, shaking out clothing, observation and physical pat down of the client’s clothed person. The electronic wand may also be used in conjunction with the pat and pocket search. Visual observation may be made of the client’s ears, mouth and hair. CSI prohibits cross-gender pat searches. Staff of the same sex conduct the pat search. In the absence a same sex staff (not available) a pat search will not take place. The staff person will perform a pocket search and use the electronic wand in lieu of a pat search. Exigent circumstances may arise which require a cross-gender pat search. Approval to conduct the cross-gender pat search should come from the Program Director/Duty Officer and/or DOC Parole or Probation Officer. In the absence of these, law enforcement should be called to complete the search. Following a cross-gender pat search, an incident report must be completed explaining the circumstances requiring the search. One hundred percent (100%) of interviewed staff confirmed they are not permitted to conduct cross gender pat searches. They related that although they have been trained to conduct cross gender searches, they are not allowed to conduct them. Male and female staff stated if a male is not readily available to conduct the pat search, female staff require the resident to empty his pockets, turn them inside-out after which they “wand” him with the electronic metal detector. Staff stated that cross gender pat searches are allowed in exigent circumstances only after getting permission and are documented justifying the search and explaining the exigent circumstances. All of the interviewed residents stated they are never pat searched by a female staff, however they related female staff tell them to empty their pockets, turn them inside out and then they “wand” them.

Transgendered residents will be able to designate their preference for which sexed staff they prefer to conduct their pat and pocket searches. When a transgender resident is asked which staff they prefer to search them, the Pat Search and UA Designation form must be completed. Pocket searches may be done in lieu of of a pat search in situations where the same

sex staff person is not available. Pocket searches are a complete search of all property a client is carrying on their person that would not require staff to touch the client's body. Clients should be directed to empty their pockets, turn them out, remove hats, coats, roll down cuffs etc, up to an including removing shoes and socks. Pat or pocket searches are documented in the Resident Log. Strip searches are generally not conducted by CSI staff. These would only be conducted with directives from the Department of Corrections/Parole or FBOP. Strip searches can only be conducted upon reasonable belief that a client is carrying contraband on their person, which cannot be secured by any other means. Strip searches would only be conducted with prior authorization from the Program Director/Duty Officer or funder (DOC). An incident report would be completed and the search would be documented in the Program Log.

CSI Policy also requires that residents are able to shower, perform bodily functions and change clothing without staff of the opposite gender viewing such activity. This facility provides privacy for residents while changing clothing, showering and using the restroom. Restrooms and showers are located behind closed doors. These are for single occupancy. Every interviewed staff related residents have complete privacy when changing clothing, showering and using the restroom. Likewise, all of the interviewed residents related they are allowed to shower separately and in single occupancy showers, use the restroom with the ability to close the door and to change clothing in private.

Staff of the opposite gender are required to announce their presence when entering an areas where residents are likely to be showering, performing bodily functions, or changing clothing. All of the interviewed staff related that female staff, knock on resident doors and say "female" and give the residents notice to ensure they are clothed. Every resident who was interviewed, without exception, said that female staff say, "female" and wait before opening their bedroom doors. Residents related the staff at this facility are very respectful.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy AWR 20-29, Sexual Assault-Harassment-PREA Compliance, Paragraph D, Residents with Disabilities and Residents Who Are Limited English Proficient, requires that all residents will have every opportunity to participate in all aspects of sexual abuse and sexual harassment prevention, detection and response. Written materials are required to be in formats or through methods that ensure effective communication with residents with disabilities or who are limited English proficient. The Interpretation services will be provided as needed. Resident interpreters are prohibited from being utilized for any investigation aspects of reported sexual abuse or harassment except where an extended delay in obtaining an effective interpreter could compromise the resident's safety or performance of first responders or investigation of residents allegation. Use of interpreters must be documented.

AWR 20-22, Clients with Special Comprehension Problems, requires that clients admitted to the CSI program that are determined to have special comprehension needs due to organic, literacy or language barriers will receive assistance to ensure comprehension. The company takes appropriate steps to ensure residents with disabilities, including those who may be deaf or hard of hearing, those who are blind or have low vision, or those with intellectual, psychiatric or speech disabilities, have an equal opportunity to to participate or benefit from all aspects of the company's services, while being

safe and secure in the program environment. The following are addressed in policy with specific instructions related to each disability or limitation: 1) Literacy; 2) Impaired Comprehension; 3) Limited English Proficiency; and 4) Clients who cannot read because of blindness. Policies prescribe how staff should provide information to literacy impaired individuals by asking the client to repeat back what has been said. Staff are required to accommodate any client unable to comprehend and/or speak English, including those who are deaf, through internal and/or external sources. This may be accomplished through use of alternative language or sign language interpreters and/or translated forms. CSI, also maintains a list of bilingual staff who can assist with interpretation, as needed. Section 4.3 of that policy requires if an interpreter is required the program is required to look internally for resources. If a staff, competent in that language is unavailable, the Area Director and/or Assistant Chief Operations Officer will be contacted to explore other options. CSI also has contracted with Language Line to provide interpreter services via phone or video. The directions for accessing Language Line is provided in Paragraph 4.4 of the policy. Paragraph 7.0, LEP Residents in Relation to PREA, requires CSI to ensure residents with limited English or comprehension skills are fully able to participate in or benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and harassment and will ensure that residents receive meaningful access and can contribute to prevention and detection of sexual abuse and harassment. Clients may be provided avenues of translation including sign or language interpreters, or forms translated into an understandable format by the client. The method will be determined by the individual need of the client. Policy requires that CSI not rely on resident interpreters, resident readers or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective translation could compromise the resident's safety, the performance of first-response duties under PREA 115.264 or the investigation of the resident's allegations. Use of an interpreter must be documented.

The program also has the ability to screen, for appropriateness, referrals to the program enabling them to know before the resident's arrival if they need interpretive services. The facility has access to video interpretive services enabling residents with disabilities such as "deafness" or limited English proficiency to receive professional translation services in the absence of a staff who is able to translate.

Interviews with randomly selected staff indicated that, generally, they would not allow a resident interpreter. They indicated the facility had bilingual staff who could translate Spanish. About half were not aware of the availability of interpretive services available by web cam. None of the residents who were interviewed presented any disabilities nor were there any who were Limited English Proficient or disabled, requiring the services of an interpreter. Staff reported that they have not had any disabled or LEP residents in the past 12 months.

Standard 115.217 Hiring and promotion decisions

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy AWR 20-29, Sexual Assault-Harassment-PREA Compliance, Paragraph 4.E, Hiring and Promotion Decisions, requires all employees have a criminal background check completed at the time of employment, prior to promotion and at least once every five years thereafter. New employees are screened by human resources staff before starting employment and are required to disclose any previous misconduct of a sexual nature, whether engaging in, or having attempted to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion; or if the employee has been civilly

or administratively adjudicated to have engaged in any of this activity. Material omissions regarding misconduct, or providing false information will be grounds for termination. CSI Policy 2.5.15, Reporting Arrests/Charges of Abuse or Neglect, requires a criminal background and protective services check on employees every two (2) years on their anniversary date. This is reaffirmed in CSI Policy, 2/1/9, Re-Verification of PSC/CBC, by requiring every two (2) years, CSI will conduct a Protective Services Check and Criminal Background Check for all current employees. CSI will also conduct a motor vehicle check annually of all employees in Home Based Services Programs.

Staff are required to continue to disclose any sexual misconduct in the community facilitated by force, or coercion, or if the victim did not consent or was unable to consent. Policy 2.5.15, Reporting Arrests/Charges of Abuse or Neglect, requires that an employee who is arrested or has a charge of abuse or neglect filed with a state agency must report that fact within 24 hours to their supervisor and provide all relevant documentation including case disposition, when available. CSI imposes a continuing affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct, or provision of materially false information, is grounds for termination. The Chief Executive Officer is responsible for ultimately determining if the employee may continue to perform their duties while awaiting case disposition.

