

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

**Date of report:** August 23, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Robert Lanier			
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<b>Email:</b> rob@diversifiedcorrectionalservices.com			
<b>Telephone number:</b> 912-281-1525			
<b>Date of facility visit:</b> 7/24/2017			
<b>Facility Information</b>			
<b>Facility name:</b> Roger Sherman House			
<b>Facility physical address:</b> 48 Howe Street, New Haven, CT 06511			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 203-789-4430			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<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	
<b>Name of facility's Chief Executive Officer:</b> Lisa DeMatteis-Lapore			
<b>Number of staff assigned to the facility in the last 12 months:</b> 19			
<b>Designed facility capacity:</b> 61			
<b>Current population of facility:</b> 57			
<b>Facility security levels/inmate custody levels:</b> Work Release			
<b>Age range of the population:</b> Adult			
<b>Name of PREA Compliance Manager:</b> Elissa Freidinger		<b>Title:</b> Quality Improvement Specialist / PREA Coordinator	
<b>Email address:</b> <a href="mailto:elfreidinger@theconnectioninc.org">elfreidinger@theconnectioninc.org</a>		<b>Telephone number:</b> 860-343-5500 x1853	
<b>Agency Information</b>			
<b>Name of agency:</b> The Connection, Inc.			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 100 Roscommon Dr, Suite 203, Middletown, CT 06457			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 860-343-5500			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Lisa DeMatteis-Lapore		<b>Title:</b> Chief Executive Officer	
<b>Email address:</b> ldmatteis@theconnectioninc.org		<b>Telephone number:</b> 860-343-5500	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Elissa Freidinger		<b>Title:</b> Quality Improvement Specialist / PREA Coordinator	
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## **AUDIT FINDINGS**

### **NARRATIVE**

The on-site PREA audit of the Roger Sherman House was conducted July 24, 2017. Six weeks prior to the on-site audit, the auditor forwarded the "Notice of PREA Audit" six weeks prior to the on-site visit. Documentation was provided documenting the notices had been posted. The Agency PREA Coordinator provided a flash drive as well as emails containing the Agency's policies and procedures related to PREA. The information provided was organized and the applicable standard numbers were typed in the right-hand margin of the documents. Additionally, the flash drive contained supporting documents including training rosters and training certificates. Following review, the auditor requested additional samples of specified documents to support compliance. The PREA Coordinator was always more than responsive and eager to provide anything the auditor requested. By prior agreement, the auditor arrived at the facility 0700 to interview staff from the overnight shift prior to their departure. Met by the Agency's PREA Coordinator, following introductions and a brief discussion with both the PREA Coordinator and the Roger Sherman House's Program Director about proceeding with the process, the auditor began the random staff interviews. Following those interviews, the Program Manager and PREA Coordinator escorted the auditor on a complete tour of the facility. Following the tour interviews continued. The facility employees a total of 15 staff. Five (5) random staff were interviewed. Specialized interviews totaled twelve (12). Ten (10) residents were interviewed. One of the interviewed residents was hearing impaired. There were no residents in the facility who had reported previous sexual abuse and none who had been sexually abused or sexually harassed while in this facility. There were no residents in the facility at this time who identified as being either gay, bi-sexual or transgender.

After the interviews, the PREA Coordinator provided the auditor with additional documentation that had been requested. At the end of the day the auditor interviewed one staff from the second (2<sup>nd</sup>) shift. The auditor conducted an exit with the PREA Coordinator. The only issue identified during the audit was that residents were not aware of the outside advocacy services available for dealing with sexual abuse if they ever needed it. The information actually was provided to the resident upon admission as a part of their PREA packet. The auditor reviewed the sheet with the contact information that was provided to the residents. Interviewed residents affirmed that they probably were given the information but they had either not read it or did not keep the paperwork from orientation because, as they stated, "it didn't apply" so they discarded the information. The PREA Coordinator agreed to provide "refresher" training on who the advocacy organization is, how to contact them and the limits of confidentiality of conversations the resident's may have with them.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Roger Sherman House is collocated with other programs operated by The Connection, Inc. Housed in a multi-story huge former YMCA in the downtown area of New Haven, Ct., the Roger Sherman House occupies the second and third floors. Although there are not many cameras in the facility they are strategically placed for maximum coverage. The facility has taken the door from a laundry room as a measure to deter any clandestine sexual activity. Viewing into the laundry is accessible by anyone walking down the hall. The food services area is small and open facilitating viewing. A huge day room has cameras as does the large gymnasium. Resident restrooms have stalls with wooden doors providing maximum privacy. Showers likewise are single showers with stalls and privacy curtains. Notice of PREA Audit were observed posted throughout the facility. PREA Posters were likewise posted on bulletin boards. The administrative area is located in the lower floor housing area. Video cameras may be viewed from the office.

The facility has a rated capacity of 60 residents. The capacity on the day of the audit was 60. All of the residents are referred by the Connecticut Department of Correction. Residents in the program are required to seek employment and to be gainfully employed as they transition back into the community

## **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 staff including seven random staff and (12) specialized staff (the facility does not have medical or mental health staff nor do they have any volunteers or contracted staff); 5) Interviewing ten (10) residents; 6) Interviewing the Connection Program Director 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. Five (5) Standards were rated "Not Applicable". These were: 115.212, Contracting with other entities for the confinement of residents; 115.215, Upgrades; 115.234, Specialized Training: Investigations, 115.235, Specialized Training – Medical and Mental Health; and 115.266, Preservation of ability to protect residents. Thirty-two (32) standards were rated as "meets".

Number of standards exceeded: 2

Number of standards met: 32

Number of standards not met: 0

Number of standards not applicable: 5

**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.**

The Connection PREA: Prisons Rape Elimination Act Policy and Procedure 4.0, affirms that the Connection, Inc., in cooperation with the State of Connecticut Department of Corrections (DOC) and Court Support Service Division (CSSD) supports a zero tolerance towards sexual abuse and sexual harassment. Policy also requires the agency to establish a PREA Coordinator who oversees the implementation of PREA standards at all The Connection, Incorporated designated facilities. Policy specifies responsibilities of the PREA Coordinator. These include: developing, implementing and overseeing the agency’s efforts to comply with the PREA Standards. An interview with the PREA Coordinator confirmed she is a very knowledgeable and capable professional who understands PREA and has a vision for implementing it in the company’s facilities, but also, in ensuring continued compliance with the company’s policies and PREA Standards. This staff reports to the Director of Quality Assurance. The PREA Coordinator is responsible for overseeing the prevention, detection, and response to all alleged PREA allegations.

The agency also requires a program manager in each facility. They are responsible, according to policy, for ensuring that preventative measures include 1) Discussing PREA with clients during intake and orientation; 2) Administering a sexual risk victimization survey during intake and again within thirty days; 3) Displaying PREA related material at program sites to encourage the vocalization of PREA incidents; 4) Routine monitoring of clients while in the program; and 5) Ensuring all visitors and contractors have received PREA language and agree that they understand their role in upholding PREA standards of reporting and behavior.

Program staff are required to follow guidelines set forth in The Connection Inc.’s Ethical Practice Policy and Procedure, which forbids conflicts of interest, dual relationships and physical contact with clients.

Agency policy includes the definitions of sexual abuse and sexual harassment.

Posters, including Break the Silence, are posted throughout the facility stressing the agency’s zero tolerance for sexual abuse.

Interviews with staff, both random and specialized confirmed they are aware of the agency’s Zero Tolerance Policy as well as the agency’s approach to prevention, detection, responding and reporting. Staff are trained in the zero-tolerance policy and sign an acknowledgment statement confirming they received the required PREA Training and that they understand the agency’s policy. Interviewed residents affirmed they are aware of the facility’s Zero Tolerance for any form of sexual activity. They also sign acknowledgments that they understand it as well. Reviewed acknowledgment statements from both staff and residents confirmed information related to Zero Tolerance is being provided to both staff and residents.

**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)

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The Roger Sherman House does not contract for the confinement of inmates or residents. This standard is rated “not applicable”.

