

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

☐ Interim ☒ Final

Date of Interim Audit Report: ☒ N/A

Date of Final Audit Report: August 31, 2021

Auditor Information

Name: Darla O'Connor	Email: doconnor@strategicjusticesolutions.com
Company Name: Diversified Correctional Services	
Mailing Address: 1825 Donald James Road	City, State, Zip: Blackshear, GA 31516
Telephone: 225-302-0766	Date of Facility Visit: July 22, 2021

Agency Information

Name of Agency: Community Solutions, Inc.			
Governing Authority or Parent Agency (If Applicable): N/A			
Physical Address: 340 West Newberry Road, Suite B		City, State, Zip: Bloomfield, CT 06002	
Mailing Address: Same as above		City, State, Zip: Same as above	
The Agency Is:	☐ Military	☐ Private for Profit	☒ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal
Agency Website with PREA Information: www.csi-online.org/prea/			

Agency Chief Executive Officer

Name: Fernando Muñiz
Email: fmuniz@csimail.org
Telephone: 860-683-7100

Agency-Wide PREA Coordinator

Name: Kristen Cappelletti	
Email: kcappelletti@csimail.org	
Telephone: 860-986-1639	
PREA Coordinator Reports to: Chief Executive Officer and Chief Operations Officer	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information

Name of Facility: Cheyney House

Physical Address: 155 Wethersfield Avenue

City, State, Zip: Hartford, CT 06114

Mailing Address (if different from above):
Same as above

City, State, Zip: Same as above

The Facility Is:

☐ Military

☐ Private for Profit

☒ Private not for Profit

☐ Municipal

☐ County

☐ State

☐ Federal

Facility Website with PREA Information: www.csi-online.org/prea/

Has the facility been accredited within the past 3 years? ☐ Yes ☒ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe:

☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
None reported

Facility Director

Name: Anthony Maldonado

Email: amaldonado@csimail.org

Telephone: 860-524-1774

Facility PREA Compliance Manager

Name: Kristen Cappelletti

Email: kcappelletti@csimail.org

Telephone: 860-986-1639

Facility Health Service Administrator ☒ N/A

Name:

Email:

Telephone:

Facility Characteristics

Designated Facility Capacity:

41

Current Population of Facility:

29

Average daily population for the past 12 months:	41	
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No	
Which population(s) does the facility hold?	☐ Females ☒ Males ☐ Both Females and Males	
Age range of population:	Adults 18+	
Average length of stay or time under supervision	120 days	
Facility security levels/resident custody levels	Level 1 Community Work Release	
Number of residents admitted to facility during the past 12 months	114	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	114	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	96	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☐ Yes ☒ No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☒ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: ☐ N/A	
Number of staff currently employed by the facility who may have contact with residents:	18	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	11	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0	

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	1
Number of resident housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	1
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	13
Number of open bay/dorm housing units:	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☐ Yes ☒ No
Are mental health services provided on-site?	☐ Yes ☒ No

Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe: _____)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☒ Local police department ☐ Local sheriff's department ☒ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: _____) ☐ N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	1
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☐ Facility investigators ☒ Agency investigators ☐ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: _____) ☒ N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Cheyney House (CH) is located at 155 Wethersfield Avenue, Hartford, CT 06114. CH is participating in the Prison Rape Elimination Act (PREA) audit conducted by a certified Department of Justice PREA auditor. The on-site portion of the audit was conducted at the address stated above on July 22, 2021. The assigned PREA auditor, is an independent sub-contractor, working for the primary contract holder. Following coordination preparatory work and collaboration with the agency PREA coordinator (APC), some pre-audit work was completed prior to traveling to the facility for the on-site portion of the Prison Rape Elimination Act (PREA) audit.

On the first day of the audit the resident count was 29 with a designated capacity of 41.

PRE-AUDIT PHASE

May 4, 2021, the auditor introduced herself via email to the APC and the Program Director (PD).

May 5, 2021, the auditor initiated a paper audit with the PREA Resource Center for CH. Confirmation was received from the PREA Resource Center, that a new paper audit had been created for CH the next day.

May 6, 2021, the auditor signed a contract to complete the CH PREA audit.

May 13, 2021, the PD was provided a listing of what resident PREA education documentation would need to be available for review during the audit.

May 19, 2021, the APC was provided information regarding specialized staff interviews.

May 26, 2021, the APC was sent a request for personnel information for facility staff.

June 9, 2021, the PAQ and supporting documentation were received from the APC. Included with the supporting documentation were photos of the posted audit notices, in English and Spanish. These photos were received 6 weeks prior to the on-site audit. The posted notices were observed in the photographed locations, as well as numerous other locations, during the on-site audit tour.

