

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

Date of report: 19 November 2015

Auditor Information			
Auditor name: WC Sparks			
Address: 123 Farmington Ave. Suite 117, Bristol, CT 06010-4200			
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Telephone number: (860) 841-0416			
Date of facility visit: 21 Oct 2015			
Facility Information			
Facility name: Fellowship House			
Facility physical address: 466 Long Hill Road, Groton CT 06340			
Facility mailing address: SAA			
Facility telephone number: (860) 448-3400			
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 type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input 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: David Stevenson			
Number of staff assigned to the facility in the last 12 months: fifteen			
Designed facility capacity: Eighteen beds			
Current population of facility: Eighteen			
Facility security levels/inmate custody levels: Level One/Level One			
Age range of the population: 26 – 60 yrs.			
Name of PREA Compliance Manager: Lori Tabor		Title: PREA Coordinator	
Email address: taberl@fhmservices.org		Telephone number: (860) 448-3400	
Agency Information			
Name of agency: Fellowship House Ministries			
Governing authority or parent agency: SAA			
Physical address: 466 Long Hill Road, Groton CT 06340			
Mailing address: SAA			
Telephone number: (860) 448-3400			
Agency Chief Executive Officer			
Name: David Stevenson		Title: President/CEO	
Email address: dstevenson@fhmservices.org		Telephone number: (860) 448-6115	
Agency-Wide PREA Coordinator			
Name: David Stevenson		Title: President/CEO	
Email address: dstevenson@fhmservices.org		Telephone number: (860) 448-6115	

AUDIT FINDINGS

NARRATIVE

A PREA Audit was conducted at the Fellowship Ministries, Fellowship House, in Groton, CT on 12 October, 2015. The audit team consisted of certified PREA Auditor W.C. Sparks (certified by the U.S. Department of Justice to conduct PREA Audits) and one assistant, Todd Sturgeon from Sparks Security. Interviewed was Dave Stevenson in the capacity of Agency Head and Human Resources Director and Incident Review Team Member. Richard Bannon is the Program Director and was interviewed in that capacity as well as Retaliation Manager and Incident Review Team member. Lori Tabor was interviewed in the capacity of PREA Compliance Coordinator, Investigator, and Intake Staff, Screening Staff, and Incident Review Team Member. During the sixty days prior to the audit, a comprehensive review was conducted of Agency policy and procedures.

The audit team arrived at the Fellowship House and began the day meeting with Program Director Dave Stevenson and Lori Tabor. After introductions and discussion of the process, Lori Tabor led a tour of the entire Fellowship House. A Fellowship House resident listing was furnished. There were no residents identifying as transgender, intersex, gay, bisexual, non-English proficient or disabled or that had reported sexual abuse. The audit team interviewed approximately thirty three percent of the population, equal to six residents. The audit team also interviewed four random staff representing two of the three shifts. Additional staff interviewed included the Case Manager and the Jobs Specialist. The facility does not employ medical or mental health staff, utilizing those services from the community. Fellowship House provided the audit team with two private locations to conduct interviews with both staff and residents. Interviews were conducted during the Day Watch. The staff interviewed was both articulate and knowledgeable on the subject of their duties and specifically those aspects of PREA that were of potential impact to their positions. The overall impression was one of a well-trained and professional work force.

Fellowship House serves greater Groton. The all-male residents there participate in a work-release program. Potential residents of the program are referred by the DOC Community Services Division. These referrals must meet the eligibility criteria for community release as established by the DOC. The average length of stay at Fellowship House is three and one half months for individuals within six to eight months of discharge from sentence or release to Parole or Transitional Supervision. Admission is only by DOC referral.

The Program emphasizes work release. All participants must be able to work and pay weekly room and board. As required, contributions are also made to the State's Victim's Compensation Fund. In-house substance abuse monitoring is conducted routinely.

The Fellowship House maintains a zero tolerance toward all forms of sexual abuse/harassment. Any person who becomes aware of or suspects sexual abuse or sexual harassment must report it immediately to the Program Manager or a higher authority. Any incident determined to be a criminal matter will be reported to law enforcement. During the previous year, there were no sexual abuse or harassment allegations.