A reviewed Internal Application for Job Posting contains a Disclosure section that asks the applicant the following questions: 1) Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution such as a public or publicly or politically financed facility providing medical or mental health treatment? ; 2) Have you ever 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 the victim did not consent, or was unable to consent?; and 3) Have you ever been civilly or administratively adjudicated to have engaged in, or attempted 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? At the bottom of that form, HR: has to answer the question: "Have there been any incidents of sexual harassment pertaining to this applicant?"

CSI uses the Community Solutions Employment Reference Check Form to elicit information about past work performance. One of the questions asked of the previous employer is this; "Are you aware of any substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of sexual abuse or sexual harassment"? If so, the employer is asked to explain. Policy 2.4.7, Promotions/Transfers, requires CSI to consider any incidents of sexual harassment in determining whether to promote and promotions would also be contingent upon completion of background checks.

Policy also requires all volunteers and contractors to have a criminal background check completed prior to having contact with any resident. Any volunteer or contractor involved in sexual misconduct in this community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent will be not be enlisted to provide services to residents.

CSI Policy, 2.1.8, Background Checks, requires full disclosure of prior criminal convictions and/or substantiations of child abuser/neglect at the time of application are required. Additionally, during the hiring process, the applicant is asked directly about previous misconduct regarding sexual abuse and/or sexual harassment through written applications or interviews. Once hired and employed, the employee has an obligation to disclose any such misconduct. Material omissions regarding such misconduct, or the provision of materially false information, is grounds for termination. 2.4.7, requires promotions are contingent upon completion of background checks. 2.5.15, Reporting Arrests/Charges of Abuse or Neglect, requires any employee who has a charge of abuse or neglect filed with a state agency must report the fact within 24 hours to their supervisor and provide all relevant documentation including case disposition, when available. CSI imposes a continuing affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct, or the provisions of materially false information, is grounds for termination.

In policy 2.1.7, Selection, CSI acknowledges it will make its best efforts, based on federal, state and local laws to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of sexual abuse. CIS will not hire or promote anyone who may have contact with clients who has engaged in sexual abuse in a prison, jail or lockup, community confinement facility, juvenile facility, or other institution; anyone who has been convicted and civilly or administratively adjudicated for 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.

2.1.9 Re:Verification of PSC/CBC, requires every two(2) years CSI staff will conduct a Protective Services Check and Criminal Background Check of all current employees as per the requirements for the program they are operating. CSI also conducts a motor vehicle check annually for all employees expected to drive a company vehicle or transport clients in their personal vehicle.

CSI also considers any incidents of sexual harassment in determining whether to hire or promote a candidate.

The agency's Human Resources Staff explained the agency's hiring process, including asking the applicant the relevant and required PREA questions, reference checks and background checks. Applicants are asked the PREA related questions on the Background Check Information Form. Background checks include the National Criminal Search, Social Security Number check, and motor vehicle records check. Checks are also required every five (5) years. Documentation of background checks and staff answering the PREA related questions were provided for review.

Standard 115.218 Upgrades to facilities and technologies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy AWR 20-29, Sexual Assault-Harassment-PREA Compliance, 4.F., Upgrade to Facilities and Technologies, requires CSI to ensure any substantial modifications of existing facilities will consider the effect of the design or modification in protecting residents from sexual abuse. Any video equipment upgrade will also consider the Program's ability to protect residents from sexual abuse.

The reviewed Pre-Audit Questionnaire reported there have been modifications to the existing facility and that there been upgrades to the monitoring technology during the past twelve (12) months.

Interviews with the agency head's designee, the PREA Coordinator and Assistant Program Director confirmed that in considering any modifications to the facility or enhancements or upgrades to video monitoring system, electronic surveillance system, or other monitoring technology, CSI will consider how such technology may enhance the agency's ability to protect residents from sexual abuse. This facility has multiple cameras primarily viewing down halls covering a number of blind spots. Some of the cameras were installed since the last audit and were placed to mitigate blind spots.

Standard 115.221 Evidence protocol and forensic medical examinations

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

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy requires that staff contact local authorities to investigate allegations of sexual abuse if the incident appears to be criminal in nature. Victims of sexual abuse have access to forensic medical examinations without financial cost where evidentiary or medically appropriate. Forensic exams, if needed, are to be conducted at a local hospital; either Saint Mary’s or Waterbury. Examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination will be performed by other qualified medical practitioners. CSI shall document its efforts to provide SAFEs or SANEs.

As requested by the victim, the victim advocate, qualified CSI staff member, or qualified staff from a community based agency shall accompany and support the victim through the forensic medical examination process and investigatory reviews and shall provide emotional support, crisis intervention, information, and referrals.

The Chase Center provided a Memorandum of Agreement (MOA) between the program and CONSAAC. The MOA included an agreement to provide supportive services to the victim residents from Chase Center. These services include providing a sexual assault crisis counselor who can meet the resident at the hospital and provide supportive counseling and services during a forensic exam and during an investigation, when requested by the victim.

Staff serving as first responders are aware of the importance of protecting the evidence and all were able to articulate the steps they would take to protect evidence, including advising the victim not to change clothing, use the restroom, drink or eat, brush their teeth or take any other actions that could diminish the evidence. The same would be required of the alleged perpetrator.

Criminal investigations are conducted by either the Waterbury Police or the Connecticut State Police depending on whether the resident was a state or federal resident.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy, Policy to Ensure Referral for Investigations, requires that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The PREA Coordinator serves as the staff responsible for conducting PREA related administrative investigations. The PAQ reported that there were no allegations of sexual
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harassment that was made during the past 12 months and no allegations of sexual abuse. This was confirmed through interviews with administrative staff and the PREA Coordinator.

Interviews with the PREA Coordinator and the Assistant Program Director confirmed that all allegations of sexual abuse are reported either to the Waterbury Police Department or the Connecticut State Police. The facility would be responsible for protecting the crime scene and instructing the alleged victim and alleged perpetrator not to shower, bathe, change clothing, eat, drink, use the restroom or take any other actions that might diminish the evidence. The crime scene is protected until the police arrive.

The PREA Coordinator has received specialized training to conduct sexual abuse investigations in confinement settings. She described the training she received and described her role in conducting an administrative investigation. Following an administrative investigation into reports of sexual harassment, either resident on resident or staff on resident, the PREA Coordinator consults with the Chief Operating Officer and Human Resources to determine the appropriate sanction if the allegation involves staff and ensures disciplinary action is taken against a resident violating a sexual harassment policy. The standard of evidence used to substantiate a case is the preponderance of the evidence or less.

Randomly selected staff related that they are required to make a report of any suspicion, allegation, report or knowledge of an incident of sexual abuse or sexual harassment. They also related that these incidents would be investigated. When asked who would be responsible for conducting investigations, most of the staff were aware that the investigations would be conducted by the Waterbury Police Department and some mentioned the State Police. They also identified the PREA Coordinator as a staff who would be responsible for conducting investigations.

Standard 115.231 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary

CSi Policy, AWR 20-29, Sexual Assault-Harassment-PREA Compliance, 11.0, Training, requires all staff, volunteers and interns to be trained to recognize and report abuse prior to their working with clients. PREA compliance, concerns and issues are ongoing agenda items at program staff meetings. Additionally, staff are required to attend annual refresher PREA training. The refresher training is developed to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency provides refresher information on current sexual abuse and sexual harassment policies which will be conducted during monthly staff meetings.