### **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)

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The facility’s staffing plan is predicated upon a rated capacity of 60 residents and is based upon the contract with the Connecticut Department of Correction. The contract specifies each of the positions the facility is authorized and the staffing has been determined by the funding source to be adequate for the mission of this program. The total staffing for Roger Sherman House is 15 staff, including five (5) case managers, seven (7) client service aids, One (1) administrator, one (1) vocational specialist and One (1) Program Manager. The facility’s staffing plan is documented on the staffing matrix on an annual basis.

The facility staff’s three shifts, 7AM-3PM, 3PM-11PM and 11PM-7AM.

An interview with the Agency’s PREA Coordinator confirmed the contract with the DOC requires a ratio of 1:30 (one staff for every thirty residents), which translates into two direct supervision staff per shift. Typically, there are more staff than the minimum and direct supervision staff are supplemented by case management staff and other administrative staff, including the program manager.

The PREA Coordinator and the Program Manager related the facility never goes below the minimum staffing levels. In the event staff “call out” staff on duty must remain on their post/shift until someone can be called in. Often this is the Program Manager who may have to come in.

An interview with the agency’s (The Connection, Inc.) Program Director clearly articulated the process for developing the staffing plan for the Roger Sherman House. She indicated the process considered a number of things including the licensing by the city, the need for cameras, staffing in the area, hours of operation, how keys are controlled, she also advised the auditor the contract requires the 1:30 ratios resulting in a minimum staffing of two direct supervision staff per shift. The Staffing Matrices are established by the funding source however the funding source is open to suggestions based on the agency’s on-going assessments of their needs. She related the staffing matrix is submitted every year and again, if the

agency has changes to recommend that agency does give careful consideration to the justifications for the requests. The facility has cameras to supplement supervision of residents. These are located in halls and in the gym and may be viewed in the main staff office. To help eliminate blind spots to assist in monitoring during security and PREA Rounds, the facility has removed the door to the kitchen storage room to enable easy viewing, a laundry room has a window in the door and large windows, again to aid in supervision.

Unannounced rounds are made to deter sexual activity. The Program Manager related that unannounced rounds are made on every shift and documented in the log books. As Program Manager, she related she too drops in on the weekends and after hours to make those rounds as well. Observations made during the PREA Audit confirmed that staff at this facility are not sitting at a desk consumed with paperwork but are continuously moving about the facility.

### **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 for several reasons. The facility does not conduct strip searches or body cavity searches at all. Staff are also prohibited from conducting any form of search that involves “touching” by either gender staff. Residents are afforded the utmost privacy in restroom/shower areas where the restroom has stalls and doors and the showers have stalls and curtains and the doors to the restroom/shower areas may be closed as well. Staff are respectful of residents living areas and their privacy. All the residents stated staff knock and announce their presence before entering their rooms. There have been no strip search or body cavity searches and these are prohibited, nor have there been any searches involving “touch”. Residents have privacy while changing clothing because of doors on their rooms. The Connection Policy, Searches of Program Participants, 4.0, requires in all of The Connection Inc.’s community justice facilities, visitors, clients and staff are subject to hands-off searches that will be conducted in a manner that avoids force, embarrassment or indignity to the person being searched. It also requires that pat downs, body cavity and strip searches are prohibited regardless of the gender of the staff or inmate, even in exigent circumstances. Paragraph 6.0, Responsibilities, asserts in policy, that all staff, including client service aides, case managers, program manager (or his/her designee) and program director, may conduct hands-off searches of clients, visitors and staff and/or their property.

7.0, Procedures, for all program staff, #2. Requires that hands-off searches are to be performed by a same sex staff member with a second staff member of the same sex present as a witness. These hands-off searches are to be conducted in private and in a confidential area. And during the hands-off search, there is no physical contact between staff and clients. Hands-off searches may involve clients being asked to remove articles of clothing such as shoes, sweater, shirt etc., not to involve any nudity and every precaution is to be taken to avoid embarrassment and maintain confidentiality. If a metal detecting “wand” is available, it may be used in addition to hands-off search. If a client does not cooperate and/or contraband is found, the local police will be contacted for assistance.

Interviewed staff explained the “search” process. They all said they do not conduct any strip or pat down searches and that this facility is a “no touch” facility. They described the “no touch” search and stated that they ask the resident to remove his jackets, turn his pockets inside-out and remove his shoes which are searched. They also stated they “wand” the resident as well. When asked what they did if a resident refused to comply with the search, staff related they do not use any force in

this facility and would contact the local police or appropriate DOC office.

Standards require that residents can change clothing, use the restroom and shower/bathe without being viewed by staff of the opposite gender. Interviewed staff related that residents are never naked in full view of staff of either gender. They related that the residents have privacy while changing clothes, showering or using the restroom. Interviewed residents were actually taken aback with the question, "Are you or other inmates ever naked in full view of staff, for example, while showering, using the restroom, or changing clothes?" One hundred percent (100%) of them said they have complete privacy and have showers with curtains and stalls as well as toilets with stalls and doors. During the tour of the facility the auditor observed two toilet and two shower rooms and four toilet and four shower rooms. All of the observed toilets had stalls separating the toilets and each one had a door. Showers likewise were separated with stalls and shower curtains. Too, the doors to the restroom/showers could be closed as well.

Opposite gender staff are required to announce their presence when entering housing units however staff interviews indicated that all staff announce their presence and knock on the resident's doors before coming in. All of the interviewed residents told the auditor female staff announce their presence and knock and tell the resident they are coming into the room. Several them said, "these staff are respectful" and always let you know they are coming into your room.

#### **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.**

The Connection American with Disabilities Policy and Procedure states the agency will comply with the Americans and Disabilities Act (ADA). It requires the agency to take appropriate steps to ensure that clients with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Individuals with disabilities are encouraged to come forward and request reasonable accommodation.

To ensure effective communication with clients or residents who are deaf or hard of hearing, the agency will provide access to interpreters who can interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary.

The agency also will provide written materials in formats or through methods that ensure effective communication with clients/residents, who have intellectual disabilities, limited reading skills or who are blind or have low vision.

The Connection Inc., has also taken another step to ensure clients/residents have access to professional interpretive services via a contract with "Interpreters and Translators, Inc. The agency has an Interpretive Services Agreement. The document states the agency has engaged the Interpreters and Translators, Inc., to provide interpreting services to the company. The company can provide an array of translation and interpretive services including American Sign Language. Services may be provided in person, via phone or video remote.

There were no limited English proficient residents at the facility during the audit period. One hearing impaired resident was

interviewed. He related the Department provided him with a device to assist his hearing and during the interview, although his speech indicated some form of hearing impairment he was easily understood and understood every question asked by the auditor.

The Connection, American with Disabilities Policy and Procedure, asserts and affirms the agency will comply with the Americans with Disability Act (ADA). 7.0, Responsibilities and Procedures requires that staff, to ensure effective communication with clients/residents who are deaf or hard of hearing, The Connection Inc. (TCI) will provide access to interpreters who can interpret both effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary. The agency is also required, as stated in paragraph 3., to ensure written materials are provided in formats or through methods that ensure effective communication with clients/residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. Interviews with the agency's Program Director confirmed the agency would not rely on resident interpreters to assist a disabled or limited English proficient resident in reporting an allegation of sexual abuse or sexual harassment. According to the Program Director, the agency has access to professional translations services and to bilingual staff. Prior to entry into the facility/program, she indicated, residents are screened out with regard to certain disabilities because of the nature of the program, which is work release, however when a disabled resident is admitted the facility "meets them at the point of their needs". She also described how staff (case managers) complete a function literacy test and if a resident is limited in his reading skills and comprehension, the case manager in a one-on-one session would read everything to the resident to ensure he understood it and to give him the information necessary to participate fully in the facility's approach to prevention, response and reporting of sexual abuse and sexual harassment and the zero tolerance program.

#### **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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The Connection Policy, Criminal Records Check for Staff Policy and Procedure, affirms the Connection Inc. strives to provide the safest possible environment for clients, visitors, staff and physical resources. Policy requires a criminal background check on all employees, volunteers, and contracted professionals. It also requires that TCI will not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents and will not enlist the services of any contractor who may have contact with residents who: 1) Has engaged in sexual abuse in a prison, jail, lockup or community confinement facility. 2) Who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion, if the victim did not consent or was unable to consent or refuse and 3) Has been civilly or administratively adjudicated to have engaged in the activity described in 1 and/or 2. Policy provides for performing background checks appropriate to the position being filled. That includes a requirement for background checks at least every five years for current employees and contractors who have contact with clients. Paragraph 4 of the policy also requires that unless prohibited by law, the agency will provide information on substantiated allegations of sexual abuse and sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied to work.