DESCRIPTION OF FACILITY CHARACTERISTICS



Located on US Route 1 in Groton, CT. Fellowship House consists of two adjacent buildings which were former single family dwellings. Originally based in the building shown on the right in the above photograph, the second building was acquired and, after basic improvements to the structure, was opened in March of 2015. The second building serves as offices for the Administrative staff as well as having seven beds for residents. The building on the right has eleven beds, thus a total of eighteen residents. A tour of the facilities left the auditors very impressed with the level of cleanliness, of orderliness, and a general environment more similar to a private home than the average halfway house in Connecticut. Coin operated laundry facilities are on-site in both buildings. Fully equipped modern kitchen facilities are also on-site. Appliances appeared to be relatively new and in many cases of commercial grade. Resident rooms were either two or three beds each. Each bed appeared to have its own dresser. Electrical service appeared to be adequate for television and other electronics owned by the residents as evidenced by the fact those items were plugged in and no extension cords or multi-outlets were in evidence. Each building has resident lounges or TV rooms that are furnished in the style of a private living room. All furniture observed appeared to be in excellent condition, comfortable, and in good taste. Bulletin boards were prominent in both buildings and all required PREA information was posted. Of special note was the camera system. Both buildings had extensive camera systems which were monitored from the central administrative office on a flat screen monitor. Images were sharp and in color and all cameras were operable and strategically positioned and aimed. These cameras are also amenable to off-premises monitoring which is in fact conducted routinely by the Agency Head, Dave Stevenson. Outside grounds were neat and well kept.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: **0**

Number of standards met: **36**

Number of standards not met: **0**

Number of standards not applicable: **3**

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

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

The Fellowship House maintains a zero tolerance policy toward all forms of sexual assault, abuse and harassment. Governing policy is "FHM PREA Policy," Section 1 "Policy" which describes the agency's zero tolerance policy. The "FHM PREA Policy" defines what PREA is, the actions of the PREA Coordinator, staff responsibilities for monitoring, response plan, referrals and investigation protocols. The agency has designated an upper-level, agency-wide PREA coordinator, with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.212 Contracting with other entities for the confinement of residents

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

The Fellowship House is not a "public agency" as stipulated in the standard, thus the standard is determined to be "**Not Applicable**" to the Fellowship House.

Standard 115.213 Supervision and monitoring

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

The Fellowship House has an "Annual Community Program Staffing Schedule." This documents staff deployment over all shifts for all staff. "FHM PREA Policy," Section 4 "Prevention Planning," subsection B "Staffing Plan" dictates that the program is not permitted to deviate from authorized deployment levels, even if it results in management having to fill vacant slots. The annual security review shows that the facility does perform annual reviews of the requisite areas mandated in the standard. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.215 Limits to cross-gender viewing and searches

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

The Fellowship House does not conduct cross-gender, or any other type of strip search; such searches are prohibited by policy except in exigent circumstances. There have been no instances of a strip search occurring at the Fellowship House. This was also verified through staff and resident interviews. The facility does not accept female residents. Training provided to all staff covers a policy prohibition against conducting any kind of search of a transgender or intersex resident for the sole purpose of determining genital status. Training provided to all staff covers the methods and manner of how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Training attendance was verified through inspection of training logs and sign-in sheets. Curriculum was contained in “PREA Standards Training Fellowship House” slide #25 and 26 power point presentation. Governing policy includes the “FHM PREA Policy,” Section 4 “Prevention Planning”, subsection C “Cross Gender Viewing and Searches”. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

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

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

Governing policy includes the “FHM PREA Policy,” section 4, Subsection D “Residents with Disabilities and Residents That Are Limited English Proficient” which states that residents with disabilities and/or limited English proficiency will have every opportunity to participate in all aspects of sexual abuse and sexual harassment prevention, detection and response. That same policy prohibits the utilization of resident interpreters, readers, or assistants in matters involving PREA issues. Interpretive services are available through the CT DOC and may be accessed via telephone. Education of residents is accomplished via FHM PREA Brochure (published in English and Spanish) and, “Ending Silence, Don’t Touch Me”, a graphic novel. It must be noted that, as a work release center, the Fellowship House does not accept significantly disabled residents. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

