

PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES

Date of report: AUGUST 20, 2017

Auditor Information			
Auditor name: Robert Lanier			
Address: PO Box 452, Blackshear, GA 31516			
Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 912-281-1525			
Date of facility visit: July 26, 2017			
Facility Information			
Facility name: Hartford House			
Facility physical address: 10 Irving St., Hartford, CT 06112			
Facility mailing address: <i>(if different from above)</i> same			
Facility telephone number: Click here to enter text.			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Robert Pidgeon			
Number of staff assigned to the facility in the last 12 months: 14			
Designed facility capacity: 23			
Current population of facility: 23			
Facility security levels/inmate custody levels: Level 1			
Age range of the population: 18+			
Name of PREA Compliance Manager: Kristen Cappelletti		Title: Quality Assurance & PREA Coordinator	
Email address: kcappelletti@csimail.org		Telephone number: 860-683-7107	
Agency Information			
Name of agency: Community Solutions, Inc.			
Governing authority or parent agency: <i>(if applicable)</i> none			
Physical address: 340 West Newberry Rd Suite B, Bloomfield, CT 06002			
Mailing address: <i>(if different from above)</i> same			
Telephone number: 860-683-7100			
Agency Chief Executive Officer			
Name: Robert Pidgeon		Title: Chief Executive Officer	
Email address: bpidgeon@csimail.org		Telephone number: 860-683-7100	
Agency-Wide PREA Coordinator			
Name: Kristen Cappelletti		Title: Quality Assurance & PREA Coordinator	
Email address: kcappelletti@csimail.org		Telephone number: 860-683-7107	

AUDIT FINDINGS

NARRATIVE

The on-site PREA Audit of the Hartford House Work Release Program was conducted on July 26, 2017. Six weeks prior to the on-site audit the auditor provided the facility with the Notice of PREA Audit with the auditor's contact information to enable anyone, including staff, residents, visitors, interns, volunteers or contractors to communicate with the PREA Auditor regarding any PREA concerns they may have. The auditor requested that these be placed in areas accessible to staff, residents, visitors, volunteers and contractors. The auditor did not receive any communication from anyone as a result of the postings of the Notices of PREA Audit. The auditor was previously provided the Community Solutions Policies therefore the PREA Coordinator provided the facility specific information enabling the auditor to become familiar with the program as well as to review samples of documentation to confirm practice as well as compliance with the PREA Standards. Prior to the audit additional information and samples were requested to be provided during the on-site audit. The PREA Coordinator was very responsive to any request made and expeditiously provided any information requested. By prior agreement the auditor arrived at the facility at 0630 to interview overnight shift staff prior to their departure. Following interviews with overnight shift staff and several day shift staff, the auditor was escorted by the Program Director and Agency's PREA Coordinator on a tour of the entire facility. This facility is one of those old historical residential buildings with three floors and basement. There are multiple blind spot areas because of the complex structure of the facility. These are mitigated by staff making unpredictable rounds and restricting access through key control. Restrooms provide privacy by providing single occupancy showers and stalls and doors on the restrooms. During the tour, the auditor observed numerous postings of the Notice of PREA Audit as well as PREA Posters posted neatly behind plexiglass on bulletin boards. Following the tour, the auditor began the interview process again, interviewing staff and residents. After the on-site audit, the auditor conducted an exit briefing with the Program Director.

DESCRIPTION OF FACILITY CHARACTERISTICS

Community Solutions provides programs for both male and female state and federal work release clients who live in a congregate setting and are supported as they obtain full-time employment and meet financial, self-sufficiency, and family reunification goals. The program administers assessments, monitors clients' compliance with treatment plan goals and involves clients in direct treatment services that address their criminogenic tendencies. Random breathalyzer or urinalysis, cognitive behavioral groups, and case management assist the client in maintaining stability leading to successful discharge.