Staff indicated they are trained in all of the required PREA Topics when they are hired. According to those interviews, staff attend training, as a new hire, at the corporate office. There they receive a block of PREA Training. Additionally, they receive it on-site during their orientation. Provided Orientation Checklists for Adult Services, documented staff receiving the following training in PREA during their Orientation to the facility: 1) Recognizing the signs of sexual abuse and physical abuse; 2) Prevention of incidents of sexual and physical assault/abuse; 3) Reporting protocols for sexual and physical assault/abuse; 4) Sexual Harassment; 5) Search training; 6) Three hours of additional PREA training and 7) Limited English Proficiency. Orientation Forms were signed and each training block was documented. Staff also related they receive PREA

Training as new hires, through orientation, through monthly staff meetings, through multiple posters located throughout the facility and interestingly enough staff stated they all perform intake at one time of another and as a result they are frequently going over the PREA information. This, they indicated, reinforces their knowledge and understanding of the PREA Standards.

The facility provided a document entitled Program Staff Meeting PREA Agenda Topics. This document identified the topics required to be covered in monthly staff meetings. Monthly topics included: 1) Zero Tolerance, Who is at Risk, What is Sexual Abuse and Harassment; 2) Reporting Procedures/Coordinated Response Plan/Vulnerable Adults; 3) Conducting and Utilizing the Resident PREA Assessment and Re-Assessment Tools; 4) Incident Report Writing; 5) Security and Supervisor; 6) Support Resources; 7) Educating Residents with Special Comprehension Problems; 8) Signs and Detection; 9) First Responder Duties; 10) Resident Education; 11) Confidentiality; and 12) Factors Regarding Volunteers/Interns/Contractors. Monthly meeting minutes documented training for the past 13 months.

Standard 115.232 Volunteer and contractor training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSi Policy, AWR 20-29, Sexual Assault-Harassment-PREA Compliance, 11.0, Training, requires volunteers and interns to be trained to recognize and report abuse prior to working with clients.

CSi policy requires 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. 20-28, B. Volunteer/Intern and Contractor Training, requires volunteers or interns who will be working unaccompanied by staff with residents will receive the same training as employees. They will also sign an acknowledgment that they have received PREA Training and that they understand the PREA policy. Contractors will be briefed on CSI's PREA Policy and sign a PREA Acknowledgment form noting that they have been provided with information on CSI's zero tolerance policy and reporting procedures.

All volunteers and contractors who have contact with residents will be notified and provided a copy of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report sexual abuse. The facility, according to staff, advised the only contractors they have are those who come into the facility to perform a function and leave. These are accompanied by staff. They are required however to acknowledge they understand that CSI has a zero tolerance policy for sexual abuse, sexual harassment or any other form of unlawful harassment. They also acknowledge they are prohibited from engaging in any act that may be construed as sexual abuse or harassment. Their obligation to report any suspicion or observation of abuse or harassment is documented. The email address, phone and fax, as well as the physical address for the agency PREA Coordinator is provided. Contractors acknowledge that by engaging in sexual abuse, sexual harassment or other unlawful harassment they are subject to disciplinary action as well as prosecution.

Standard 115.233 Resident education

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSi, Policy AWR 20-05, Services and Programming, 8.0, Education and Training on PREA Policies, requires all clients to be advised during their initial intake on the company policy against abuse and how to report incidents or suspicions of sexual abuse or sexual harassment. AWR, 20-29, Sexual Assault-Harassment-PREA Compliance, 11.0, Training, provides for residents to be educated on their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents. Clients transferring from another facility will be provided refresher information during intake. The staff person conducting the intake completes the PREA Education Checklist with the client. Policy also requires, in paragraph 8.2, that PREA specific training during orientation and subsequent house meetings will include the following: 1) CSI’s zero tolerance policy; 2) prevention, detection, reporting and responses to sexual abuse or assault allegations or observations; 3) the rights of clients and staff in reporting allegations and to be free from retaliation; 4) the dynamics of sexual abuse and harassment in confinement; 5) how to detect and respond to signs of threatened and actual abuse; 6) how to avoid inappropriate relationships with clients; 7) appropriate communication with clients (including lesbian, gay, bisexual, and transgender clients); and 8) how to comply with relevant laws regarding reporting sexual abuse. Client attendance is required to be documented in the facility’s shift log. AWR 20-29, 11.3 (Training), requires PREA training during house meetings on all of the topics specified above in AWR 20-05, Services and Programming, 8.0, Education and Training on PREA Policies. 6.0, Training and Education, C. Resident Education, requires during intake orientation, all residents will receive a resident handbook and a facility handout containing information about PREA. All residents sign an acknowledgment that they have received the handbook and the PREA handout which contains the following information: 1) Facility’s zero tolerance policy regarding sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse, sexual harassment; their rights to be free from sexual abuse and sexual harassment; their rights to be free from retaliation for reporting such incidents and agency policy and procedures for responding to such incidents and 2) The resident handbook, PREA handout, and all related material will be made available in various formats to ensure those residents with limited English proficiencies, deaf, visually impaired or otherwise disabled resident will be able to participate in all aspect of PREA.

Residents are provided the PREA Brochure, “What You Should Know About Sexual Assault, Sexual Abuse and Sexual Harassment”. This brochure reiterates the CSI’s Zero Tolerance for Sexual Abuse and Sexual Harassment, provides information about sexual abuse, how to avoid sexual abuse and how to report it. It reaffirms that residents have the right to be free from all types of sexual abuse/harassment and the agency has a duty to protect the resident ; the right to tell anyone about any sexual abuse/harassment either encountered or witnessed; and the right to be free from retaliation for reporting sexual assault/harassment. Included on the brochure is the CSI’s address, phone number, fax number and website. Several places on the brochure address ways to report including telling any CSI employee, verbally telling anyone the resident trusts, by filing a written grievance or contact the Connecticut Sexual Assault (CONNSACS) hotline (number provided). Contact information is provided for the National Sexual Assault Hotline; RAINN (Rape, Abuse and Incest National Network) and for the Connecticut Sexual Assault Crisis Services (mailing address and phone number provided).

During intake, staff are required to complete the required form for each resident which indicates the resident has received the required notices. This form will be signed by the resident, along with the staff conducting the intake, and retained in the resident’s file.

During intake, the resident must also be referred to signage posted in the facility stating the zero tolerance policy. A poster entitled Prison Rape Elimination Act (PREA) reminds residents they have the right to report and are encouraged to report sexual abuse or sexual harassment. These are the ways residents are told they may report: 1) To any staff member, including the Program Director; 2) To any person the resident feels safe in discussing these matters; 3) Sexual Assault Crisis Services (address, hotline number and office number provided); 4) Connecticut Sexual Assault Crisis Services (address, hotline number, office number provided); 5) The National Office of Victims of Crimes (address, and phone number provided) and 6) The Rape Abuse and Incest National Network (toll free number provided)

CSI also requires that the facility provide resident education in formats accessible to all residents, including those who are limited English proficient, disabled or who have difficulty comprehending.

In addition to providing such education, the Chase Center makes accessible key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

Residents receive a copy of the Resident Handbook that contains valuable PREA Related information.

Upon completion of Orientation, the client/resident initials having received the required PREA education, including the following: 1) PREA Posters and Contact/Reporting Numbers; 2) Zero Tolerance Policy; 3) Right to be free from sexual harassment and sexual abuse; 4) How to report incidents or suspicions of sexual harassment or sexual abuse; 5) Right to be free from retaliation for reporting incidents of sexual harassment and sexual abuse; and 6) CSI's policies and procedures for responding to incidents of sexual harassment and sexual abuse and accountability by the Federal Government.

Interviewed staff who perform intake indicated they provide the resident PREA related information during the admissions process. This includes information verbally and in writing. Residents are reportedly read the PREA Policy and told that the facility has a zero tolerance for sexual abuse or sexual harassment. They are told how to report sexual abuse and sexual harassment and these include staff, at work and through third parties. They also encourage the resident to report prior sexual abuse as well and that every incident will be taken seriously. They are shown the PREA Posters that include the hotline numbers. They are also advised the facility would accept reports made anonymously. One hundred percent (100%) of the interviewed residents described the intake and admissions process as one in which they received information verbally. They stated the intake staff explained the PREA information and also gave them information in writing. They also were asked to acknowledge, in writing, by their signature, that they understood the information given to them and how to report it if it occurred.