Standard 115.217 Hiring and promotion decisions

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

“FHM PREA Policy”, Section 4, “Prevention Planning”, Subsection E, “Hiring and Promotion Decisions”, “FHM Services Employee Interview PREA Questions” serve to show that the agency takes significant steps to ensure that they do not hire staff or contractors or promote anyone who may have contact with residents who has any history of having engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. § 1997) or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. It is also evident from review of these documents and interviews conducted with the Human Resources Director that the agency considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Sub-section E-1 “Hiring and Promotion Decisions” of the same policy previously noted stipulates the policy mandating five-year background checks conducted on current employees. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

Standard 115.218 Upgrades to facilities and technologies

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

The Fellowship House has acquired new facilities in the form of an entire building containing administrative offices as well as bed space and support facilities within the reporting period. The Fellowship House has installed a video monitoring system within the reporting period. “FHM PREA Policy” section 4, “Prevention Planning”, Sub-section F, “Upgrades to Facilities and Technology” mandates that, when the aforementioned activities occur, the agency will consider the effect of the design in protecting residents from sexual abuse. Tours of the facility showed that renovations had been effected to create an environment that was amenable to supervision and safety. A review of the installed video monitoring technology shows compliance with that policy. The video surveillance is transmitted to large flat screen color monitors located in the supervisor areas. Images were crisp and clear and the cameras were placed in a well-conceived and planned pattern. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

Standard 115.221 Evidence protocol and forensic medical examinations

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

Relevant documentation reviewed includes a memorandum to the Chief of Police, Groton Police Department, Groton, CT acknowledging their receipt of a written notice from the Fellowship House informing them of the requirements of 115.221 as they pertain to evidence protocol and forensic medical examinations resulting from incidents alleged to occur in the Fellowship House. The Fellowship House does not accept youthful residents as defined in PREA standards. SAFE/SANE examinations are conducted at Laurence and Memorial Hospital, New London, CT at no cost to the victim. This is affirmed in the "FHM PREA Policy," section 10, "Medical, and Mental Health Care." The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

Fellowship House does maintain policies which mandate that all reported incidents of sexual assault/abuse will be immediately reported to Groton Police Department for investigation. Said policy further states that the PREA Coordinator shall ensure any report of sexual assault/abuse or harassment, determined to be non-criminal by law enforcement will be administratively investigated. Governing policy is "FHM PREA Policy" section 8, "Official Response Following Resident Report" and section 9 "Investigations". There have been no such incidents or allegations made during the reporting period, thus there is no sample documentation available for review. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.231 Employee Training

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

Fellowship House trains all employees who may have contact with residents on all of the requisite points as mandated in the standard. Governing standard is "FHM PREA Policy" Section 6, "Training and Education" which mandates that, during employee orientation as well as annually, employees are trained on PREA policies and obligations. Review of the lesson plan contained in the "PREA Standards Training Fellowship House" power point shows all required areas are covered. Sign-in sheets were reviewed showing that employees sign in and acknowledge the training received. Slightly more than fifty percent of the Fellowship House work force has received their annual training and training is still ongoing. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.232 Volunteer and contractor training

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

Fellowship House has a policy in place to train contractors and volunteers in the form of "FHM PREA Policy", Section 6, "Training and Education". That same policy mandates that, absent this training, no contractor or volunteer will be permitted contact with residents and will be escorted and supervised by staff at all times. In fact, there have been thirteen intern/volunteers, all of which have received this training. Those contractors entering the house are limited to maintenance and clerical functions and are always under constant escort by staff. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.233 Resident Education

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

The Fellowship House ensures that residents receive information explaining the requisite subjects during the intake process. Residents receive information explaining the facility's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Fellowship House is not a Direct Intake facility, in that all residents are transferred from other facilities and are subject to the intake procedures. All residents receive a handout entitled, "Sexual Assault Prevention for Residents." They also receive a copy of the facility "Zero Tolerance Policy" and a "Resident Handbook," both of which serve to provide the necessary education. The Fellowship House also provides resident education in formats accessible to all residents, including those who are limited English proficient, and deaf. Visually impaired or otherwise disabled residents are not accepted at Fellowship House, as this is a work release facility without provisions for those types of residents. Five resident files (33.3 percent) were reviewed and documentation of education was determined to be in order. Resident interviews further indicated a well-informed population with sufficient knowledge and understanding of their rights to be free from sexual abuse/harassment and how to report such incidents should they occur. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.234 Specialized training: Investigations