June 29, 2021, following a review by the Auditor of the PAQ and supporting documentation, a *PAQ Clarification Request* was created, identifying gaps or items that had not been included, or needed further clarification from the information received. This log was

completed and returned June 30, 2021.

June 29, 2021, the Auditor requested SANE contact information from the APC. This information was received June 30, 2021.

July 12, 2021, the Auditor interviewed the SAFE/SANE nurse at St. Francis Hospital.

Pre-Audit Section of the Compliance Tool: On June 9, 2021, the APC provided the completed pre-audit questionnaire, including supporting documentation, to the Auditor. Upon receipt, the Auditor completed the audit Section of the Auditor Compliance Tool (ACT) by transferring information from the pre-audit questionnaire and supporting documentation to the pre-audit section of the compliance tool.

The last PREA audit at CH was May 23, 2018, and the final report was dated July 2, 2018.

There were no barriers in touring the facility. The staff accompanying the Auditor on the tour were helpful, professional, and accommodating. CSI as an agency, which includes CH, chose to utilize the paper audit instrument, rather than the Online Audit System (OAS).

ON-SITE PHASE

July 22, 2021, the auditor arrived at CH and participated in an entrance meeting. The following people attended the entrance meeting: Program Director and Agency PREA Coordinator.

During the meeting, the agenda was discussed, specifically the facility tour. Staff and resident interviews, as well as document reviews were discussed. In addition, the audit process, timelines, and expectations were discussed, which included the implementation and utilization of the PREA Auditor Handbook and possible corrective action. The primary point of contact for the on-site audit was the agency PREA Coordinator and the Program Director.

Upon arrival at CH the auditor received an alphabetized copy of the staff roster. The auditor also received a copy of the current resident roster, including identification numbers, housing assignments and which residents were part of targeted populations as defined in the PREA Auditor Handbook.

The majority of CH staff work (8) eight-hour shifts, (5) five days a week. The staff roster was utilized to create a list of staff randomly selected for interviews. The only selection criteria used for staff were individuals working the days of the on-site audit and at least one individual from each shift was chosen. Otherwise, the staff selections were completely random with no pattern whatsoever. The interview list that was created did not specifically identify which staff were in which category for interviewing purposes, except specialized positions.

The Auditor had previously requested a listing of staff classified into the following categories:

- Complete alpha staff roster including position or rank
- Complete alpha roster of staff promoted over the past 12 months

- Complete alpha roster of new staff in past 12 months
- Complete list of investigative staff who conduct sexual abuse investigations, for internal and external investigations
- Complete list of contractors who have contact with residents
- Complete list of volunteers who have contact with residents

The Auditor had previously requested a listing of residents classified into the following categories:

- Disabled Residents
- Limited English Proficient Residents
- Residents Identified as LGBTI
- Residents in Segregated Housing or Isolation
- Residents who Reported Sexual Abuse
- Residents who reported Sexual Victimization during Risk Screening

Note: CH reported it does not house youthful residents. This was confirmed on the day of the audit by a review of the CH resident roster, as well as a visual inspection of the housing units and facility, and no youthful residents were present.

In addition to the resident and staff lists the Auditor requested the following listed items:

- All grievances made in the 12-months preceding the audit which claim allegations of sexual abuse, sexual harassment, or retaliation. CH reported there were none.
- All incident reports from the 12-months preceding the audit which are related to allegations of sexual abuse, sexual harassment, or retaliation. CH reported there were none.
- All allegations of sexual abuse and sexual harassment reported for investigation in the 12-months preceding the audit, whether Substantiated, Unsubstantiated or Unfounded. CH reported there were none.
- All hotline calls made during the 12-months preceding the audit. CH reported there were none.

Additional information received provided an overview of the administrative and criminal cases, including their status. During the past 12-months there were zero PREA allegation incident reports. Therefore, there was no documentation to review.

An extensive amount of internet research was conducted regarding CH and nothing was discovered. There was no information discovered regarding sexual abuse or sexual harassment, or sexual violence. The agency website was reviewed for PREA information, which was found as required.

During the research to prepare for this audit, the Auditor learned Connecticut law requires any person to report knowledge or reasonable suspicion of abuse, neglect or exploitation of children, elders, adults with disabilities or any person in residential care or custody.

August 3, 2021, Just Detention International was emailed requesting information related to the sexual abuse or harassment reports from CH. August 5, 2021, Just Detention

International responded “a review of our database indicates that we have not received any information regarding Cheyney House in the past 12 months.