Interviewed intake staff described a process during which they provided information orally as well as in writing. They stated they explain zero tolerance and go over the PREA brochure and give the residents the opportunity to ask questions and to clarify anything they do not understand. Interviewed residents reported they received the PREA information during the admission process on the same day. They related the information was given to them orally and in writing. They confirmed the intake staff read some of the information, engaged them in conversation about it and provided written information. They related they signed an acknowledgment following the orientation. Residents confirmed a thorough and informative process and not just a hurried exposure to the information.

Standard 115.234 Specialized training: Investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy, AWR 20-29, Specialized Training: Investigations, states CSI will refer any criminal act to local law enforcement and the CT DOC (Parole) or FBOP. The agency provided a training curriculum for conducting PREA investigations. The curriculum covered topics including the Prison Rape Elimination Act, standards for investigations in a confinement setting; Basic Investigation Steps, Interviewing, Gender Communication, and Changing the reporting culture. Training was documented on an attendance roster dated 10/13/15. The training was conducted by the Department of Correction PREA Director. An interview with the PREA Coordinator confirmed she is knowledgeable of investigative techniques. She affirmed that she would conduct administrative investigations while the State Police would conduct criminal investigations. There have been no allegations of either sexual abuse or sexual harassment during the past twelve months.

Standard 115.235 Specialized training: Medical and mental health care

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

This standard is rated not-applicable. The facility does not employ medical staff, either part time, full time or contracted nor does the facility employ any part time or full time mental health staff. All medical and mental health services are referred to the local hospital, appropriate community service organizations or to the Connecticut Department of Correction. This is confirmed through a review of CSI policy and through interview with the Agency PREA Director and the Agency’s PREA Coordinator.

Standard 115.241 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy, AWR 20-05, Services and Programming, 10.0, Assessments, requires the Case Manager and resident to complete the SVAT (Vulnerability Screening) screening, during orientation (within 3 business days of admission). Paragraph 10.3 addresses the SVAT Assessment. The SVAT Assessment will be initiated by the Case Manager. The assessment is to be used as the guiding component in the planning process to reduce the risk of victimization. Upon arrival and during intake any further risk factors are brought to the Program Director for evaluation and possible further actions.

CSI requires the Risk of Sexual Abuse Victimization or Sexual Abusiveness Assessment based on the Sexual Violence Assessment Tool is to be completed within 72 hours of admission. CSI's instrument is objective and rates the resident's risk for either victimization or aggressor. Residents have the right not to answer or fully disclose information while participating in the assessment. The assessment (AWR, 20-05, Services and Programming) requests and considers the following information:

- Mental, physical or developmental disability
- Resident's sexual orientation (transgender, intersex or gender non-conforming)
- Whether the resident has been a victim of sexual harassment or abuse
- Resident's own perception of vulnerability
- Previous incarcerations
- Violent or non-violent criminal history
- Previous sex offenses
- Age
- Physical build

Residents will not be disciplined for not answering questions that cover the subject matter.

Additionally, CSI implements 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.

Reassessments are required to be completed no later than 29 days from the date of admission. Reassessments are to be noted in the progress notes of the resident's file. Policy also requires residents to be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the resident's risk for sexual victimization or abusiveness. Residents will not be disciplined for refusing to answer or discuss information requested by the intake form. (Reassessment considers the following):

- Any additional relevant information received since the resident's intake screening
- Upon request from the referral source
- An incident of sexual abuse
- Any other information gathered that bears on the resident's risk of victimization or abusiveness
- If the resident is transferred to another CSI program

CSI Policy AWR 20-29, Sexual Assault-Harassment-PREA Compliance, 4.0 Assessment Planning, requires that upon referral the client's referral package is reviewed for indicators of either a history or indicators of previous abuse or predatory behavior. The client is either accepted or denied, as appropriate. Risk factors are considered in housing the client upon arrival. Risk Factors for victimization include: Transgender/Transsexual; Sex Offenders; Homosexual; Bisexual; Younger than the general population; Frail, small in stature; Mentally ill; Developmentally Disabled; Physically, mentally, cognitively or communicatively impaired; First time offender; or Has a history of sexual abuse/victimization. Risk factors for predation include: History of previous behavior; long history of incarceration; large physical size; aggressive demeanor.

Upon arrival and during intake any further risk factors are brought to the attention of the Program Director for evaluation and possible further actions.

To determine risk, the agency uses the Sexual Violence Assessment Tool. This has to be completed within 72 hours of admission. Reassments take place prior the 29th day of admission. The Re-Assessment process includes a second assessment completed by the case manager, which incorporates any additional and relevant information received after the initial assessment. Reassessments also occurs after a request from the referral source, an incident of sexual abuse or any other information gathered that bears on the client's risk fo victimization or abusiveness. Residents have the right to not answer or fully disclose information with questions regarding whether or not the client has a mental, physical or developmental disability; the client's sexual orientation including transgender, intersex or gender non-conforming; whether the client has been a victim of sexual harassment or abuse; and the client's own perception of vulnerability.

Several staff who conduct the victimization screening were interviewed. These indicated the screening is conducted in private and is conducted within 24 hours of admission. They indicated that endorsing five (5) specified questions would result in a resident being put on a vulnerable or aggressor continuum and a score of 10 or higher on either scale requires the screening staff to notify the supervisor. Reassessments are conducted 29 days following the initial assessment to determine any changes since the initial assessment.

Interviewed residents indicated they are being asked the questions on the screening instrument and that they were asked again. Residents indicated in their interviews the screening process was conducted either on the same day they were admitted or not later than the next day and that it was conducted in privacy.

Standard 115.242 Use of screening information

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy, AWR 20-05 Services and Programming, 10.5, requires the Sexual Violence Assessment Tool, is used in determining bed, work, education and program assignments so that residents at risk for sexual victimization are kept separate from resident's with high risks to be sexual aggressors. These are done on a case by case basis. Room and program assignments for transgendered or intersexed residents are also completed on a case by case basis. Decisions are made after a conversation with the client about their preferences and safety. Room selection is determined by room availability however room assignments of existing residents may occur. Transgender and intersex residents are given the opportunity to shower separately from other residents. CSI programs are prohibited from placing lesbian, gay, bisexual, transgender or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status.

CSI Policy, AWR 20-29, Sexual Assault-Harassment-PREA Compliance; 4.5, affirms information from the Sexual Violence Assessment Tool will be used to determine bed, work, education and rogram assignments so the client's at risk for sexual victimization are kept separate from client's with high risks to be sexually abusive. These are done on a case by case basis. Room and program assignments for transgendered or intersex clients are also completed on a case by case basis. Decisions are made after conversation with the client about their preferences and safety. Room selection is also determined by availability but room changes of existing clients may occur. An interview with staff who perform screening for victimization and abusiveness stated they would use the information from

the risk screening to make the best decisions for housing the resident. Residents at risk for sexual victimization would not be placed in a room with any potential predator. Too, they can be housed in a room closest to the security station. If necessary the resident could be assigned to another transitional program. They indicated that staff access to information about the resident derived from the screening would be provided on a need to know basis. They also stated that if a resident reported prior victimization the resident would be referred for a follow up with mental health. Staff related that there have been no residents who disclosed prior victimization or prior abusiveness. The auditor reviewed 40 assessments and 25 reassessments. All of them were completed as required.