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

Fellowship House does not conduct criminal investigations due to lack of jurisdiction, nor does it conduct administrative investigations, due to a current lack of trained investigators. Should there be a PREA incident; the CT DOC Parole division would conduct the administrative investigation. It is anticipated that the Fellowship House will obtain training and certification of at least one investigator in the very near future. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.235 Specialized training: Medical and mental health care

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

The Fellowship House has no Medical or Mental Health staff that work regularly, or even occasionally, in their facility. All medical and mental health services are obtained at local hospitals, clinics or through the CT Department of Correction. The standard is determined to be “**Not Applicable**” to the Fellowship House.

Standard 115.241 Screening for risk of victimization and abusiveness

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

The Fellowship House subjects each arriving resident to an Intake screening in order to ascertain potential risk of sexual abuse by other residents or being sexually abusive toward other residents. Intake screening occurs immediately upon arrival at the facility. The PREA Coordinator accomplishes the Intake screening. The “PREA Screening Checklist” form is utilized to ensure that all of the requisite factors are evaluated, including; whether the resident has a mental, physical, or developmental disability; the age of the resident; the physical build of the resident; whether the resident has previously been incarcerated; whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; the intake screening also considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive; whether the resident has a serious and/or lengthy history of violent offenses; whether the resident has previously experienced sexual victimization; and the resident’s own perception of vulnerability. Per agreement with the CT Department of Correction, the Fellowship House does not accept any resident with a history of sexual offenses or misconduct. Per, “FHM PREA Policy”, section 6, “Training and Education”, subsection F, “Screening for Risk of Victimization and Abusiveness” mandates that reassessment will occur on the fifteenth business day after arrival. Reassessment will be accomplished by the PREA Coordinator and noted in the resident’s case notes. In the event of any new information or any incident related to a resident’s safety or risk of victimization the Program Manager will conduct the reassessment and immediately take appropriate action to ensure the resident’s safety. This policy also states that residents will not be disciplined for refusing to answer, or discuss information related to mental/physical disability, sexual orientation, previous victimization, or a resident’s perception of vulnerability. All information gathered pursuant to intake screening and subsequent reassessment(s) is contained within the resident file that is restricted to Case Managers and Program Director access. A random review of ten resident files showed intake screening and reassessments were occurring as mandated by policy. During interviews, all of the residents stated they were asked the questions listed on the PREA Screening Checklist upon intake to the facility. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be **“Meets Standard”** for this standard.

Standard 115.242 Use of screening information

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

Fellowship House uses information from risk screening to assess housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. “FHM PREA Policy”, section 6, “Training and Education”, subsection F, “Screening for Risk of Victimization and Abusiveness” states that upon obtaining any new information or incident related to safety or risk of victimization the PREA Coordinator will conduct a reassessment and take immediate action to ensure the safety of a potential victim. Subsection G, “Use of Screening Information” states that individual determinations will be made on a case-by-case basis utilizing the screening information. The “FHM PREA Policy,” states that risk factors are considered in making housing and programming assignments. During screening, the intake package is reviewed for indicators which would identify potential victims or predators. Fellowship House does not accept female residents. There were no transgender or intersex residents at the facility. There were no dedicated facilities, units, or wings solely for housing residents based on such identification or status. All showering is accomplished separately. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

Standard 115.251 Resident reporting

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

The Fellowship House provides multiple internal ways for residents 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 can report directly to staff, including to the Program Director, via written memo, verbally, anonymously, or from a third party to any staff member. Residents are permitted to retain cell phones and thus are able to contact facility administration, outside agencies, CT Department of Correction hotlines or law enforcement agencies telephonically. Since these are private phones, they are not monitored. In short, there are no limitations placed on residents or their ability to report issues of this sort. Reporting rights are outlined in the “FHM PREA Policy” section 7, “Reporting”, subsection A, “Resident Reporting”; subsection B, “Staff Reporting”; PREA posters and flyers posted throughout the facility, and the “FHM Resident Handbook” p.20. Staff is mandated to document any verbal or third party reports immediately. Staff is permitted to report issues privately, as stated in the PREA Training power point lesson plan, slide #58. During the interview process, both staff and residents were aware of the reporting policies as stated above. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