Policy charges the Vice President of Human Resources or designee with performing criminal records checks on individuals being considered for staff positions. Human Resources will perform other background checks appropriate to the position

being filled.

The Connection Background Check Policy and Procedure, requires as a part of its screening process for prospective new staff members, employees, contracted professionals, volunteers and interns, the Connection extensive background checks, in full compliance with all relevant employment laws and regulations. The Connection will also verify credentials, as education training, relevant experience, competence in required role, recommendations of peers and former employers, and state registration, licensing, and/or certification in the appropriate discipline(s).

Minimally, the agency, to determine the appropriateness of hiring individuals who will work with children and/or other persons determined by the Agency to be vulnerable or at risk, screening procedures will include appropriate, legally permissible, and mandated reviews of state criminal history records and civil child abuse and neglect registries, as well as confidential consumer reports for employment purposes. Too, policy states all staff will be subject to an inspection of their Department of Motor Vehicles (DMV) records prior to hiring and may be retested/inspected on an annual basis.

Agency policy provides for the agency to consider prior criminal records to determine relevancy between any conviction and the responsibilities of the positions applied for as well as the length of time that has elapsed since the conviction occurred. However, if unreported convictions are revealed the application process will terminate. Policy does state that because of contractual obligations, the agency will not hire any prospective employees actively on probation or parole.

Applicants, on the Applicant Authorization and Consent for Release of Information, acknowledge the following background checks may be made: 1) Consumer Report; 2) Social Security Verification; 3) Criminal and Civil History; 4) Department of Motor Vehicle Records; 5) Education Verification and any other checks or public records that might bear on the individual's employment. The authorization and consent also allows and holds harmless, any past employer for providing information related to past employment. The applicant also acknowledges that background checks will be conducted every five (5) years. An interview with The Connection Human Resources Staff described the hiring process as follows:

- Directors let HR know they have a vacancy
- HR Posts to vacancy for two weeks
- Applications may be obtained online, completed and faxed to HR.
- Managers decide who they want to interview
- Applicants are interviewed, complete the Applicant Authorization and Consent Release of Information
- Applicants may be verbally offered a position contingent upon a satisfactory background check

The background check process appears to be very thorough and includes the following:

- Social Traces to determine where the applicant may have lived previously,
- Employer Reference Sources, Inc. complete a background check that consists of the following checks:
  - 1) National Sex Offender Registry Search
  - 2) Education Search
  - 3) DMV Searches
  - 4) Department of Children and Families and Child Protective Services Search
  - 5) Office of the Inspector General Search
  - 6) Court Search
  - 7) NCIC

The interviewed Human Resources staff was very organized and very knowledgeable of the process. Together the auditor and HR Staff reviewed the personnel files of five employees. All of them had documented background checks as required. Five-year checks, where applicable, were conducted.

### **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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This standard is rated “not applicable”. There have been no upgrades or modifications to the physical plant nor have there been any upgrades to the monitoring technology. This was confirmed by reviewing the Pre-Audit Questionnaire and interviewing staff.

### **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)

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Allegations of sexual abuse that appear to be criminal in nature are investigated by the Connecticut State Police. The Connecticut State Police is the agency responsible for conducting investigations of sexual abuse in the Roger Sherman House. Although they do not conduct the investigations the agency PREA Coordinator reached out to the State Police and attempted to confirm and ensure the agency responsible for conducting sexual abuse investigations follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol is required to be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent editions of the US Department of Justice’s Office on Violence for Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents”, or similarly comprehensive and authoritative protocols developed after 2011.

The letter acknowledges the agency will offer all victims of sexual abuse access to forensic medical examination, without financial cost, where evidentiary or medically appropriate. Exams are required to be performed by Sexual Assault Forensic Examiners (SAFES) or Sexual Assault Nurse Examiners (SANES) where possible and if not, by a qualified medical practitioner. The agency will document its efforts to provide SAFES or SANES.

Victims are offered a victim advocate to accompany them during the forensic exam if requested.

The Connection Policy, PREA First Responders to a PREA Incident, Roger Sherman House addresses first responding to an incident of sexual abuse/assault and affirms when a physical assault has occurred on the premises clients will be transferred to the Yale Hospital York Street Campus for forensic examination.

Policy requires first responders to immediately separate the alleged victim from the alleged abuser; determine the safety of the client and if need be contact emergency services, call 911, preserve and protect the crime scene until appropriate steps can be taken to collect evidence, if the abuse occurred within a time frame that allows for the collection of physical evidence, staff will request that the alleged victim and abuser not take any actions that could destroy the evidence and this includes washing, brushing teeth, changing clothes, defecating, urinating, smoking, drinking and/or eating and immediately begin the notification to appropriate parties.

The agency has a Memorandum of Agreement with the Connecticut Sexual Assault Crisis Services, Inc. CONSACS agreed to make available information about CONNSACS member programs and availability of sexual assault crisis counselors and community based services, provide a sexual assault crisis counselor to accompany and support a victim throughout the forensic medical exam process and investigatory interviews and provide emotional support, crisis intervention, information and referrals, as requested by the victim throughout the client's placement in the facility. Both parties agree to develop a site-specific protocol. and procedure for PREA standards and to identify and assign a staff member to establish a cohesive and seamless delivery of services to clients in the TCI facilities. Communication regarding client and services provided can occur if the client grants permission to CONNSACS to waive the privilege of confidential communication.

Interviewed staff confirmed their first responder responsibilities including protecting the evidence until the State Police arrive on the scene.

#### **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.**

The Connection Policy, PREA Review, Policy and Procedure, 1.0, states that the purpose of this policy is to establish a protocol for a timely, thorough, and objective review of alleged PREA incidents. 4.0 of that policy require that The Connection, in cooperation with the State of Connecticut Department of Corrections (DOC) and Court Support Service Division (CSSD), will follow a specific protocol when allegations of Prison Rape Elimination Act (PREA) incidents within The Connecticut Incorporated facilities. Those protocols are to ensure that all necessary parties are made aware of the allegation, in an attempt to minimize risk, emphasize client safety and secure all potential evidence.

Policy requires the PREA Coordinator wo conduct an administrative review of any and all allegations of sexual abuse and sexual harassment, regardless of the origin of the allegation, at all designated PREA programs. This information is forwarded to pertinent parties, including but not limited to State of Connecticut Department of Correction (DOC), Court Support Services Division (CSSD), Probation, and/or Parole for review and potential sanctions for alleged perpetrators.

Too, that policy requires the Connection, Inc., will not conduct PREA Criminal Investigations. All PREA allegations within CSSD funded programs will be referred to the Connecticut State Policy for investigation. All PREA allegations in DOC funded programs will be referred to the State of Connecticut Department of Correction's PREA Investigation Unit for investigation. Facility policy ensures that an administrative/criminal investigation is completed as required. Allegations that are criminal in nature are reported to the Connecticut State Police.

An interview with the Agency's PREA Coordinator confirmed she has completed the National Institute of Corrections

Specialized Training for conducting sexual abuse investigations in confinement settings. If a staff member is involved the company's human resources staff and the PREA Coordinator will conduct the administrative investigation. If the allegation is criminal in nature the State Police will conduct the investigation however, again, if staff is involved, human resources and the PREA Coordinator will conduct a parallel investigation that is administrative in nature.

### **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.**

The Connection Policy, PREA: Training and Education, states that The Connection, Inc. will support a zero-tolerance policy towards sexual abuse and sexual harassment. The PREA Coordinator is required, by policy, to ensure that staff, contractors, volunteers, visitors and clients receive PREA training and education. The level and type of training provided to them is based on the services they provide and the level of contact they have with clients.

Policy requires that the PREA Coordinator is responsible for enforcing the policy by ensuring that staff, contractors, volunteers, visitors and clients receive PREA training and education.