Hartford House is located in Hartford, CT in an older residential area. Hartford House is a three-story house with a basement and small outside area. The basement contains the laundry room and a computer/work area. The first floor consists of 3 bedrooms, a single use bathroom and two offices. The second floor has four bedrooms, a single use bathroom, the dining room and kitchen. The third floor consists of two bedrooms and the case manager's office. The outside area has a sitting/smoking area.

Hartford House is a female work release program that offers a continuum of gender specific services designed to prepare offenders for transition back into the community. Services include room and board, needs assessment and development of individual treatment plans, employment readiness, financial management, GED and housing referrals, cognitive behavioral groups, problem solving life skills and individual and group counseling. The services at Hartford House are available to females ages 18 and over, who have been referred by the Connecticut Department of Correction. Candidates must be medically cleared within the last 12 months, and must be able to work full time.

SUMMARY OF AUDIT FINDINGS

The audit process and methodology consisted of the following: 1) Providing a Notice of PREA Audit six weeks prior to the on-site audit for the purpose of providing contact information for anyone desiring to communicate and issues or concerns related to PREA to PREA; 2) Reviewing Agency Policies, Procedures and supporting documentation provided via flash drive and/or email; 3) Conducting a tour of the entire facility making observations; 4) Interviewing random staff including six random staff and eleven (11) specialized staff (the facility does not have medical or mental health staff); 5) Interviewing ten (10) residents; 6) Interviewing the Executive Director of the Connecticut Sexual Assault Centers; and 7) Reviewing additional requested documentation. The auditor assessed thirty-nine (39) standards. Two (2) standards were rated Exceeds. These included: 115.215, Limits to Cross Gender Viewing and 115.251, Resident Reporting. Four (4) Standards were rated “Not Applicable”. These were: 115.212, Contracting with other entities for the confinement of residents; 115.215, Upgrades; 115.235, Specialized Training – Medical and Mental Health; and 115.261, Preservation of ability to protect residents. Thirty-three (33) standards were rated as “meets”.

Number of standards exceeded: 2

Number of standards met: 33

Number of standards not met: 0

Number of standards not applicable: 4

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.

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 agency website provides information to the public on PREA as it pertains to the CSI Programs and Facilities. The website affirms, at CSI, a zero-tolerance policy addresses all the PREA requirements.

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 orientation, employee’s training and through in-house training. One-hundred percent (100%) of the interviewed staff stated they were aware of the agency’s zero tolerance for any form of sexual abuse, sexual harassment or retaliation. They indicated they received this information as newly hired employees during their orientation and through the training provided at the corporate headquarters. The first item on the orientation checklist is about Sexual and Physical Assault/Abuse scheduled for approximately two (2) hours. It includes recognizing and identifying signs of sexual and physical assault/abuse, prevention of incidents of sexual and physical assault/abuse, reporting protocols for sexual and physical assault/abuse and sexual harassment.

The agency’s PREA Employee Training and Acknowledgment affirms the staff understands that CSI, has a zero tolerance for sexual abuse, sexual harassment or any other form of unlawful harassment and that staff must comply with the zero-tolerance policy. It acknowledges that staff are prohibited from engaging in any act that may be construed as sexual abuse or harassment and that staff are obligated to report any suspicion or observation of abuse or harassment. Ways to report and contact information is provided. Reviewed samples of PREA Acknowledgment Statements as well as interviews with

staff confirmed staff understand the zero-tolerance policy as well as the agency's approach to prevention, detections, responding and reporting

Residents are advised/reminded of the CSI zero tolerance policy when they are first admitted to the facility. The residents at this facility are referred by either the Connecticut Department of Correction or the Federal Bureau of Prisons and have received PREA information at their former facilities. At intake information is provided to them both verbally and in writing. The interviewed residents, for the most part, confirmed they were provided information regarding sexual abuse/assault and sexual harassment, including the zero-tolerance policy during the intake process and again, later during orientation. 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.