Standard 115.252 Exhaustion of administrative remedies

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

The Fellowship House does not have administrative procedures to address resident grievances regarding sexual abuse. Facility Grievance policy states that any issues related to sexual abuse will be handled as an Administrative Investigation rather than a Grievance. The standard is determined to be “**Not Applicable**” to the Fellowship House.

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)

“FHM PREA Policy” Section 7, “Reporting”; subsection D, “Resident Access to Outside Confidential Support Services” mandates that the facility shall provide residents with contact information to outside victim advocates and support services. Since residents retain personal cell phones, contact is made in as confidential a manner as possible. Since these are private cell phones, the extent to which such communications will be monitored is non-existent. Fellowship House has entered into an MOU with Sexual Assault Crises Center of Eastern Connecticut (CONNSACS) to provide these services and maintains copies of that agreement. Residents are not limited to that organization as they have the ability to contact anyone, anywhere. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

Standard 115.254 Third-party reporting

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

“FHM PREA Policy” Section 7, “Reporting”; subsection D, “Resident Access to Outside Confidential Support Services” governs third party reporting of sexual abuse and harassment. The Fellowship House has the PREA poster prominently displayed throughout the facility in all resident occupied areas, with contact numbers for the CT Department of Correction PREA Hotline, the CSP PREA Hotline, and the Sexual Assault Crises Center Of Eastern Connecticut (CONNSACS). Fellowship House has established a method to receive third-party reports of sexual abuse and sexual harassment by posting their phone number and email address on their publicly available web page as well as their stance of zero tolerance and mandatory reporting of sexual abuse and sexual harassment. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

Standard 115.261 Staff and agency reporting duties

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

Fellowship House requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The requirement is embodied within "FHM PREA Policy, sections 8, "Official Response Following Resident Report" subsection A, "Staff and Agency Reporting Duties". "PREA Standards Training Fellowship House" power point slide #80 and 81 documents the requirement and training of staff to maintain confidentiality of information related to a sexual abuse report. Fellowship House does not have medical or mental health practitioners working in the facility. Fellowship House does not accept residents under the age of 18. Fellowship House mandates all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, be forwarded to the facility's Program Director. Staff members also indicated their knowledge and understanding of the reporting requirements during interviews. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.262 Agency protection duties

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

Fellowship House mandates that immediate action to protect the resident be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. This mandate is encompassed within "FHM PREA Policy," section 8, "Official Response Following Resident Report" subsection B "Agency Protection Duties". There have been no such determinations within the reporting period. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.263 Reporting to other confinement facilities

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

“FHM PREA Policy,” section 8, “Official Response Following Resident Report” subsection C, “Reporting to Other Confinement Facilities” states that, upon receiving an allegation that an resident was sexually abused while confined at another facility, the Program Director shall notify the CT Department of Correction Parole Office. All residents accepted to Fellowship House arrive under the custody of the CT Department of Correction Parole Office and arrive from a CT Department of Correction facility or another halfway house but still under their custody. Policy mandates such notification shall be provided immediately after receiving the allegation and that such notification shall be documented. There have been no such incidents within the reporting period. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

Standard 115.264 Staff first responder duties

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

“FHM PREA Policy,” section 8, “Official Response Following Resident Report” subsection D “Staff First Responders” and subsection E “Coordinated Response” outline the responsibilities of first responder staff members. The Fellowship House also provides a “FHM PREA Incident Check Sheet” to ensure that all mandated requirements and processes are accomplished. Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: ensure the safety of the alleged victim from the alleged aggressor/abuser; notify a supervisor, duty officer and program manager; identify, separate and secure the residents involved; ensure that the victim is not left alone; identify the crime scene; maintain the security and integrity of the crime scene. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, changing clothes, defecating, drinking, or eating. All staff members at the Fellowship House are “Security Staff” by definition. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