Program Managers, in compliance with policy, are responsible for ensuring that program staff, contractors, volunteers, and visitors receive PREA training and education necessary to the level of interaction with clients.

7.0 of the Policy, page 2, requires the PREA Coordinator to be responsible for ensuring that all staff, contractors, volunteers, visitors and clients receive PREA training and education. To that end, the PREA Coordinator is required to:

- 1) Ensure all staff complete the online PREA training upon hire into a PREA program.
- 2) Training all staff who work in PREA programs on the following matters at least once a year: 1) The agency's zero-tolerance policy for sexual abuse and sexual harassment; 2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention; 3) Detection, reporting, and response policies and procedures; 4) The right of residents to be free from sexual abuse and sexual harassment; 5) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment in confinement; 6) The dynamics of sexual abuse and sexual harassment victims; 7) The common reactions of sexual abuse and sexual harassment victims; 8) How to detect and respond to signs of threatened and actual sexual abuse; 9) How to avoid inappropriate relationships with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-non-conforming residents; and 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- 3) Ensure that all staff understand the PREA training they have received.
- 4) Ensure training is tailored to the gender of the residents at the PREA program.
- 5) Ensure that contractors, volunteers, and clients are receiving PREA training and education from program staff.
- 6) Ensure that all program staff understand their role according to the PREA training and maintain all signature confirmation of understanding.

This same policy requires program managers and program staff to be responsible for ensuring that training and education occurs at the designated PREA program for contractors, volunteers, visitors and clients. These measures include, but are not

limited to:

- 1) Upon hire staff complete the online training titled PREA: Staff Roles and Responsibilities under the Prison Rape Elimination Act and complete the required test.
- 2) Attend yearly PREA trainings and confirm personal understanding of the training through signature verification.
- 3) Ensure contractor, volunteer and visitor education and training upon initial entry into the PREA program by: 1) Notifying individuals of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment; 2) Inform individuals how to report such incidents; and 3) Document and maintain signature confirmation that the individual understands the training and education he or she received.

Interviews with staff indicated they receive PREA training as newly hired employees. They stated they receive it, as newly hired employees, during orientation and at the corporate office as well. Then, they indicated they receive it through power point presentations and information provided periodically in meetings. Staff were knowledgeable of PREA and were responsive to the questions asked of them. The PREA Coordinator described how staff are trained in PREA and indicated that training was essential in implementing PREA initially in the program and in maintaining PREA compliance following implementation.

The PREA Coordinator provided multiple pages of training rosters with staff signatures documenting that they received and understood the PREA training they received.

#### **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.**

The Connection Policy, PREA: Training and Education, states that The Connection, Inc. will support a zero-tolerance policy towards sexual abuse and sexual harassment. The PREA Coordinator is required, by policy, to ensure that staff, contractors, volunteers, visitors and clients receive PREA training and education. The level and type of training provided to them is based on the services they provide and the level of contact they have with clients.

Policy requires that the PREA Coordinator is responsible for enforcing the policy by ensuring that staff, contractors, volunteers, visitors and clients receive PREA training and education.

Program Managers, in compliance with policy, are responsible for ensuring that program staff, contractors, volunteers, and visitors receive PREA training and education necessary to the level of interaction with clients.

7.0 of the Policy, page 2, requires the PREA Coordinator to be responsible for ensuring that all staff, contractors, volunteers, visitors and clients receive PREA training and education. To that end, the PREA Coordinator is required to ensure that contractors, volunteers, and clients are receiving PREA training and education from program staff.

The facility does not have any contractors or volunteers however visitors are required to sign an acknowledgment when they sign in to the facility that they have received the PREA Visitors Guide and understand their responsibilities under PREA. The Visitors Guide to PREA explains what PREA is; asserts that clients have the right to a safe environment, free from sexual

abuse and harassment; defines sexual abuse and sexual harassment; tells the visitor what to do if a client has disclosed sexual abuse or harassment to the visitor; how to and to whom to report (with contact information provided for the PREA Coordinator and the State Department of Correction Investigation Unit.

### **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.**

The Connection Policy, PREA: Training and Education, requires the PREA Coordinator is responsible for enforcing the policy related to training and to ensure that staff, contractors, volunteers, visitors and clients receive PREA training and education. It also requires that Program Staff are responsible for ensuring that clients, contractors, volunteers, and visitors receive PREA Training and education.

Page 3 of that policy requires program managers and program staff are responsible for ensuring that clients receive PREA training and education. They are required to ensure clients receive education by providing information at intake related to the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents and to maintain signature confirmation that each client understands the training and education.

The PREA: Prison Rape Elimination Act Policy and Procedure, requires in paragraph 7.0, that the Program Manager is responsible for discussing PREA with clients during intake and orientation; administering the sexual risk victimization survey during intake and again within 30 days.

Residents receive the pamphlet “The Client Guide to PREA” affirms that residents have the right to a safe environment, free from sexual abuse and harassment; what PREA is; What sexual abuse and sexual harassment is; what to do if the resident has been sexually abused or harassed; and contact information for the Agency’s PREA Coordinator, the State of Connecticut Department of Correction PREA Investigation Unit and the Connecticut Alliance to End Sexual Violence (formerly CONNSACS).

Residents also sign an acknowledgment affirming they understand the agency has a zero-tolerance policy toward all forms of sexual abuse and sexual harassment and policies and procedures in place to protect clients from victimization. Clients are encouraged to report it in person, writing or by telephone. Additionally, they are told clients or third parties may report sexual harassment or sexual abuse to TCI staff, Program Director, Program Managers, or the designated PREA Coordinator, to the Department of Correction PREA Investigation Unit or the Connecticut Alliance to End Sexual Violence. They are told all allegations are taken seriously and investigated by proper authorities and that no negative consequences are will occur for reporting. The PREA Coordinator’s contact information is provided and the Department of Correction Investigative Unit Hotline is also provided. Contact information for the Connecticut Alliance to End Sexual Violence is provided, including the toll-free hotline number. The resident/client signs acknowledging receipt of that information and to confirm they have received the PREA Client Guide.

An interview with staff who have performed intake indicated clients are provided the PREA Guide brochure after which staff let them read the information provided in the brochure and explain their rights, how to report, explain the hotline and outside offices they may report to, that they may report verbally and in writing and encourage them to report. They are also provided a handbook containing some information on PREA. The handbook explains to clients that the program takes their safety and security very seriously. They are told, in the handbook, they may report it any time through any of the methods described, including contacting the agency PREA Coordinator and that there will be no repercussions for reporting. The agency Program Director related clients are administered a functional literacy test and if needed, staff read verbatim the PREA information upon intake. Seven of ten clients who were interviewed told the auditor they had received the PREA information the same day they were admitted to the facility and that the information was provided to them both orally in writing and that the staff conducting the intake explained the information to them.

PREA related posters are also placed throughout the house enabling residents to access PREA information on an ongoing basis.

### **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.**

This standard is rated “not applicable”. The facility does not conduct criminal investigations.

### **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.**

115.235 Specialized Training: Medical and Mental Health

This standard is rated “not applicable”. The program does not have any medical or mental health staff.

### **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.**

The Agency’s PREA Policy, PREA: Prison Rape Elimination Act, Policy and Procedure, in section 7.0, Program Manager, requires that the Program Manager is responsible for ensuring that preventive measures are followed at designated PREA programs and that includes administering a sexual risk victimization survey during intake and again within thirty (30) days. The assessment will be used to determine appropriate housing units for clients. Staff are required to keep a log of the room assignments of known victims and predators. The Program Manager will ensure that known victims and predators are not roomed together.

Policy requires that the client’s risk level will 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 of sexual victimization or abusiveness. Policy prohibits disciplining clients for refusing to answer (or not for disclosing complete information) the questions during the assessment.

The agency, as required in policy, does not make housing and program assignments based on any criteria other than making individualized determinations about how to ensure the safety of each resident. Housing and program assignments for transgender or intersex residents are based on a case by case basis.

The assessment process used by The Connection, Inc. PREA programs, consists of administering the PREA Client Self-Assessment Questionnaire and the Risk for Sexual Victimization or Abusiveness Tool. These are administered in private and staff have been provided a PREA Introduction Script to guide the instruction process and to explain the purpose of the assessment.