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 Program Director indicated the staffing levels are determined by the Department of Correction in the contract between them and Community Solutions, Inc. An interview with the Hartford House Program Director also indicated the minimum staffing levels for this program are two (2) Human Service Workers (HSW) on 1st and 2nd shifts and a minimum of one (1) HSW on the 3rd shift. There are two (2) case managers and the Program Director. 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 can 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, Hartford House 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 Hartford House 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

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 minimum contractual staffing requirements 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. The facility could use a per diem staff, if one is available, to meet the minimum staffing. In the absence of the additional staff, the Program Director may even have to pull the shift.

Staffing plans are reviewed annually to assure the greatest staff supervision is available when the greatest need exists. The facility considers all 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 computerized system. Additionally, counts are required at two- hour intervals from 8AM to midnight. Unscheduled counts are held at the discretion of staff.

The facility does not have any video cameras and there are a number of blind spots throughout the facility. These are mitigated by having staff conduct rounds in all areas of the facility and ensuring that locked doors are locked.

Interviews with program director 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. The facility provided multiple pages of unannounced checks of the residents, staff and facility. The verbiage used in documenting rounds is essentially the same for each entry. It is recommended that staff be retrained in conducting unannounced PREA rounds to refresh them as to the purpose of a PREA round versus a typical security round. The documentation should document the areas of the facility checked on each PREA round. That includes things like checking to ensure that all doors that should be locked are locked and that storage closets and other areas where clandestine sexual activity may take place are checked in random and unpredictable times. The auditor recognizes that this is a very small facility with a lower population and while it is easier to detect missing residents and staff and to know what is going on in the facility unannounced PREA rounds are an essential part of the prevention and detection program by deterring sexual and other inappropriate activity.

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.

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. Strip and body cavity searches are also prohibited. 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. 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. Staff of the same sex conduct the pat search. In the absence of 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.

There are no male staff working in this all female program. Female staff were trained in search procedures and were trained to use the back of their hands when conducting pat searches. They also have an option of having residents empty their pockets and using the “wand” to detect contraband. One-hundred percent of the interviewed staff reported they were trained as new employees in conducting pat searches. One-hundred percent (100%) of the interviewed residents confirmed staff do not conduct strip or body cavity searches and that staff conduct pat searches and “wand” them at times.

Staff consistently reported that policy prohibits them from searching a transgender or intersex resident solely to determine the resident’s genital status. The Pre-Audit Questionnaire, interviews with the Program Director, Case Manager and random staff confirmed they are trained to conduct all searches in a professional and respectful manner. All 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.

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 contain restrooms with stalls and doors on the stalls. Single occupancy showers are located beyond the restrooms and are enclosed in stalls and equipped with curtains. are for single occupancy. Every interviewed staff related residents have complete privacy when changing clothing, showering and using the restroom. Likewise, all the interviewed residents related they can shower separately and in single occupancy showers with stalls and shower curtains. Residents also related to the auditor that they are never naked in full view of staff while showering, using the restroom or changing clothing.

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.

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 resident’s 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 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 efforts 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 can translate.

Staff, in their interviews, affirmed the facility does not rely on resident interpreters or translators. They indicated in the event a resident needed interpretive services they would secure a bilingual staff and that failing use the Language Line telephonic services.

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)

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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.

Staff are required to continue to disclose any sexual misconduct in the community facilitated by force, or coercion, or if the PREA Audit Report

victim did not consent or was unable to consent. Policy 2.5.15, Reporting Arrests/Charges or 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 it the victim did not consent or was unable to consent? At the bottom of that form, HR must 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 substantiated incidents of child abuse/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 it the victim did not consent or was unable to consent or refuse.

CSI also conducts a motor vehicle check annually for all employees expected to drive a company vehicle or transport clients in their personal vehicle.