Standard 115.251 Resident reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

This standard is rated exceeds. The rationale for this rating is that CSI offers multiple ways for reporting both inside and outside the facility. The facility allows residents to possess cell phones enabling them to report to anyone at anytime day or night. Too, residents are in the community searching for jobs or working and have access to the community. CSI Policy AWR 20-29, Sexual Assault-Harassment-PREA Compliance, 5.4, provides for ways clients may report. Policy provides for client’s to report verbally or in writing to any staff member. Client’s may report at any time regardless of when the alleged event took place. Client’s with limited English proficiency or other impairments to comprehension or communication will be provided every reasonable assistance in reporting. Where an extended delay in obtaining an effective interpreter could compromise the client’s safety, the performance of first responder duties or the investigation of the resident’s alleged actions, CSI staff may not rely on resident interpreters, resident readers or other types of resident assistants. Reports may also be made anonymously by phone or using the Suggestion/Complaint Box. The victim or third party may make the complaint but regardless of who makes the report, it must be taken seriously and reported.

The resident handbook provides information to residents on how to report. Page 22, Abuse, states “any person who has been the victim of or witnessed sexual/physical abuse/harassment/misconduct should report it to any staff immediately without fear of retribution or retaliation. The report may be verbal or written. The company also provides the address to Community Solutions, as well as the phone number. AWR 20-29, Sexual Assault-Harassment-PREA Compliance, A., Resident Reporting, requires all residents to be advsed of all reporting options during intake through the Resident Handbook issued to residents upon their arrival at the program. Policy also requires residents to receive information on how to privately report any information related to sexual abuse, sexual harassment, sexual misconduct, retaliation or staff actions that may have contributed to an incident. At Intake and during orientation, the resident is provided with numbers and addresses for victim advocate services along with the toll free rape crisis hot line numbers. PREA Related information is also continuously available to residents through posters placed throughout the facility. AWR 20-36 Incident Reporting, 6.0, Reporting, provides for clients to report abuse verbally or in writing to any staff member. They may report sexual abuse/assault at any time regardless of when the alleged event occurred. If a resident has Limited English Proficiency or other impairments affecting comprehension or communication will be provided every reasonable assistance in reporting an incident. Under limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first responder duties or the investigation of the resident’s alleged actions, CSI staff may use a resident

interpreter. Residents may make anonymous reports by telephone or using the Suggestion/Complaint Box. Reports may be made by the victim or by third parties.

Residents at the Chase Center have multiple internal ways for residents and staff to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Residents are informed during intake about the multiple ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such behavior and staff neglect or violation of responsibilities that may have contributed to such incidents. How to report an incident of sexual abuse and/or sexual harassment is also outlined in the resident handbook given at intake. All residents sign an acknowledgement form that they have received the handbook.

Residents were able to articulate multiple ways for reporting sexual abuse, sexual harassment or retaliation if it occurred. The most common response, when asked how they would report, was that they would tell a staff member. They also stated they could tell a family member. When prompted they could recall more ways to report. They all were aware of the hotline number. Most of the residents in the program have their own cell phones or have access to them to use to report an incident of sexual abuse or sexual harassment. Additionally, most of the residents have jobs in the community or are looking for jobs in the community, enabling them to have access to the community if needed to make a report of sexual abuse or sexual harassment. Residents who were interviewed expressed to the auditor that sexual abuse, assault or sexual harassment does not occur in this facility. They attributed this to the fact that most of the residents have come from harsher correctional environments and do want to lose the opportunity to be in this program preparing them for release into the community.

Standard 115.252 Exhaustion of administrative remedies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy, AWR 20-28, Grievance Procedures, 6.0, Grievances Regarding Sexual Abuse, affirms that the standard grievance time frames of 5 days do not apply to complaints of sexual abuse. Emergency grievances alleging sexual abuse, sexual harassment and allegations that a resident is at substantial risk of imminent sexual abuse are responded to within 48 hours and a final agency decision within 5 days. Residents alleging sexual abuse may submit their grievance without having to submit it to a staff member who is the subject of the complaint nor will the grievance be referred to the staff member who is the subject of the complaint. Paragraph 6.2, ensures a resident does not have to use any informal grievance process or otherwise attempt to resolve with staff an alleged incident of sexual abuse. The PREA Coordinator will coordinate the investigation, including calling the agency with legal authority to conduct criminal investigations. The Human Resources Manager and other pertinent CSI administrative staff will also be involved and further explore from an administrative point of view any issues dealing with staff. Policy addresses the appropriate time frames.

Third parties are permitted to assist or file requests on behalf of a resident. If the resident declines to have the request processed, the agency documents the decision. Information for reporting is available on the agency's website. This

information enables individuals wishing to file reports or complaints on behalf of a resident to have the information they need to report it and how to report it and to whom. Upon receipt of a grievance alleging sexual abuse, program staff are required to offer the resident medical and emotional support services.

CSI may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

Interviewed staff related a grievance alleging a resident was at substantial risk of imminent sexual abuse or alleging sexual abuse or sexual harassment would be treated as an emergency grievance and would be given to the staff having the authority to respond expeditiously to the report. Residents related the grievance process was one way they could report however they stated that would not be one of their first choices as a way to report. When asked if they had ever filed an emergency grievance in this facility, all of the interviewed residents said they had not.

There were no grievances alleging sexual abuse, sexual harassment or that a resident was at substantial risk of sexual abuse during the past twelve (12) months. This was confirmed through interviews with administrative staff and the reviewed Pre-Audit Questionnaire.

Standard 115.253 Resident access to outside confidential support services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy, AWR 20-28, Grievance Procedures, 6.7, requires that residents are provided with information regarding access to outside victim advocates for emotional support services related to sexual abuse. Information such as telephone numbers and mailing addresses including the toll free hotline numbers for victim advocacy and rape crisis organizations are given to the resident during their orientation period. Organizations and numbers are posted throughout each facility. The facility has an agreement with the Connecticut Sexual Assault Crisis Services. This agency agrees to provide a toll free and confidential number for residents to call. Residents who have been the victim of prior or recent sexual abuse may call the toll free number to access outside support services from trained advocates. Advocates will respond to the hospital to provide support to a victim during the forensic exam and afterwards in any investigative interviews as requested by the victim.

Residents also have liberal access to their attorneys, family, DOC Parole Officers and the community in general when they are at work or out in the community looking for jobs.

Interviewed residents were not aware of CONSACCS as an outside support group however they did acknowledge that the information was made available to them through postings and information contained on the PREA Brochure and in the handbook. Every resident who was interviewed reported if they needed outside support services, they could google it or ask a staff and they were sure they could get that information.

Standard 115.254 Third-party reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are allowed to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents however the alleged victim must agree to have the request filed. If the resident declines to have the request processed on his or her behalf, this information will be documented.

If a staff receives a third party report of sexual abuse or sexual harassment they are required to forward the report to their immediate supervisor who will in turn forward the report to the Program Director and/or PREA Coordinator who will follow the proper PREA reporting guidelines and ensure the allegation/report is investigated.

The Community Solutions Website contains information for viewers related to PREA. The website states CSI has staff who are specially trained to investigate sexual harassment incidents according to PREA and serve as investigators. It advises viewers that anyone can report a case of sexual abuse or sexual harassment, including a staff person, a resident’s family, or a friend and that all reports will be investigated and kept confidential. Additionally, viewers are told that anyone interested in reporting an instance of sexual abuse or sexual harassment against a CSI staff person, a volunteer, intern, contractor or program participant may do so without fear or reprisal or retaliation. The contact information for the CSI PREA Coordinator is provided. Contact information includes the PREA Coordinator’s email address, phone, fax and physical address. The site also provides the 24 hour PREA Hotline for reporting instances of sexual abuse and that all information will be kept confidential.