Standard 115.265 Coordinated response

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

Fellowship House maintains a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, investigators, and facility leadership. Said plan is delineated in "FHM PREA Policy," section 8, "Official Response Following Resident Report" subsection D "Staff First Responders" and subsection E "Coordinated Response" and "FHM PREA Incident Check Sheet". The plan generally outlines the actions of the various personnel in order to achieve a unified and coordinated response. There have been no occasions requiring a coordinated response during the reporting period. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

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

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

The Fellowship House has not entered into or renewed any collective bargaining agreement or other agreement of any sort during this reporting period or at any other time that limits their ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.267 Agency protections against retaliation

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

The Fellowship House has established "FHM PREA Policy" section 8, "Official Response Following Resident Report" subsection G, "Agency Protection Against Retaliation" to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and to designate which staff members are charged with monitoring retaliation. Resident victims or abusers may be subject to transfer or remand at the discretion of the CT Department of Correction Parole Services. Alleged staff abusers would also be subject to removal from resident contact, again at the discretion of the CT Department of Correction Parole Services. Emotional support services for residents are handled via MOU with Sexual Assault Crises Center Of Eastern Connecticut (CONNSACS). The Fellowship House Program Director/PREA Coordinator would monitor the conduct and treatment of residents or staff. During interview, the Program Director indicated that he would accomplish detection of retaliation by watching for isolation, mood changes, behaviors other than normal and different interactions between staff and residents. He also indicated that they would utilize other staff to gain information on issues of this nature. Monitoring would take place on individuals who reported the sexual abuse and/or who were reported to have suffered sexual abuse in order to detect changes that may suggest possible retaliation by residents or staff and would enable the administration to act promptly to remedy any such retaliation. Monitoring would continue for as long as those individuals were in the Fellowship House program. No such incidents of retaliation have ever occurred at the Fellowship House. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.271 Criminal and administrative agency investigations

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

The Fellowship House conducts its own administrative investigations into allegations of sexual abuse and sexual harassment in a prompt, thorough and objective manner for all allegations, including third-party and anonymous reports. Policy governing investigations is promulgated via "FHM PREA Policy" sections 9, "Investigations", subsection A, "Criminal and Administrative Agency Investigations". Fellowship House has no authority to compel interviews. Fellowship House has no authority to mandate polygraph examination or other truth-telling devices for any reason. By policy standard investigation protocols are utilized for investigations. Written reports document investigative findings including whether staff actions or failures to act contributed to the incident. Issues of a criminal nature are investigated by the Groton Police Department independently of the Fellowship House. A letter was sent to and acknowledged by the Groton Police Department requesting that such investigations shall be conducted pursuant to the above requirements. To date, there have been no investigations arising from incidents occurring within the Fellowship House. It is noted that the Fellowship House does not currently employ any investigators trained as per PREA standard. Arrangements are underway to obtain said training. In the interim, any investigations of this nature are handled by the Parole division of the CT Department of Correction. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.272 Evidentiary standard for administrative investigations

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

The Fellowship House maintains a "preponderance of evidence" standard for administrative investigations as outlined in "FHM PREA Policy" section 9 "Investigations" subsection B "Evidentiary Standard for Administrative Investigations". The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.273 Reporting to residents

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

Fellowship House has never had an incident/investigation that would necessitate notification pursuant to this standard. Fellowship House does maintain a policy, “FHM PREA Policy”, section 9, “Investigations”, subsection C “Reporting to Residents” and Section 10, “Discipline” subsection A “Discipline Sanctions for Staff” and subsection C “Discipline Sanctions for Residents” which encompass all aspects of the standard. Notification will be documented via incident report. Obviously, when an investigation is conducted by an outside law enforcement agency, that agency has no obligation to share the results thereof with the Fellowship House; however, a request for those results would be made and documented. It is noted that, under the current arrangement between the Fellowship House and the CT Department of Correction and Division of Parole, it is virtually inconceivable that a resident would still be housed at the Fellowship House by the time such an investigation was completed and notification became warranted, thus their obligation under this standard would be negated. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