The agency's Human Resources Staff, a very articulate and conscientious individual, explained, in detail, 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. The HR staff took the time to prepare a chart reflecting background checks and Federal Bureau of Prisons Conditional Approval, pending results from finger print checks. An interview with the HR Staff and reviewed background documentation indicated the agency conducts the following as a part of the background check process: 1) Social Security Check; 2) Criminal Records Check, the scope of which is determined by a social trace; 3) Motor Vehicle Records Check; 4) Sex Offender Registry Searches and 5) Other miscellaneous checks. Additionally, the Federal Bureau of Prisons conducts a National Crime Information Center/National Law Enforcement Telecommunication System inquiry. The FBOP also runs fingerprints on employees in addition to their NCIC/NLETS check. Ten of ten random files contained documentation to confirm both the Agency Background Check as well as the FBOP Background Check.

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)

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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 no modifications to the existing facility and that there been no upgrades to the monitoring technology during the past twelve (12) months.

Interviews with the agency head’s designee, the PREA Coordinator and 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 does not have any video cameras.

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 (St. Francis). 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 Hartford House 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 Hartford House. 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.

The auditor placed a call to the Executive Director of CONSAAC who agreed to an interview within 72 hours. She did indicate her organizations do provide services to Hartford House and will provide additional information not later than 72 hours from now.

Staff were knowledgeable of what to do if they were the first person to become knowledgeable that a resident had been the victim of a sexual assault. Staff identified steps including the following: 1) separate the alleged victim from the alleged abuser; 2) notify their immediate supervisor; 3) protect the crime scene; 4) not allow the alleged victim and perpetrator not to shower, wash, change clothing, brush their teeth, eat or drink or take any action to destroy evidence; and 5) take the victim to medical.

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

The PREA Coordinator sent a letter to the Hartford Police Department in an effort to ensure the Hartford Police Department knew about the requirement regarding investigators following a uniform protocol for obtaining usable physical evidence for administrative and criminal prosecutions. A letter was also sent to the Vice President of Medical Affairs at St. Francis Hospital in Hartford to ensure the availability of a Sexual Assault Nurse Examiner or Sexual Assault Forensic Examiner to conduct forensic exams for sexual assault victims from Community Solutions facilities and programs. The letter was dated December 2014.

The agency has also had a Memorandum of Agreement between Community Solutions, Inc. and the Connecticut Sexual Assault Crisis Services, Inc. CONSAACs is a coalition of Connecticut's nine community based sexual assault crisis services programs. And program provides free, confidential and empowerment based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training programs.

Residents of the facility are given a sheet providing the contact information for CONSAACs as well as the contact information for other organizations. They also are required to sign the form, acknowledging they have received the handout with contact information. The auditor reviewed multiple copies of signed contact information sheets. The same information is posted on PREA Audit Report

bulletin boards throughout the facility.

Interviewed residents were not aware of the availability of CONSAACS. They generally indicated they knew there were such services however they did not know specifically about CONSAACS.

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.

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 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 Program Director confirmed that all allegations of sexual abuse will be and are reported either to the Hartford Police Department or the Connecticut State Police. The facility's role in such an investigation 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.

One-hundred percent (100%) of the interviewed staff stated they are trained to report "everything" including any suspicions, information or allegations of sexual abuse and sexual harassment. They related they report, immediately, to the shift supervisor who then makes the required notifications. The PREA Coordinator serves as the facility's PREA Investigator. Staff related, if the incident was criminal, they would also refer the incident to the Hartford Police if the resident was a state DOC resident and to the Connecticut State Police if the resident is a Federal Bureau of Prisons resident. The facility has not had allegations of sexual abuse during the past twelve months.

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.

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.

The agency provided a slide presentation of the training provided to staff. The reviewed curriculum contained the required training topics. Staff who were interviewed were asked if they were trained in each of the topics required by the PREA Standards. All of them indicated they had been trained in all the required topics. They stated they receive training when they are newly hired. This training, they stated, is conducted at the company office and that a section is devoted to PREA. This training, they stated, covered all the required PREA topics. Additionally, they stated they receive training on site as well 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. Some of the random staff stated they have perform intake at one time of another and as a result they are frequently going over the PREA information. Staff they receive PREA training annually as well in the form of a refresher training and that PREA topics are covered in staff meetings. The auditor reviewed multiple PREA Acknowledgment Statements affirming staff understanding of the zero- tolerance policy and the agency’s PREA Policy.