The Risk for Victimization or Abusiveness Tool addresses Potential Victim Factors and Potential Predatory Factors. The Potential Victim Factors address the following that is based on a review of the client’s file: 1) Youthful age (under 25 or elderly age (over 65); 2) Physical size; 3) First incarceration; 4) Physical, Mental or Intellectual Disability; and 5) Criminal history is exclusively non-violent crimes. These factors are addressed based on an interview and review of the client self-assessment: 1) Former victim of rape or sexual assault; 2) Gay, Lesbian, Bi-sexual, Intersex or Transgender; 2) History of sexually abusing others; 3) History of institutional sexual activity; 4) History of suicidal ideation; and victimizing vulnerable individuals. The score guide provides that if an individual answers yes to question #6 they are scored as a Known Victim. Also, if the resident scores a score of 7 or more they are rated as a potential victim and if they score 6 or less they are scored as low victimization risk. The Potential Predatory Factors include these based on a review of the client’s file: 1) Criminal history includes sexual abuse and/or assault; 2) Criminal history includes violent crimes; 3) History of institutional disciplinary segregation/tickets; 4) Criminal history includes domestic violence; and 5) Gang Affiliation. These factors are based on an interview and review of the client self-assessment: 1) History of institutional sexual assaultive behavior; 2) History of institutional extortion; 3) History of Institutional sexual activity; 4) History of being sexually assaulted (as the victim); and 5) History includes victimizing vulnerable individuals. If the respondent endorses question #1, the client is scored as a known predator. If he scores 6 or more total points, he is scored as a potential predator and if he scores 5 or less, he is scored as a low predatory risk.

An interview with a staff responsible for conducting the vulnerability assessment indicated that all residents are assessed upon intake into the program and administered again within 30 days. He related the resident may not tell you everything

during intake but may disclose more information upon reassessment. He related that a resident is not going to be assigned a room until the assessment has been completed. The process includes reviewing the package of information provided by the Department of Correction. This information is reviewed to determine many things including the client's mental health level, any medical issues, any disciplinary reports/tickets, and any other relevant information. He also considers these things during the process: 1) body language; 2) Perceptions of being gay, bi-sexual, gay or transgender; 3) Age; 4) Any mental health or other background information; and 5) Any past victimization.

The clients are not disciplined for not answering any of the sensitive questions.

The screening information is protected to protect sensitive information. "everything is locked away" according the staff and is pretty much limited to the Case Manager and Parole Supervisor.

Interviewed clients, for the most part, remembered being asked the victimization questions from the victimization assessment. None of the interviewed residents disclosed prior victimization.

### **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.**

The Connection Policy, 7.0, Responsibilities, Program Manager, states that preventive measures include administering the sexual risk victimization survey during intake and again within thirty days and that this assessment will be used to determine appropriate housing units for clients. Too, staff are required to keep a log of the room assignments of known victims and predators. The Program Manager is charged with the responsibility of ensuring that know victims and know predators are not roomed together. Staff also, are required to make individualized determinations about how to ensure the safety of each resident. Program assignments and housing assignments for transgender or intersex residents in the facility are made on a case-by-case basis.

Interviews with staff conducting the victimization/predator assessment is used to house appropriate and to create referrals. Staff ensure potential victims and potential predators are not housed in rooms together. The facility also has one single room for housing client's needing to be housed separately. Clients all shower separately.

### **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.**

The Connection Policy, PREA: Avenues of Reporting PREA Allegations Policy and Procedure, 7.0, requires that the PREA Coordinator ensure that the following steps are being taken in designated PREA programs which allow for multiple avenues for clients and staff to report potential PREA allegations internally and externally. At intake and orientation, clients must be given PREA literature that includes the mailing address and phone number of The Connection, Inc.'s PREA Coordinator. During that process, clients are encouraged to report any sexual misconduct to program staff. Too, the Connection, Inc.'s website provides contact for the PREA Coordinator and third-party avenues for reporting.

Externally, residents may contact the Connecticut Alliance to End Sexual Violence and that information is provided and displayed in high traffic areas of the program as is additional PREA material.

TCI staff members are required by policy to enable reasonable communication between clients and third-party organizations in as confidential manner as possible.

Clients are informed, in compliance with policy, that staff members are mandatory reporters as well as reporting rules that apply to disclosure of sexual abuse, made to third party organizations, including limits to confidentiality under relevant federal, state or local law.

TCI staff are required to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. If a verbal report is made to staff, they must complete an incident report and classify the incident as a Violation of Boundaries/Ethics (Level I) or Sexual Assault Alleged (Level I).

Residents are given a copy of the brochure entitled, "The Client Guide to PREA". The brochure covers topics including: 1) What is PREA? 2) What is Sexual Abuse; 3) What is Sexual Harassment; 4) Information you need to know; and 5) Information on reporting. Residents are told they may report abuse to all program staff, interns, volunteers or the PREA Coordinator, either in person, over the phone, or in a letter. Contact information for the PREA Coordinator is provided. Other ways to report are provide as well and these included the State of Connecticut Department of Correction PREA Investigations Unit and the Connecticut Alliance to End Sexual Violence. Information sheets with contact numbers are provided and posted as well.

Posters are located throughout the facility providing information on reporting sexual abuse or sexual harassment. The Break the Silence Poster informs residents the following ways to report: 1) to any staff member; 2) Verbally or in writing; 3) calling the PREA hotline; 4) writing an inmate request; 5) writing an anonymous note; and 5) calling the state police hotline.

Residents sign an acknowledgment form confirming they have been provided information related to reporting. The Zero-Tolerance Policy for Sexual Harassment and Sexual Abuse Acknowledgment, affirms the resident understands he may report allegations of sexual abuse. The statement encourages residents to report. They are advised they may report in person, in writing, or by telephone. They are told and understand too that clients or a third party may report allegations of sexual abuse or sexual harassment to the TCI staff, Program Director, Program Managers, or the designated PERA Coordinator. Clients or third parties may also report to the Department of Correction PREA Investigation Unit or the Connecticut Alliance to End Sexual Violence. Lastly the form acknowledges that all allegations of sexual abuse and sexual harassment will be taken seriously and investigated by the proper authorities and that there will be no negative consequences for reporting. Multiple samples were provided for review.

Most of the residents of the program have cell phones and can communicate with anyone at any time. Too they have liberal access to the community either looking for work, on pass, or during work.

Residents have access to their families using their cell phones, on passes and during visitation or through writing. They would also have access to their attorneys if they had one.

Interviewed clients stated they could report to the case manager, parole officers, family, the police or through the hotline.

None of the interviewed residents disclosed that they had experienced any form of sexual abuse or sexual harassment and had not made any reports of sexual abuse or sexual harassment

#### **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.**

This standard is rated “not applicable”. According to The Connection Policy, PREA: Avenues of Reporting PREA Allegations Policy and Procedure, sexual assaults and/or sexual harassment are not grievable offenses. All alleged incidents of sexual abuse and sexual harassment must be reported to staff.

#### **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.**

The agency has a Memorandum of Agreement Between The Connection Inc. and Connecticut Sexual Assault Crisis Services, Inc. CONNSACS agrees to assign a point of contact at each organization between agencies and access to SACS services for TCI clients; allow for a sexual assault crisis counselor to accompany and support the victim throughout the forensic exam process and investigatory interviews and provide emotional support, crisis intervention, information and referrals, as requested by the victim throughout the client’s placement in the TCI facility. e Connection Policy, PREA: Avenues of Reporting PREA Allegations Policy and Procedure, 7.0, 1.b., Externally, requires that information regarding the Connecticut Alliance to End Sexual Violence is displayed in high traffic areas or each designated PREA program. This information is provided in an informational sheet entitled, “Connecticut Alliance to End Sexual Violence”. Contact information for member organizations of the alliance are posted on this information sheet. In addition to the contact information, the sheet states, “Each Member Sexual Assault Crisis Program” provides hotline services 24 hour/day, 7 days a week; 24-hour crisis counseling; information and referral; advocacy for children and non-abusing parent; short term counseling for victims and their family and/or friends and support groups.