Standard 115.261 Staff and agency reporting duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy, AWR 20-29, 8., Official Response Following Resident Report, A., Staff and Agency Reporting Duties, affirms that all staff are required to report any instance of alleged or actual sexual abuse or sexual harassment, retaliation, or staff neglect

to their Program Director, next level supervisor or the PREA Coordinator immediately. Staff members will not reveal any information related to the report to anyone other than the extent necessary. Policy also requires the PREA Coordinator or designee to ensure the appropriate law enforcement is contacted on all criminal matters for investigation. The Connecticut Department of Correction or Federal Bureau of Prisons, as appropriate, must also be notified of any incidents or allegations of sexual abuse or harassment. Policy also requires, in 2.5.8, Relations with Clients, that employees who have any knowledge or suspicion of inappropriate relations amongst staff and clients or contractors/volunteers/interns with clients are obligated to report such information even if it is thought to be a rumor. Failure to report to a next level supervisor will result in disciplinary action.

CSI Policy AWR 20-29, Sexual Assault-Harassment-PREA Compliance, 5.0, Reporting, requires any employee who wants to report an incident of sexual or other unlawful harassment should promptly report to his or her supervisor. If the supervisor is unavailable or the employee believes it would be inappropriate to contact that person, the employee should immediately contact the next supervisor in the chain of command. Employees can raise concerns and make reports without fear of reprisal. A supervisor or manager who becomes aware of possible sexual abuse or other unlawful harassment should promptly advise the next supervisor in the chain of command, who will conduct a formal investigation in a timely and confidential manner. If the report is that of a criminal nature, the Connecticut State Police will be contacted to investigate the report, while an administrative investigation occurs simultaneously. Consensual activities must be reported too.

AWR 5.5, Requires staff to notify the Program Director, Duty Officer or PREA Coordinator as soon as possible but not later than the end of their scheduled shift. An incident report must be submitted by the end of their scheduled shift as well. Staff may make reports privately. Care must be taken, as well, to ensure unauthorized staff are not privy to the information. Entries are generally not made into the log unless specifically directed to by the Program Director. If the report is against the Program Director, the Area Director or PREA Coordinator will receive the report.

AWR 20-29, 5.7, requires staff to detect sexually, physical or psychological abusive behaviors and to intervene. This includes unchecked sexual acting out, such as swatting someone on the buttocks, sexually suggestive comments, and other inappropriate behaviors that could lead to more serious sexual offending. Staff are charged with actively paying attention to client "gossip", listening to comments, reading case files, watching clients interact, being observant for unexplained physical injuries, being alert for changes in behavior and monitoring isolated areas of the facility.

One-hundred percent (100%) of the interviewed staff, both randomly selected and specialized, stated that they are trained and expected to report everything, including suspicions, knowledge, allegations or reports of sexual abuse or sexual harassment. They all stated they will make an immediate verbal report to their supervisor and follow that up with a written report as soon as possible while the information is "fresh" on their minds and not later than the end of the shift. Supervisory staff were able to articulate the notification process as well.

Standard 115.262 Agency protection duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy, AWR 20-29, Sexual Assault-Harassment-PREA Compliance, 8., Official Response Following Resident Report, B., Agency Protection Duties, requires that upon receiving any information that a resident is subject to or at risk of imminent sexual abuse, the Program Director, PREA Coordinator and Chief Operation Officer will be notified and take appropriate action to protect the resident. Policy also requires that pending investigation, it is mandatory that every reasonable effort be taken to protect the victim from further abuse. This may, according to policy, include isolation of the victim until further measures can be taken including transfer of the victim or alleged abuser etc.

There have been no allegations or knowledge or suspicions that a resident was subject to a substantial risk of imminent sexual abuse during the past 12 months. There have been no emergency grievances filed in the past twelve months. This was confirmed through interviews with random and specialized staff and the reviewed Pre-Audit Questionnaire.

Standard 115.263 Reporting to other confinement facilities

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy, AWR 20-29, Sexual Assault-Harassment-PREA Compliance, 8.C., Reporting to Confinement Facilities, requires that upon receiving information of an allegation that a resident was sexually abused while confined at another facility, the Program Director will notify the Connecticut Department of Correction Parole, The Federal Bureau of Prisons (if applicable) and the facility head of the facility from which the inmate arrived and, if a Community Confinement facility, the head of that facility will be notified immediately but not later than 72 hours after receiving the allegations and an incident report completed documenting such notification. 3.0, j, of that policy requires if a client reports sexual harassment or assault that has occurred while confined at another facility, the CSI Program Director will notify the PREA Coordinator and the PREA Coordinator will then notify the head of the other facility appropriate office within 72 hours of the initial report. The PREA Coordinator will ensure that all claims received from other facilities from clients who alleged sexual abuse or sexual harassment that happened in a CSI facility are investigated according to PREA Standards.

There were no allegations received alleging sexual abuse that an incident of sexual abuse occurred at another facility. There were also no allegations received from another facility that a resident was sexually abused at the Chase Center. This was confirmed through interviews with the Assistant Program Director, the PREA Coordinator and through reviewing the Pre-Audit Questionnaire. The Assistant Program Director indicated, in an interview, that if an allegation was received, it would be investigated just like any other investigation. Too, if the Chase Center received a resident who alleged sexual abuse at another facility, the Chase Center Director would notify the head of the agency/facility where the resident alleged the sexual abuse to have taken place.

Standard 115.264 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

First responder duties are identified in the agency’s policy (AWR 20-29, Sexual Assault-Harassment-PREA Compliance), 6.0, Staff and First Responder Duties. Policy requires that the first staff member to respond to the report of sexual abuse/assault will be required to : 1) Separate the alleged victim and abuser; 2) Secure any crime scene until steps can be taken to collect any evidence; 3) If the abuse occurred within a time period allowing for collection of evidence, ensure the victim and abuser not wash, brush teeth, change clothing, urinate, defecate, smoke, drink or eat.

If the first responder is not a security staff member, the responder will be required to request that the alleged victim not take any actions that could destroy evidence and then notify security staff.

AWR 20-29,8.D., Staff First Responders, requires that upon learning of an allegation that a resident was sexually abused, the first staff person to respond separates the alleged victim and abuser, ensuring that neither showers, bathes, eats, drinks, uses the toilet, or changes clothes if the abuse occurred within a time period that still allows for the collection of physical evidence. The staff member will also secure the scene to preserve any physical evidence available and make appropriate notifications.

All of the interviewed staff (100%) were able to articulate the steps they would take as first responders, including separating the alleged victim from the alleged abuser, notifying their supervisor, treating the room/area as a crime scene, and requesting the alleged victim and abuser not to change clothes, wash or shower, brush teeth, use the restroom, eat or drink or anything that would affect the evidence.

There were no allegations of sexual abuse reported during the past twelve months. This was confirmed through reviewing the Pre-Audit Questionnaire and interviewing administrative staff and the Agency’s PREA Coordinator.

Standard 115.265 Coordinated response

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI has a policy governing “Coordinated Response” (AWR 20-29, Sexual Assault-Harassment-PREA Compliance), This PREA Audit Report

includes procedures for first responders, investigative responsibilities and the responsibilities of the agency's/program's leadership. The facility does not have medical staff or mental health staff on site.

Interviews indicated that staff are aware of their duties as first responders. They also understand the roles of each of the responders identified in the CSI Policy.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

The Chase Center is not involved in collective bargaining and the the PREA Coordinator, as well as the Assistant Program Director, confirmed that the agency has the capacity to take appropriate action in compliance with agency personnel policies including removing the staff member from the facility during an investigation.

Standard 115.267 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary

CSI Policy AWR 20-29, Sexual Assault-Harassment-PREA Compliance, 8.3, Agency Protection Against Retaliation, requires that all residents or staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation will be protected from retaliation by other residents or staff. Policy requires the PREA Coordinator to monitor the conduct and treatment of any resident or staff member who reported the abuse to see if there are changes that may suggest possible retaliation. Monitoring shall be conducted for at least 90 days but shall be extended beyond 90 days if there is a continuing need. Monitoring will include periodic status checks and taking any necessary protective measures to ensure resident and staff safety. If the original allegation is unfounded the facility is no longer under obligation to monitor.