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.

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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.

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 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 in the brochure is the CSI's address, phone number, fax number and website. Several places in the brochure address ways to report including telling any CSI employee, verbally telling anyone the resident trusts, by filing a written grievance or contacting the Connecticut Sexual Assault Crisis Services (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 z 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 Hartford House makes accessible key information and is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

Upon completion of Orientation, the client/resident initials the Orientation Checklist indicating they have 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.

Three staff performing the intake function were interviewed. Staff related during the admission process they provide resident's information on the zero-tolerance policy and how to report allegations of sexual abuse, sexual harassment and retaliation. They indicated that they verbally "go over" the PREA pamphlet and handbook. About half stated information was provided to them verbally and another half related they were just given the written information and told to read it. One resident related the staff told her "you got this information in prison so you know what it is" and gave her the written information. This information was relayed to the Program Director who assured the auditor the intake staff provide information both orally and in writing. This information was also shared with the Agency's PREA Coordinator. The

interviewed residents did inform the auditor they had received PREA information in prison and that they did know and understand it.

During orientation residents are provided additional information on PREA. This is documented on the CSI Form, Client PREA Education Checklist. These are the items covered during orientation: 1) PREA Poster and Contract Reporting Numbers; 2) Zero Tolerance; 3) Right to be free from sexual abuse and sexual harassment; 4) How to report; 5) Right to be free from retaliation and 6) CSI's Policy and Procedures for reporting incidents of sexual abuse and sexual harassment. The auditor reviewed a sample of the Orientation Client PREA Education Checklists and all items were documented. Residents are also given a sheet with contact information for various agencies. This document advises residents they have the right to and are encouraged to report any instance of sexual abuse or sexual harassment; that they may report to any staff, including the program director and that they will be protected against retaliation. Contact numbers are provided for the following organizations: 1) Sexual Assault Crisis Services (address, hotline number, office number); 2) Connecticut Sexual Assault Crisis Services and 3) National Office for Victims of Crimes (phone numbers). Residents sign indicating they have been given this form and that they have the contact information needed to contact any of these agencies.

Interviewed residents related they have received PREA information in prison. They also related that they received PREA information during the intake process. About half said they received it in writing and another half said they were given the information in a packet and told to read it but did not receive any verbal clarification or explanations. All of them were aware of their rights to be free from sexual abuse, sexual harassment and retaliation; they also named ways they could report; they all understood they could make a report without being retaliated against for reporting and they indicated they did receive that information either verbally or in writing and as some indicated, both verbally and in writing. They all acknowledged the orientation information provided.

PREA Posters were observed located throughout this program, neatly posted on bulletin boards, beneath plexiglass.

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.

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.

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.

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 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 must be completed within 72 hours of admission. Reassessments 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 occur after a request from the referral source, an incident of sexual abuse or any other information gathered that bears on the client's risk for victimization or abusiveness. Residents have the right to not answer or fully disclose information with questions regarding whether 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.

The Sexual Violence Assessment Tool for Adult Females is a five-page instrument. The first page consists of basic information/Instructions. Page two contains the "Primary Likelihood Checklist". The factors considered here are the following: 1) Under 28; 2) Perceived to be lesbian, bisexual, transgender, intersex or gender non-confirming; 3) Non-violent offense; 4) Non-muscular/small stature; and 5) convictions for sexual offenses against adults or children. Page three contains an Additional Potential Vulnerable Checklist and addresses the following: 1) Vulnerable for sexual/physical abuse in the past; 2) If previously incarcerated/ever placed in protective custody; 3) Unfamiliar with prison environment; 4) Verbalizes fear for personal safety; 5) If lesbian, then "openly" admits; and 6) Offender's race is non-white. Page four addresses Additional Potential Sexually Aggressive Checklist addressing the following: 1) Evidence of physical violence in the commission of a crime; 2) History of physical/sexual abuse in the past inside of prison/jail; 3) If previously incarcerated, placed in disciplinary segregation for assaultive behavior; 4) Has a disciplinary record from a previous incarceration.