Interviewed residents indicated they knew there were outside agencies providing those services but were generally not aware of the specific one the agency has an agreement with. They did acknowledge when asked, that they information is posted and that they did receive it upon admission to the facility. The facility was asked to provide a refresher class for the residents to inform them of the outside support services available and how to contact them. The program was very

responsive and provided, within a few days the auditor a follow-up email confirming the residents, during a house meeting, were once again provided the information related to CONSAACS and how to contact them.

### **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.**

Agency policy, PREA: First Responders to a PREA Incident, Roger Sherman House, 4.0, provides for all third-party allegations of sexual abuse and sexual harassment, including third-party and anonymous reports will be reported to the PREA Coordinator and all PREA allegations will be referred to the State of Connecticut DOC PREA Investigation Unit and/or the Connecticut State Police for investigation.

The agency website provides information for third parties to report allegations of sexual abuse and sexual harassment. The site says to report a PREA allegations through a third party, call the State of Connecticut DOC, PREA Investigations Unit via the hotline (number provided) or to the Connecticut Alliance to End Sexual Violence (numbers are provided for English and Spanish).

Posters and information for third party reporting are posted and available throughout the program. Interviews with staff confirmed they have been trained to take all allegations and reports seriously and to report them immediately, including those reported by third parties. The verbal reports are to be followed up with a written report before the end of the shift.

Interviews with residents indicated they understand that a third party can report for them and that these included fellow residents, family members or any interested party.

### **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.**

The Connection PREA Policy, First Responders to a PREA Incident, Roger Sherman House, requires in 4.0, that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, will be reported to the PREA Coordinator. It also requires that all PREA allegations are referred to the State of Connecticut Department of Correction's PREA Investigation Unit and/or the Connecticut State Police for investigation.

Policy requires staff first responders to immediately contact the Program Manager, Program Director, and PREA Coordinator and externally to the Emergency medical providers, the agency COO, and staff are required to comply with the mandatory reporting laws. Staff are to reveal information on a need to know basis only.

Policy PREA: Protection and Retaliation Policy provides protection from retaliation for reporting allegations of sexual abuse or sexual harassment.

The Connection, Inc. and the Roger Sherman House have a zero-tolerance for all forms of sexual abuse, sexual misconduct, sexual harassment and retaliation for reporting. Staff at the Roger Sherman House are required to report all allegations of sexual abuse, sexual misconduct, and sexual harassment or retaliation regardless of how they came to have knowledge of the alleged incident. They are also required to report even a suspicion. Interviews with staff indicated they understand they must report all allegations, reports, knowledge and suspicions of sexual abuse, sexual misconduct, sexual harassment and retaliation.

Interviewed staff stated they are required to report allegations immediately to their immediate supervisor and follow-up with a written report prior to the end of the shift.

#### **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.**

The facility screens all newly admitted residents for potential for victimization or for potential sexual abusiveness. This process is in place to ensure that a potential victim and potential abuser are not housed together in the same bedroom. Interviewed staff confirmed the screening and reassessment process. Interviews with staff conducting the screening process indicated during their interviews that a client would not be assigned a room prior to completing the victimization/abuser assessment during intake.

As first responders, policy provides specific instructions, including separating the victim from the abuser. Interviews indicated if a resident reported being at risk of imminent sexual abuse, the resident would be kept in sight until a decision regarding housing could be made. The resident's parole officer is notified and is a part of the discussion about what to do to protect the resident.

There have been no incidents or allegations of sexual abuse or sexual harassment or retaliation during the past twelve months.

### 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.**

Agency Policy PREA: First Responders to a PREA Incident, Roger Sherman House, 4.0, Policy, requires all PREA allegations will be referred to the State of Connecticut Department of Correction's PERA Investigation Unit and/or the Connecticut State Police for investigation.

This policy also requires if the alleged incident occurred while the client resided in another facility not run by The Connection, the PREA Coordinator will immediately notify that facility and document that notification of the alleged incident has been communicated. The communication will occur no longer than 72 hours after the PREA Coordinator was made aware of the alleged incident.

The PREA Coordinator confirmed the practice during an interview. There have been no allegations received from another facility that a resident was sexually abused in another facility nor has the facility received any allegations from another facility that a resident was abused at Roger Sherman House.

### 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.**

The Connection Policy, PREA: First Responders to a PREA Incident, 7.0, Responsibilities, requires that the first responding TCI staff members are responsible for the following:

- 1) Immediately separate the victim and the alleged abuser.
- 2) Determine the safety of the client and, if need be, contact emergency medical services (call 911).
- 3) Preserve and protect any crime scene until appropriate steps can be taken to collect evidence.
- 4) IF the abuse occurred within a time period that allows for the collection of physical evidence, staff will request that the alleged victim(s) and/or abuser(s) not take any actions that could destroy physical evidence. This includes but is not limited to:

- a) Washing
  - b) Brushing teeth
  - c) Changing clothes
  - d) Urinating
  - e) Defecating
  - f) Smoking
  - g) Drinking, and
  - h) Eating
- 5) First responders then will immediate contact the following internally:
- a) Program Manager
  - b) Program Director
  - c) Director of Community Justice
  - d) PREA Coordinator
  - e) Director of Quality Improvement
- 6) First responders then will contact these externally:
- a) Emergency medical providers/law enforcement (if a potentially criminal act occurred, call 911)
  - b) Supervising Parole Officer
- 7) Complete an incident report, detailing the even and chain of communication.
- 8) Notify the COO of TCI
- 9) If the alleged victim is within a protected population (elderly or persons with intellectual disabilities) contact the applicable hotline number within 72 hours of the allegation.

When a physical assault has occurred on premises all clients will be transferred to Yale Hospital York Street Campus for forensic examinations.

Policy requires that staff only reveal PREA information to the aforementioned individuals. Any other information will only be disseminated to individuals necessary to make treatment, investigation, and other security or management decisions. Specific actions are identified for the PREA Coordinator as well and described in Policy.

Interviewed staff were well aware of their first responder duties and they described step by step the actions they would take upon becoming aware of an incident of sexual abuse.

There have been no allegations of sexual abuse or sexual harassment during the reporting period. This was confirmed by interviews with the program director, random staff and residents, as well as review of the Pre-Audit Questionnaire.

**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.**

The coordinated response plan is described in detail in The Connection PREA Policy, First Responders to a PREA Incident. There have been no allegations of sexual abuse or sexual harassment during the reporting period therefore there have been no occasions requiring staff to be a first responder.

Actions to take in the coordinated response plan include the activities described in Standard 115. 264, First Responding. These are:

The Connection Policy, PREA: First Responders to a PREA Incident, 7.0, Responsibilities, requires that the first responding TCI staff members are responsible for the following:

- 10) Immediately separate the victim and the alleged abuser.
- 11) Determine the safety of the client and, if need be, contact emergency medical services (call 911).
- 12) Preserve and protect any crime scene until appropriate steps can be taken to collect evidence.
- 13) IF the abuse occurred within a time period that allows for the collection of physical evidence, staff will request that the alleged victim(s) and/or abuser(s) not take any actions that could destroy physical evidence. This includes but is not limited to:
  - i) Washing
  - j) Brushing teeth
  - k) Changing clothes
  - l) Urinating
  - m) Defecating
  - n) Smoking
  - o) Drinking, and
  - p) Eating
- 14) First responders then will immediate contact the following internally:
  - f) Program Manager
  - g) Program Director
  - h) Director of Community Justice
  - i) PREA Coordinator
  - j) Director of Quality Improvement
- 15) First responders then will contact these externally:
  - c) Emergency medical providers/law enforcement (if a potentially criminal act occurred, call 911)
  - d) Supervising Parole Officer
- 16) Complete an incident report, detailing the even and chain of communication.

17) Notify the COO of TCI

18) If the alleged victim is within a protected population (elderly or persons with intellectual disabilities) contact the applicable hotline number within 72 hours of the allegation.

When a physical assault has occurred on premises all clients will be transferred to Yale Hospital York Street Campus for forensic examinations.

Policy requires that staff only reveal PREA information to the aforementioned individuals. Any other information will only be disseminated to individuals necessary to make treatment, investigation, and other security or management decisions. Specific actions are identified for the PREA Coordinator as well and described in Policy.