CSI Policy, AWR 20-29, Sexual Assault-Harassment PREA Compliance, 9.0, Protection Against Retaliation, provides that
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residents and staff are able to make reports without fear of reprisal or retaliation. CSI will take measures to monitor means of retaliation against those who have reported or cooperated with investigations. The PREA Coordinator maintains responsibility for monitoring instances of retaliation. The retaliation monitor will take into consideration scenarios that may allow for retaliation such as transfer of programs or work environment. Every attempt will be made to reduce or eliminate contact between the abused and abuser or the persons reporting an incident. Monitoring will include review of the following: recent disciplinary reports, housing changes, program changes, negative case or progress notes, staff reassignments and negative performance reviews. The retaliation monitor related, in an interview, that monitoring would include making contact with the resident/or staff who has reported an allegation of sexual abuse or sexual harassment or who has cooperated with an investigation, at least weekly to ensure retaliation is not taking place. She related if the aggressor is a staff, the staff could be removed to another facility or on no contact with the resident. She would also monitor such things as disciplinary reports. For staff being monitored she would consider any disciplinary actions taken against the staff, and changes in work schedules etc. Monitoring would continue weekly for 90 days or more if indicated. There have been no allegations of sexual abuse or sexual harassment requiring monitoring for retaliation. This was confirmed by reviewing the Pre-Audit Questionnaire and interviews with the Assistant Program Director and the PREA Coordinator.

Standard 115.271 Criminal and administrative agency investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy, 9. Investigations, A. Criminal and Administrative Investigations, identifies the PREA Coordinator or designee to investigate all allegations of sexual abuse or sexual harassment, including reports from third parties, promptly, thoroughly and objectively. Allegations that are determined to be criminal in nature are immediately reported to law enforcement for investigation. If law enforcement determines there is no criminal activity, the facility will conduct its own administrative investigation into the incident. An administrative investigation will be documented, listing all findings including a determination whether staff actions or failures to act contributed to the incident. A criminal investigation will be conducted by law enforcement investigators and facility staff are required to cooperate with and assist with any request made by law enforcement. The PREA Coordinator will endeavor to remain informed about the progress of the investigation. 2.5.9, Policy Against Sexual Abuse/Harassment, also requires investigations into all allegations of sexual abuse and sexual harassment. Policy requires the investigating employee(s) to begin any investigation by interviewing the aggrieved individual(s). The investigator informs the "aggrieved" individual the company, will, to the extent possible, handle the matter confidentially. The investigator will also assure the individual that no one will retaliate against him/her and filing a complaint will not adversely affect an employee's evaluation, work assignment, advancement opportunities or any other term or condition of employment or career development. The investigator will be required to interview the alleged victim, alleged perpetrator, and witnesses/anyone with knowledge of the incident. The investigator will draft, date and sign a summary of the substantive areas of each interview conducted. Each person interviewed is asked to sign the statement. A separate document summarizing perceptions and judgements of the investigator, as to the credibility of the individual interviewed is required. Once completed, the investigation is forwarded to the Chief Operations Officer to determine whether anyone sexual harassed/abused the individual. 2.5.9, Investigations in Relation to PREA Standards, requires CSI to conduct an Administrative Investigation but not into allegations that are criminal in nature. When circumstances support criminal acts of sexual misconduct, CSI will suspend its investigation and refer the incident to law enforcement. The credibility of an alleged

victim, suspects or witnesses shall be assessed on an individual basis and shall be determined by the person's status as resident or staff. CSI shall not require a resident who alleges sexual abuse to submit to a polygraph exam or other truth telling device as a condition for proceeding with the investigation of each allegation. Where there is a belief that a criminal act may have taken place, the Program Director/Duty Officer shall direct the notification to law enforcement for criminal investigation. The PREA Coordinator will serve as the point of contact with the investigating agency. The investigation will obtain any documented written reports that contain a thorough description of physical, testimonial, and documentary evidence. The administrative investigation will include an effort to determine whether staff actions or failure to act contributed to the abuse. Reports will be retained as long as the alleged abuser is incarcerated or employed by CSI plus five (5) years. The departure of an alleged abuser or victim from the employment or control of CSI will not terminate the investigation. CSI will cooperate with investigations. When an outside agency conducts the investigations, CSI will endeavor to remain informed about the progress of the investigation. Investigations are substantiated, unsubstantiated or unfounded based on the facts and a preponderance of the evidence. Clients who have alleged sexual abuse or sexual harassment will be notified of the results of the investigation unless the allegation was determined to be unfounded.

An interview with the PREA Coordinator indicated she has completed the National Institute of Corrections Specialized Training for Conducting Sexual Assault Investigations in Confinement Settings. If an allegation involved criminal behavior or what appeared to be criminal behavior, the local police or the Connecticut State Police would be contacted to conduct the investigation. The PREA Coordinator will conduct the administrative investigation and consult with the CSI Chief Operations Officer in decision making following an administrative investigation.

Standard 115.272 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy 2.5.9, Policy Against Sexual Abuse/Harassment, Evidentiary Standards, requires that CSI shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The Pre-Audit Questionnaire and interviews with staff confirmed there have been no allegations of sexual abuse or sexual harassment during the past twelve (12) months. An interview with the facility investigator confirmed the standard of evidence in substantiating an allegation of sexual abuse or sexual harassment is a preponderance of the evidence.

Standard 115.273 Reporting to residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy, 2.5.9, Policy Against Sexual Abuse/Harassment, Investigations in Relation to PREA Standards, requires that clients who have alleged sexual harassment or assault will be notified of the following, unless the allegation was determined to be unfounded: 1) The staff member is no longer posted in the facility; 2) The staff member is no longer employed at the facility; and when 3) CSI learns that the staff member or client has been indicted on a charge and/or convicted related to sexual harassment or sexual abuse. All notifications or attempted notifications are documented. CSI’s responsibility to notify alleged victims will terminate if the client is no longer a CSI client.

An interview with the Agency PREA Coordinator confirmed that residents will be informed of the results of the investigation at the conclusion of the investigation.

There have been no allegations of sexual abuse during the past twelve months. This was confirmed through reviewing the Pre-Audit Questionnaire and interviews with administrative staff and the Agency’s PREA Coordinator.

Standard 115.276 Disciplinary sanctions for staff

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI provided a letter of termination of an employee for Violation of Personnel Policies, Professional Conduct and Responsibilities, Relations with Clients, Personal Telephone Calls, Adult Work Release Policy, Sexual Abuse Policy and Code of Ethics. This was the result of staff being involved in potentially inappropriate behavior with a resident without sexual contact. The termination was the result of staff misconduct. Staff who have violated the Agency’s sexual abuse policies will be subject to disciplinary sanctions up to and including termination and the presumptive sanction is termination. Too, the staff may be referred for prosecution. That determination will be made by the local police department or the Connecticut State Police.

The PREA Coordinator conducts administrative investigations and consults with the Agency’s Chief Operating Officer who makes the decision about the discipline and sanctions to be imposed.

Standard 115.277 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy, 2.11.6, Discontinuation of Service, acknowledges CSI has the right to curtail or discontinue services of a volunteer/intern for due cause. Due cause is shown where (Paragraph C) the volunteer or intern has been known to engage in sexual abuse or harassment. Upon notice, CSI will prohibit further contact with residents. If the act is criminal a criminal investigation will be pursued and CSI will report any sexual harassment or sexual abuse to law enforcement and licensing bodies as required.

There have been no volunteers or contractors who have been alleged to have committed any violations of agency policies related to sexual abuse, sexual harassment or sexual misconduct. This was confirmed through reviewing the Pre-Audit Questionnaire and interviews with staff and the Agency's PREA Coordinator.