Scores of 10 to 13 generate a “flag” assessing the resident as either a potential victim or a potential abuser.

A case manager who conducts the SVAT stated the assessments are conducted within 24 hours of admission. Assessments are conducted in private and considers things such as the resident’s current charges, criminal history, race, sexual orientation, past victimization or abusiveness, stature and other factors. Staff related prior to the resident arriving the assessing staff may review the Judicial Website to confirm criminal history. Staff related they do not have access to the DOC offender database. The assessor reviews that information that may come with the resident to the program however that information is limited. If a resident scores 10 or more on either scale they are assessed and “flagged” as either a potential victim or a potential abuser. Staff indicated that the assessments and reassessments are maintained in a file separate from the resident’s residential file. Access to the results are reportedly limited to the Program Director and Case Managers.

The auditor reviewed multiple examples of vulnerability screenings. None of those reviewed resulted in a score more the eight (8) indicating they had not reached the threshold for being assessed as either a potential victim or a potential abuser.

Staff related, in interviews, that reassessments are conducted within 29 days of arrival. The facility provided multiple samples of reassessments.

Interviews with residents was a “mixed bag” with some residents remembering they were asked the screening questions. A list was made of those who did not remember being asked the questions and documentation of their vulnerability screening was requested. The facility provided the screening assessments confirming the residents had been screened.

Staff also conduct other assessment and screenings that consider risks and needs of the resident. These are used to assist them in developing an individualized treatment plan for the resident.

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.

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 residents 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 program assignments so the clients

at risk for sexual victimization are kept separate from clients 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.

Staff related resident's room assignments are based on the results of the SVAT. Residents who may be at risk of sexual victimization are not placed in rooms with residents who may have scored out as a high risk for abusiveness.

Residents who may have disclosed prior victimization would, according to staff, be referred to a resource approved by either DOC or the Federal Bureau of Prisons for follow-up.

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.

This standard is rated exceeds for multiple reasons. CSI educates residents and provides them both written and verbal information on ways they may report sexual abuse, sexual assault or retaliation. This occurs during the admission process at intake and through PREA education during orientation. Residents acknowledge their understanding by signing both Orientation Checklists, the Client Education PREA Checklist, and the acknowledgment form, all of which provide information on how to report.

Residents are provided a "sheet" containing hotline numbers and addresses for the Connecticut Sexual Assault Crisis Services, Inc. and RAIN. They are given the contact information for the Agency's PREA Coordinator. They have access to the PREA Hotline to report allegations of sexual abuse, sexual harassment and retaliation. 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 clients 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/Grievance 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 advised 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.

Federal Bureau of Prisons Residents are also provided a letter from the Director of the FBOP advising residents who are being threatened or pressured to engage in sexual behaviors, or are fearful about being sexually assaulted, to discuss their concerns with staff as soon as possible.

Residents sign multiple acknowledgments confirming they have been provided information on the zero-tolerance policy and how to report. Following orientation, each resident signs the Client PREA Education Checklist, the Orientation Checklist (of which PREA is a part) and an acknowledgment entitled, PREA Reporting. This acknowledgment form informs the resident the PERA addresses both inmate-on-inmate sexual abuse and staff misconduct. It informs clients they may report any sexual misconduct, abuse or threats anonymously to any staff member, referral source or outside law enforcement agency. It reiterates reports may be issued to staff verbally or in writing and lastly it advises them who the PREA Coordinator is at CSI. Contact information for the PREA Coordinator is provided on bulletin boards throughout the facility as well.