The facility does not have medical or mental health staff therefore their responsibilities in plan are not included.

### **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”. The Connection is not involved in any form of collective bargaining and has the ability to remove any staff alleged to have violated an agency sexual abuse or sexual harassment policy.

### **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.**

The Connection Policy addressing retaliation is PREA: Protection and Retaliation Policy and Procedure, 1.0 and 4.0. Section 1.0 Purpose, indicates the purpose of the policy is to ensure the protection of all residents and staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation. The policy is required to document which staff members are responsible for monitoring potential retaliation stemming from a PREA allegation. 4.0, Policy, asserts that The Connection, Inc, in cooperation with the State of Connecticut Department of Corrections (DOC)

and Court Support Service Division (CSSD), will follow a specific guideline to ensure that all staff and clients are safe from any potential retaliation stemming from a PREA allegation. Also, it affirms the agency's obligation to monitor terminations if the agency determines that allegation is unfounded.

In section 6.0, Responsibilities, policy asserts that the PREA Coordinator is responsible for enforcing this policy.

7.0, Procedures require the PREA Coordinator to ensure that the alleged victim, witness and/or staff member will feel safe during and after the conclusion of the PREA Investigation by the following:

- 1) During interviews, determining if victim(s) and witness(es) feel safe in the program.
- 2) Discussing retaliation with key members of the investigation.
- 3) In the case of retaliation, ensuring the potential victims of retaliation have the ability to notify the investigators.

TCI, as an agency, according to policy, reserves the right to employ the following measures in case of retaliations, as it sees fit:

- 1) Housing changes or transfers for resident victims and/or abusers
- 2) Removal of alleged staff or resident abusers from contact with victims
- 3) Emotional support services for residents or staff who fear retaliation for reporting sexual abuse, sexual harassment or for cooperating with alleged PREA investigations.

Policy requires the TCI Program Director of the facility under investigation will monitor the conduct and treatment of residents and staff who have reported the sexual abuse and of the victim for no less than 90 days after the report of sexual abuse. Staff are to ensure that no changes, that may indicate potential retaliation, have transpired. This includes, but is not limited to:

- 1) Disciplinary reports
- 2) Housing status
- 3) Program Changes
- 4) Negative performance reviews or
- 5) Staff reassignments

Staff members are reminded, that in the event of suspected retaliation, staff are required to notify the PREA Coordinator immediately. On site staff will also perform periodic status checks on the alleged victim.

The PREA Coordinator, in an interview concerning retaliation and retaliation monitoring, indicated the agency has a zero-tolerance for retaliation. She related that following an allegation she would discuss with the Program Director and staff and speak to the client(s) and advise the Program Manager to watch staff. They are instructed not to move the alleged victim unless requested. She related the agency uses the following as protection monitors, cameras, one hour counts of residents, client education and staff training. The program manager would monitor the staff and monitoring would continue 30 days or longer and would continue until the resident is discharged.

Interviews with the PREA Coordinator and Program Director confirmed that there have been no incidents or allegations of retaliation. There have been no allegations of sexual abuse or sexual harassment or retaliation during the reporting period.

### **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.**

Allegations that appear to be criminal in nature are reported immediately to the Connecticut State Police who will conduct the criminal investigation.

The Connection PREA Review Policy and Procedure 1.0, states the purpose of this policy is to establish a protocol for a timely, thorough, and objective review of all alleged PREA incidents. 4.0, Policy, requires The Connection, Inc., in cooperation with the State of Connecticut Department of Corrections and Court Support Division (CSSD), to follow a specific protocol when allegations of PREA incidents are made within TCI facilities. The protocols will ensure that all necessary parties are made aware of the allegation, in an attempt to minimize risk, emphasize client safety, and secure all potential evidence.

Policy requires the PREA Coordinator to conduct an administrative review of any and all allegations of sexual abuse and sexual harassment, regardless of the origin of the allegation, at all designated PREA programs. This information is then forwarded to pertinent parties, including the State of Connecticut Department of Correction, Court Support Division, Probation, and/or Parole for review and potential sanctions for alleged perpetrators.

The Connection, Inc., will not conduct PREA criminal investigations. All PREA allegations within CSSD funded programs will be referred to the Connecticut State Police for investigation. All PREA allegations in DOC funded programs will be referred to State of Connecticut Department of Correction's PREA Investigation Unit for investigation.

The PREA Coordinator who has completed the National Institute of Corrections, Specialized Training, PREA: Conducting Sexual Abuse Investigations in Confinement Settings, stated first responder tend to the victim, separate the abuser and victim, contact their supervisor who contacts the PREA Coordinator, Program Director and the funding source. If a crime has been potentially been committed on the premises, the Connecticut State Police will investigate. Every allegation, she related, is taken seriously. The PREA Coordinator will conduct the administrative review of the allegation and document the review in a report and if a staff is involved, human resources becomes involved.

There have been no allegations of sexual abuse or sexual harassment during the reporting period. This was confirmed through interviews with the PREA Coordinator and Program Director.

**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.**

The agency's PREA Policy, PREA Review, requires the according to the PREA standards, no standard higher than a preponderance of the evidence in determining whether PREA related allegations of sexual abuse and sexual harassment are substantiated.

This was confirmed during an interview with the PREA Coordinator.

### 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.**

The Connection Policy, PREA: Reporting to Victims, Policy and Procedure, 1.0, states the purpose of the policy is to ensure that the alleged victim of a PREA incident is notified of the results of the PREA investigation. And 4.0, Policy, asserts that in accordance with the PREA standards, The Connection, Inc., will ensure that the alleged victim of a PREA incident is notified of the results of the PREA investigation. And 6.0, Responsibilities places the responsibility for enforcing the policy with the PREA Coordinator.

Section 7.0, Reporting to Victims, requires the PREA Coordinator to request the relevant information from the investigative entity in order to inform the alleged victim of the outcome of the investigation. At the conclusion of a PREA investigation, the PREA Coordinator or program staff will notify the alleged victim, verbally or in writing whether the allegation was determined to be substantiated or unsubstantiated whenever:

- 1) The staff member is no longer posted within the unit.
- 2) The staff member is no longer employed with the agency.
- 3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- 4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

In the event of a client on client PREA allegation, the PREA Coordinator or program staff, is required to inform the alleged victim whenever:

- 1) The agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility;  
or
- 2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy requires all notification to alleged victims is to be documented by the PREA Coordinator and Connection Inc.'s, obligation to report under this standard will terminate if the client is released from the agency's custody.

An interview with the PREA Coordinator and Program Manager confirmed the notification process and requirements. There have been no allegations of sexual abuse or sexual harassment during the reporting period.

### 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 Connection PREA Policy, requires that all substantiated allegations of sexual abuse and sexual harassment will result in sanctions, including but not limited to, termination and referral for criminal prosecution.

An interview with the PREA Coordinator indicated if a staff was involved he/she would be placed on administrative leave until the investigation is completed and once completed the staff may be subject to sanctions up to and including termination and if the allegations were criminal in nature the staff would be referred for prosecution.

The Program Director and PREA Coordinator confirmed there have been no allegations of sexual abuse or sexual harassment during the reporting period.

#### **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.**

The Agency's PREA Policy, PREA: Prison Rape Elimination Act, Policy and Procedure, 4.0, Policy, requires that all substantiated allegations will result in sanctions, including but not limited to termination and referral for prosecution. The facility does not have any contractors or volunteers however staff indicated if they did have a contractor or volunteer who had violated an agency sexual abuse or sexual harassment policy the services would be suspended and they would be not be allowed back into the program pending an investigation. If the allegations were substantiated the contractor or volunteer would be referred to prosecution and barred from coming back into the facility.

#### **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.**

The Agency Policy, PREA: Client Sexual Relationships Policy and Procedure, 1.0, Purpose, states the purpose of the policy is to prohibit sexual activity between residents at designated PREA programs. Policy also asserts and affirms the program reserves the right to discipline clients for violating this policy. Consensual, romantic relationship between clients will be treated by staff as a violation of program rules and will not be considered a PREA incident. Sexual activity will not be considered sexual abuse unless the activity is coerced. The PREA Coordinator and/or PREA investigator will contact the proper authorities include, but are not limited to, State of Connecticut Police, State Police, CSSD, Probation and Parole. Interviews indicated if an inmate alleged to have violated a facility/program sexual abuse policy will be disciplined if the allegations against a resident is substantiated. Depending on the severity of the incident, either the resident will be disciplined within the program or referred for prosecution if the allegation is criminal in nature. Interviews indicated the resident will most likely be removed from the program and the decision would be made by the funding source who referred the resident.