Standard 115.276 Disciplinary sanctions for staff

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

“FHM PREA Policy”, Section 10, “Discipline” subsection A “Discipline Sanctions for Staff” encompasses all aspects of the standard and stipulates that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. All allegations of violation of agency sexual abuse or sexual harassment policies would be referred to law enforcement agencies prior to any investigation on the part of the Fellowship House unless the activity was clearly not criminal. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

Standard 115.277 Corrective action for contractors and volunteers

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

Fellowship House maintains a policy applicable to this standard; "FHM PREA Policy", Section 10 "Discipline", subsection B "Corrective Action for Contractors and Volunteers". The policy encompasses all aspects of the standard. The Fellowship House volunteers/interns have all received the relevant training and there have been no relevant incidents or reported allegations and contractors are only permitted access to resident occupied areas while under direct staff escort. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this 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)

Fellowship House accepts inmates exclusively from the CT Department of Correction. All inmates remain under the authority of the CT Department of Correction while residing in the Fellowship House. CT Department of Correction Administrative Directive 9.5, "Code of Penal Discipline" encompasses the pertinent portions of the applicable standard while prohibiting all sexual activity on the part of an inmate, this regardless of the circumstances under which that activity occurs. The Code of Penal Discipline classifies all sexual activity as a Class A offense. A charge of "Sexual Misconduct" would result in immediate removal from the Fellowship House and a return to a CT Department of Correction facility where the disciplinary process would proceed. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this 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)

Fellowship House policy "FHM PREA Policy" section 11, "Medical and Mental Health Care" mandates that inmates shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services without financial cost. Fellowship House does not maintain on-duty Medical and Mental Health Care staff. Emergency treatment would be handled at either Laurence and Memorial Hospital or UCONN Medical Center at the discretion of the CT Department of Correction. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this 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)

Fellowship House accepts inmates exclusively from the CT Department of Correction. Inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility will be eligible for medical and mental health evaluation and, as appropriate, treatment from the CT Department of Correction. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody, this based upon determination by the CMHC (Correctional Managed Health Care) consistent with the community level of care. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Fellowship House does not accept female inmates, nor does it accept any inmate with a history of sexual offenses or misconduct. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this 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)

Fellowship House policy, "FHM PREA Policy" section 12, "Data Collection and Review" subsection A "Sexual Abuse Incident Reviews" mandates that the PREA Coordinator will conduct a sexual abuse incident review at the conclusion of all sexual abuse investigations, including where the allegation has not been substantiated. The review will be conducted by the PREA Coordinator with input from any staff members with pertinent information. There has never been a sexual abuse incident at the Fellowship House, thus there has never been a sexual abuse incident review conducted. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this 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)

Fellowship House policy, "FHM PREA Policy" section 12, "Data Collection and Review" mandates that the Fellowship House will collect accurate, uniform data for every allegation of sexual abuse using the, form "SSV-IA Survey of Sexual Victimization, 2013" published by the Department of Justice, Bureau of Justice Statistics. All sexual abuse data will be aggregated at least annually. Fellowship House will maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. To date, there have been no incidents of sexual abuse, thus there has been no data collected. The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this 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)

Fellowship House to date, has never had an incident of sexual abuse, thus there has been neither data collected nor any data to review nor any data to publish. The lack of data because of an absence of incidents is published on the Agency website @ <http://www.ct.gov/doc/cwp/view.asp?a=1502&Q=557868>
The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be **“Meets Standard”** for this 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)

Fellowship House to date has never had an incident of sexual abuse, thus there has been no data collected, nor any data aggregated or published. “FHM PREA Policy” section 12, “Data Collection and Review” subsection C “Data Collection, Storage, Publication, and Destruction” states that they will maintain records of all incidents related to incidents or allegations of sexual assault/abuse or harassment. Records will be maintained for ten years. As a result of an absence of incidents no data is published on the Agency website located at <http://www.ct.gov/doc/cwp/view.asp?a=1502&Q=557868> .
The Fellowship House complies in all material ways with the standard for the relevant review period and is determined to be **“Meets Standard”** for this standard.

AUDITOR CERTIFICATION

I certify that:

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



Auditor Signature

12 Nov 15

Date