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. The agency has staff who are bilingual who may be used to assist a resident in making a report. In the absence of an interpreter, the agency has a contract with Language Line who may provide video translation for deaf residents and language translations for multiple languages. The auditor interviewed a limited English proficient resident through a staff translator who came to the facility to provide the translation. An interview with the resident indicated she had received PREA information, including ways to report. She also indicated she too had a cell phone and could report using that means if needed.

Residents in the facility (100% of those interviewed) have cell phones enabling them to report to anyone at any time. Too, residents are out in the community frequently for appointments, work searches and on other passes.

Residents have access to their families via phone, mail and through visitation.

Residents indicated, in their interviews, that they could report to a staff and/or call the PREA Hotline. When prompted they indicated they could report to family, friends, the authorities over their phones, through third parties and in writing through a note or grievance. None of the interviewed residents reported having been sexual abused or sexually harassed in this facility.

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.

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 and that this would usually be the Program Director. In their interviews, residents stated and occasionally named the grievance process as one way they could report. When asked, none of the interviewed residents had ever filed a grievance related to PREA.

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.

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. A sheet entitled “Prison Rape Elimination Act (PREA) informs residents they have the right and are encouraged to report any instance of sexual abuse and sexual harassment. This form provides contact information for the following; Sexual Assault Crisis Services (physical address, office phone and hotline number); Connecticut Sexual Assault Crisis Services (physical address, office phone and hotline number); the National Office for Victims of Crimes (physical address); National Sexual Abuse Violence Resource Center (phone number) and the Rape, Abuse and Incest National Network (too free phone number). Residents have to initial and date receipt of this information to confirm they received it. Too, the same information and more are provided on bulletin boards throughout the facility.

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 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.

Once again, these residents have cell phones and go on passes to search for employment and if employed they go to work in the community enabling them to report for themselves or others.

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.

The facility was asked to provide a “refresher” training to remind the residents of the services offered by the CONSACCS and how to access outside advocacy organizations if needed. The agency provided documentation that refresher training was provided prior to issuing the final report.

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.

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.

Staff, in their interviews, consistently reported that one way residents could report was through third parties, including family members, friends or other residents. Each interviewed staff stated they would treat that report just as any other report. They related they would report it to their shift supervisor and follow-up with a written Incident Report.

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, 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.

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
PREA Audit Report

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.

Reviewed staff acknowledgments entitled "PREA Employee Training and Acknowledgment" informed staff that they are obligated to report any suspicion or observation of sexual abuse or harassment. IT also provides contact information as ways the staff can report and these included the PREA email at CSI, the phone number, fax number and the mailing address for the CSI PREA Coordinator. Too, the reviewed CSI Orientation Training Checklist for Adult Services, indicates staff receive approximately two hours of training related to Sexual and Physical Assault/Abuse. That training has a component entitled "Reporting protocols for sexual and physical assault/abuse. An additional training in PREA is provided during OJT. That component is approximately three hours and includes taking a PREA Test. The test includes a question about reporting sexual abuse or sexual harassment to their supervisor.

One-hundred percent (100%) of the interviewed staff related, in their interviews, 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. The Program Director related how the notification process worked and who would be notified in the event of a sexual assault.

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.

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 Operations 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.

Interviewed staff are asked what actions they would take if a resident was at risk of imminent sexual abuse. Staff consistently reported they would remove the resident from any threat, keep her with them until a decision could be made about where to house the resident. The funding agency is notified and they have the option of removing the alleged potential perpetrator or transferring the resident to another program. Regardless of that decision, staff said they are going

to keep that resident with them. They indicated they will take that action “quickly” and most said immediately.

Interviews and the reviewed Pre-Audit Questionnaire confirmed there have been no cases or allegations of a resident being at substantial risk of imminent sexual abuse in the past twelve months. The Program Director related that if a resident was at substantial risk of imminent sexual abuse staff would separate the potential victim from the alleged potential perpetrator and to ensure the resident is protected the resident would most likely be placed in another CSI or other program for her protection. Additionally, the PAQ and interviews indicated there have not been any emergency grievances or complaints filed asserting that a resident was at substantial risk for imminent sexual abuse.