Standard 115.278 Disciplinary sanctions for residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Community Solutions prohibits any form of sexual activity, including sexual harassment and has a zero tolerance for it. CSI Policy confirms residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following a finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Sanctions are 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. The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his behavior. Reviewed Policies and Procedures, as well as the resident handbook, confirmed residents who violate any of the agency sexual abuse or sexual harassment policies are subject to discipline and sanctions. If a violation involves criminal behavior, the resident may be subject to criminal prosecution. If the infraction is not criminal, the resident will be subject to discipline within the facility but also is most likely subject to be terminated from the program. This decision will be made in consultation with the Department of Correction. The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

Interviews with staff and the reviewed Pre-Audit Questionnaire confirmed there have been no allegations of sexual abuse involving a resident. There have also been no allegations of sexual harassment. The Assistant Program Director and PREA Coordinator articulated a disciplinary process that was consistent with the PREA Standards. Staff were aware of the disciplinary process however they indicated that the most likely result of a substantiated case of either sexual abuse or

sexual harassment will be removal from the program and referral for prosecution.

Standard 115.282 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy, AWR 20-16, Medical and Health Services, 5.0, Emergency Medical Care, provides for emergency medical attention due to illness, suicidal threat or tendencies, incident or injury, and the following procedures are to be followed whenever possible. 1) Staff person will remain with the client requiring emergency care until the emergency medical assistance and/or transportation arrives; 2) Another staff person will call for emergency assistance for emergency evacuation of a client, emergency transportation to the closest hospital emergency room or trauma center; 3) On single coverage shifts, client assistance should be solicited; 4) Emergency Medical Personnel are to be briefed by staff on pertinent information required for them to respond to the situation; and 5) The Program Director/Duty Officer is notified as soon as possible. AWR Policy 20-29, Sexual Assault-Harassment-PREA Compliance, 11. Medical and Mental Health; A. Access to Medical and Mental Health Care, States victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. CSI does not employ medical or mental health staff. Victims of sexual assault or sexual harassment will be transported to the local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/SANE qualified staff.

Interviews with randomly selected and specialized staff confirmed that any resident involved in a sexual assault would be immediately transported to the local hospital for examination by a sexual assault nurse examiner. Mental health services are available for crisis intervention and on an ongoing basis. If the resident is a Department of Correction resident, the DOC will provide mental health services at one of their programs or facilities.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy, 20-29, 11. Medical and Mental Health Care, 11.B, Ongoing Medical and Mental Health Care for Victims and Abusers, provides for continued care through local medical facilities as deemed appropriate at no cost to the resident. Policy requires a mental health evaluation within 60 days on all known resident-on-resident abusers. CSI has a Memorandum of Agreement with CONNSACS to provide an advocate who will accompany the resident during any forensic exam and during the investigation as requested by the resident.

Interviews confirmed that resident victims of sexual abuse would be referred to either Waterbury or St. Mary's Hospitals. Forensic exams would be conducted there.

Standard 115.286 Sexual abuse incident reviews

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy, AWR 20-29, Sexual Assault-Harassment-PREA Compliance, 10.0, Incident Review, requires Incident reviews to take place within 30 days of the conclusion of the investigation.

The Review Team considers actions of the event, circumstances around the event and contributing factors. The following items are addressed in the review process: 1) Need for Policy changes; 2) Motivations (Considering race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status, gang affiliation or motivated by other group dynamics at the facility; 3) Examining the area where the incident allegedly occurred to assess whether physical barriers in the area may have enabled or facilitated the abuse; and 4) Adequacy of staffing levels.

A corrective action plan is developed to ensure a safe, secure environment for residents and staff. The results of the review are submitted to the CEO and other pertinent parties.

At least annually all reported incidents from within CSI and any lessons learned from referral sources and other agencies are assessed for applicability and possible procedural changes. Data is reviewed to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies and training. Data for review minimally includes identification of problem areas, determining a corrective action plan and implementing corrective action.

An interview with staff who would serve on the Incident Review Team indicated members of the team include the PREA Coordinator, Chief Operating Officer, Human Resources, the Facility Director and Assistant Director as well as any other relevant staff. The team, according to staff, would review the incident to determine such things as what motivated it, any physical barriers that obstructed viewing, considering the need for additional video monitoring, and reviewing the staffing at the time of the incident. The team consists of all of those major players who have the ability to ensure that any recommendations for corrective action are implemented. This would potentially include policy changes, staffing changes and video monitoring. There have been no allegations of sexual abuse or sexual harassment during the past twelve (12) months.

Standard 115.287 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy AWR 20-29, Sexual Assault-Harassment-PREA Compliance, requires that at least annually all reported incidents from within the company and any lessons learned from referral sources and other agencies are assessed for applicability and possible procedural changes. Sexual abuse and sexual harassment data is reviewed to assess and improve the effectiveness of the its sexual abuse prevention, response, policies and training. Data for review minimally includes identification of problem areas, determining a corrective action plan and implementing corrective action. The PREA Coordinator will supervise CSI’s data collection process. At least annually the PREA Coordinator will ensure a report is prepared that details sexual abuse finding and corrective actions for each program and CSI as a whole. The CEO shall approve the annual report. The annual report will include a comparison of the current year’s data and corrective actions with those from prior years. The report will also provide an assessment of the company’s progress in addressing sexual abuse. The annual report is made available to the public on the company’s website. CSI will redact information from the annual report, if needed, prior to publication and redactions will be limited to specific material where publication would present a clear and specific threat to the safety and security of the facility . The nature of the redactions would be documented.

The PREA Coordinator related that the agency collects uniform data for every program she is responsible for.

Standard 115.288 Data review for corrective action

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CSI Policy, AWR 20-29, Sexual Abuse-Harassment-PREA Compliance, B., Data Review for Corrective Action, 1. Requires CSI to collect accurate, uniform data for every allegation of sexual abuse that has taken place in each of its program/faciliites. Data shall be aggregated according to facility as well as the agency as a whole. A standardized tool shall be used which answers all of the questions from the most recent Survey of Sexual Violence conducted by the Department of Justice. The following is collected on each alleged report: 1) On each alleged report, creating a total number of reports and their outcome; 2) What types of alleged harassment/abuse occurred-client on client, client on staff, staff on client, staff on staff; 3) What Type of Client – originating referral source; 4) Type of abuse or harassment- nonconsensual sexual acts, abusive sexual contact, sexual harassment, sexual misconduct; 5) Contributing factors – race, gang affiliation, sexual identity, sexual orientation, physical plan issues, staff supervision, violation of Code of Ethics. Data shall be aggregated and presented in an annual report. The facility will prepare an annual report of its findings and corrective actions. The report will include a comparison of the current year’s data with those of previous years and will provide an assessment of the facility’s progress in addressing

sexual abuse. The annual report will be approved by the CEO and shall be made readily available to the public through its website or other means upon request.

The PREA Coordinator provided the 2016 Annual PREA Report documenting the results of investigations of allegations of sexual abuse and sexual harassment. The company reported they received a total of three allegations during the year. One client-on-client allegation was substantiated, one staff-on-client allegation was determined to be unfounded; and one Client on client allegation was found to be unsubstantiated. Totals for the data for the SSV were reported for each facility. The PREA Coordinator indicated she would be looking at such things as the prevalence of allegations at a particular program and attempt to determine what, if anything, is going on in that program that might have contributed to higher incident rates. Corrective action would be employed to address any deficiencies.

Standard 115.289 Data storage, publication, and destruction

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CSI Policy, AWR 20-29, Sexual Assault-Harassment-PREA Compliance, 8. Data Review for Corrective Action, C., Data Storage, Publication, and Destruction, requires CSI to collect and maintain records of all incidents related to sexual abuse and sexual harassment whether alleged or actual. The data collected includes, 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. Prior to publication, all personal identifiers are to be redacted. Records will be maintained for at least 10 years after the date of initial collection.

AUDITOR CERTIFICATION

I certify that:

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

Robert Lanier

June 10, 2017

Auditor Signature

Date