### **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.**

There are no on-site medical staff or mental health staff on-site at the Roger Sherman House. These services are available and accessible in the community. Medical and mental health services as the result of an incident of sexual assault/abuse are at “no cost” to the resident.

The Connection Policy, PREA: First Responders to a PREA Incident, Roger Sherman House, page 4, requires the PREA Coordinator is responsible for ensuring the safety of the client within the program; contacting the over-seeing Parole/Probation Officer to determine if an immediate investigation is required; and if agreed by the client, contacting the Connecticut Alliance To End Sexual Violence so that the victim(s) of sexual abuse will receive timely and unimpeded access to emergency medical treatment services. These services will be provided to the victim at no cost, regardless of cooperation with the investigation. These services, according to policy, will be available on an on-going basis, until the client is released from the Connection run facility. Contact information is provided in policy.

The resident has access to the Connecticut Sexual Assault Crisis Services, enabling the resident to access crisis intervention services, including an advocate to accompany the resident through any forensic exam and investigatory process.

Interviews indicated clients in the facility have access to mental health services in the community and possibly through the agency’s Counseling Center, located on-site with Roger Sherman House and Sierra Work Release Center. The Connection, Inc., Counseling Center is a licensed facility, with licensed clinicians.

Victims of sexual assault would be taken to the local hospital, Yale, for a forensic exam and emergency medical treatment.

### **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.**

On-going medical and mental health services are afforded to any resident who has been the victim of sexual abuse. Although there are no on-site medical or mental health staff, these services are available through community providers and possibly through the Agency’s Counseling Center, co-located on-site with the Roger Sherman House. On-going services related to sexual abuse are at ‘no cost’ to the victim and any services not provided at the hospital are provided through community healthcare practitioners.

There have been no allegations of sexual abuse during the reporting period.

### **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.**

The Connection Policy, PREA Review, Policy and Procedure, page 3, requires the PREA Coordinator to conduct an administrative review of the alleged incident (PREA Sexual Abuse Incident Review) within 30 days of receiving an investigative report from the State of Connecticut Department of Correction’s PREA Investigation Unit and the Connecticut State Police for all “substantiated” and “unsubstantiated” findings. When needed the administrative review will offer recommendations for improvements and documented once complete or reasons for not doing so will be documented. The PREA Administrative Review Report identifies these are members: QI Specialist/PREA Coordinator, Director of Community Justice, Administrative Director of Community Justice, Program Director, and Program Manager. The form answers the questions: 1) Does the allegation or investigation indicate a need to change policy or practice to better prevent, detect, or respond to sexual abuse? 2) Was the incident or allegation motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility? 3) Was the area in the facility examined where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? 4) Was the adequacy of staffing levels assessed in that area during different shifts? and was the program assessed for whether the monitoring technology should be deployed or augmented to supplement supervision by staff? The forms also contains a section for “Recommendations for PREA Audit Report

Improvement”, Whether the recommendations for improvement are implemented and if now why and lastly a section documents who the report was given to.

An interview with the PREA Coordinator indicated the incident review considers all the items required by the PREA standards however there have been no allegations of sexual abuse of sexual harassment during the reporting period. She indicated the facility uses the form Basic Administrative Review to document the incident review, should they have one.

### 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.**

The Connection, Inc., PREA Data, 1.0, states the purpose of the policy is to establish procedures for PREA allegation data collection, review and storage. 4.0 requires that The Connection, In., will collect accurate data for every allegation of sexual abuse and sexual harassment at all PREA programs using a standardized form and set of definitions which will be periodically updated as required by the Department of Justice. The Connection Inc., will regularly review the PREA allegation data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training; identify problem areas; take corrective action on an ongoing basis; and prepare an annual report of the findings and any corrective actions taken within each facility or the agency as a whole.

Policy requires, as well, that the PREA Coordinator is responsible for implementing this policy and for ensuring the PREA data is securely retained within the Y Drive. MIS is responsible for ensuring the PREA Data is securely retained within our agency’s software management system, CAMIS.

7.0 of the policy requires that the PREA Coordinator is responsible for ensuring that the PREA Data is collected, reviewed, stored, published, and retained in a uniform manner. These measures include, but are not limited to:

- 1) Collect PREA allegation data using the agency’s software management system, CAMIS, and comply with the SSV’s set of definitions; 2) Aggregate PREA allegation data annually; 3) Provide the Department of Justice; 4) Create an annual report which includes a comparison of the current year’s data and corrective actions with those from prior years and an assessment of the agency’s progress in addressing sexual abuse; 5) Ensure the annual report with aggregated PREA allegation data is published on the agency’s website annually.

2)

The policy requires the Management Information Staff to ensure the PREA allegation data is securely retained within the agency’s software management system, CAMIS, for at least 10 years.

The Facility provided the SSV for Roger Sherman House for the year 2016. There were no allegations of any form of sexual activity during the period January 1, 2016 through December 31, 2016.

The reviewed website contained PREA related statistics. Each Connection facility was listed (each PREA program). Data, for each program, included: client on client allegation, client on staff allegations, staff on client allegations, substantiated cases, unsubstantiated cases, unfounded cases, investigations pending, and policy changes. Roger Sherman House had one

substantiated staff on client allegation in 2014 and no allegations at all in 2015, 2016 and none through the audit in 2017.

#### **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.**

The Connection, Inc., PREA Data, 1.0, states the purpose of the policy is to establish procedures for PREA allegation data collection, review and storage. 4.0 requires that The Connection, Inc., will collect accurate data for every allegation of sexual abuse and sexual harassment at all PREA programs using a standardized form and set of definitions which will be periodically updated as required by the Department of Justice. The Connection Inc., will regularly review the PREA allegation data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training; identify problem areas; take corrective action on an ongoing basis; and prepare an annual report of the findings and any corrective actions taken within each facility or the agency as a whole.

Policy requires, as well, that the PREA Coordinator is responsible for implementing this policy and for ensuring the PREA data is securely retained within the Y Drive. MIS is responsible for ensuring the PREA Data is securely retained within our agency's software management system, CAMIS.

7.0 of the policy requires that the PREA Coordinator is responsible for ensuring that the PREA Data is collected, reviewed, stored, published, and retained in a uniform manner. These measures include, but are not limited to:

- 1) Collect PREA allegation data using the agency's software management system, CAMIS, and comply with the SSV's set of definitions; 2) Aggregate PREA allegation data annually; 3) Provide the Department of Justice; 4) Create an annual report which includes a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse; 5) Ensure the annual report with aggregated PREA allegation data is published on the agency's website annually.
- 2)

The policy requires the Management Information Staff to ensure the PREA allegation data is securely retained within the agency's software management system, CAMIS, for at least 10 years.

The Facility provided the SSV for Roger Sherman House for the year 2016. There were no allegations of any form of sexual activity during the period January 1, 2016 through December 31, 2016.

The reviewed website contained PREA related statistics. Each Connection facility was listed (each PREA program). Data, for each program, included: client on client allegation, client on staff allegations, staff on client allegations, substantiated cases, unsubstantiated cases, unfounded cases, investigations pending, and policy changes. Roger Sherman House had one substantiated staff on client allegation in 2014 and no allegations at all in 2015, 2016 and none through the audit in 2017.

#### **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.**

The Connection, Inc., PREA Data Policy, requires the agency to retain the PREA Administrative Reviews within the T: Drive for at least 10 years from the date of the initial allegation. The PREA Coordinator, Director of Quality Improvement and IT have the ability to view, add, edit and delete the PREA Administrative Reviews from the T: Drive. MIS, Quality Improvement Specialist for Behavioral Health and Quality Improvement Specialist for Family Support Services have “view only” access.

**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 23, 2017

Auditor Signature

Date