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.

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 Hartford House. This was confirmed through interviews with the Program Director and through reviewing the Pre-Audit Questionnaire. The Program Director indicated, in an interview, that if an allegation was received, it would be investigated just like any other investigation.

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.

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.

Interviewed staff understood the responsibilities of first responders. They most often related the actions they would take if they were the first staff to become aware of a sexual assault. These steps included seeing who the perpetrator is, separating the perpetrator from the alleged victim, securing the scene to preserve evidence and to instruct residents not to use the restroom, shower or change clothing, brush their teeth.

Interviews and the reviewed Pre-Audit Questionnaire confirmed there have been no allegations of sexual abuse during the past twelve months.

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.

AWR 20-29, Sexual Assault-Harassment-PREA Compliance, addresses coordinated respondents to allegations of sexual abuse. This 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.

This standard is rated “not applicable”. Community Solutions Inc. is not involved in collective bargaining. This was confirmed by the Program Director and a previous interview with the agency’s PREA Coordinator. They also confirmed that the agency has the capacity to take appropriate action consistent with agency personnel policies, including removing the staff member from the facility during an investigation. These staff related if a staff was alleged to have violated agency sexual abuse or sexual harassment policies, the staff would immediately be placed on administrative leave pending the outcome of the 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 residents and staff can 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 contacting 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.

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. 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.

The reviewed Pre-Audit Questionnaire and interviews with the Program Director indicated there have been no allegations of sexual abuse in the past twelve months.

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.

CSI Policy 2.5.9, Policy Against Sexual Abuse/Harassment, Evidentiary Standards, requires that CSI 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. A previous interview with the agency 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.

A previous interview with the Agency PREA Coordinator confirmed that residents will be informed of the results of the investigation after the investigation. The notification would be provided in writing by letter from the PREA Coordinator.

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 Program Director.

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.

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. The presumptive sanction for any staff who violates an agency sexual abuse and sexual harassment policy. There have been no incidents in which a staff was alleged to have committed sexual abuse or sexual harassment during the past twelve months.

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.

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.

This facility does not have any volunteers and the only contractors are those involved in maintenance. 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.

Interviews confirmed if there was a volunteer and the volunteer had engaged in misconduct, sexual assault or sexual harassment the volunteer would be immediately have been prohibited from coming into the facility until an investigation had been conducted. The services of the volunteer would be terminated. If the allegations were criminal in nature the law enforcement entity conducting the investigation would refer the individual for prosecution when there was enough evidence to warrant that action.

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. Interviews indicated if the allegation was not criminal but of a harassment nature, the resident would be referred to the funding source to determine the action that would be taken against the resident. There have also been no allegations of sexual harassment. Program Director and a previous interview with the PREA Coordinator indicated 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.

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 or the resident would receive counseling and/or treatment in a local community based mental health center.

There have not been any residents involved in an incident of sexual abuse during the past twelve months. This was confirmed through interviews with the staff and review of the facility’s Pre-Audit Questionnaire.

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 know 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 St. Francis Hospital for forensic examinations where there are Sexual Assault Nurse Examiners.

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.

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 as well as any other relevant staff. The team, 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 those major players who can 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.

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 findings 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.

The reviewed annual report provided the 2016 PREA Data Collected Totals for the following categories: 1) Allegations of client on client non-consensual sexual acts reported; 2) Allegations of client on client abusive sexual contact reported; 3) Client on client sexual harassment reported; 4) Allegations of sexual misconduct reported; 5) Allegations of sexual harassment reported; 6) Total substantiated incidents involving Federal Bureau of Prisons clients; 7) Total substantiated incidents involving DOC clients and 8) Total number of substantiated incidents. The numbers from each facility are provided along with the cumulative totals.

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/facilities. Data shall be aggregated according to facility as well as the agency as a whole. A standardized tool is used which answers all 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 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.

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

Robert Lanier

August 20, 2017

Auditor Signature

Date