On-site Review: Following the entrance meeting, the Auditor conducted a thorough on-site tour of all areas of the facility. This facility is an old historical residential building with three floors and a basement. During the on-site tour, the Auditor toured all three floors and the basement.

CH does utilize an extensive camera and video surveillance system. The cameras are strategically placed throughout the facility for maximum coverage, mitigating blind spots.

The sleeping areas are rooms with multiple beds. Each sleeping area is divided into two sections with a full bathroom in the middle. Bathrooms provide privacy by providing single occupancy showers and stalls and doors on the bathroom. Additional areas toured in the facility were the kitchen, resident dining room, day rooms, administrative offices, re-entry specialist station, recreational area, computer lab, library, programming area, storage closets, and laundry.

During the tour of the facility, the Auditor interacted informally and conversationally with staff and residents, inspected bathrooms, showers and toilets to identify potential cross-gender viewing concerns, checked for blind spots, observed staff-to-resident ratios, etc.

During the on-site tour residents were observed watching television, in their bedrooms, in the laundry area, in the dining area, in the day room, and cleaning up around the facility.

In all resident areas, the Auditor assessed the level of staff supervision, by asking questions about who was assigned to a specific post or staff position, reviewing staffing rosters, and asking informal questions to determine whether residents were in positions of supervision over other residents. When opposite-gender staff were observed entering a housing unit, a staff member made an announcement. Prior to opposite-gender staff entering a bathing area, the announcement was made multiple times, with a lengthy pause before staff entered the area. During the interviews, several residents indicated some of the female staff will not enter the bathroom areas under any circumstances and will always defer that responsibility to a male staff member.

During the on-site audit, the Auditor was able to discuss the classification process with staff. The staff was able to guide the Auditor through the intake screening process, by explaining the process by which each resident is required to participate in during the initial screening and ongoing classification processes. The staff discussed the documents and assessments utilized in the process.

Throughout the on-site review, the Auditor discussed what was being observed and reviewed, there were no discrepancies identified. When the Auditor would seek clarification, appropriate responses were always provided, and/or staff demonstrated proper procedures.

During the tour, the auditor observed numerous postings of the Notice of PREA Audit as well as PREA Posters posted neatly behind plexiglass on bulletin boards. Following the

tour, the auditor began the interview process, interviewing staff and residents. After the on-site audit, the auditor conducted an exit briefing with the Program Director.

During the audit period, the following individuals participated in the interview process as specialized staff members. Due to logistics, some of these interviews were conducted telephonically or through written statements. Each of their remarks are documented and presented in this report. All in-person interviews occurred in a private space. Each of these individuals were interviewed using the applicable interview protocols.

Category of Staff	Numbers of Interviews Conducted
Random Staff (Total)	5
Specialized Staff (Total)	17
Total Interviewed	22
Breakdown of Specialized Staff Interviews	
• Agency Head	1
• Agency PREA Coordinator	1
• Facility Head - Program Director	1
• Facility PREA Compliance Manager	1
• Intermediate or Higher-Level Staff	1
• Intake Staff	2
• Classification Staff	2
• SAFE/SANE Nursing Staff	1
• Investigative Staff – Facility Level	1
• Staff who perform screening for risk of victimization and abusiveness	1
• Incident Review Team Member	1
• HR Staff	1
• Monitor(s) of Retaliation	1
• First Responder (Custody/Non-Custody)	2

Note: in some instances, a single person was responsible for covering two (2) separate protocols, i.e. First responder/Intermediate or higher staff, Intake staff/Monitor for retaliation, Intake staff/Screening for risk of victimization and abusiveness, etc. Twelve staff were interviewed, using fourteen protocols.

Specialized Staff Interviews: Fourteen specialized protocols were used to interview twelve different staff members. Nine were facility level staff, two were agency level staff, and one SANE/SAFE staff. Using the list of specialized staff received from the Program Director, the Auditor was able to obtain interview responses from specialized staff. All questions were based on the line of questioning on the interview protocols. The Auditor provided clarification when requested, to guarantee the questions were understood, ensuring clear responses to enable accurate determinations of compliance with applicable standards.

During interviews with specialized staff, the Auditor learned PREA investigations can be initiated in several ways: the grievance procedure; “confidential” letters can be mailed out of the facility; through PREA hotline calls; third party reporting; or through notifying a staff member. Depending on whether the PREA complaint is administrative or criminal, determines who will investigate. In the event the complaint is categorized as resident-on-resident sexual harassment, it is assigned to the agency PREA Coordinator for follow-up. If during the investigation it is determined, a criminal act has occurred, the administrative investigation stops, and the complaint is immediately turned over to the Connecticut State Police for investigation.

Random Staff Interviews: There are 18 total staff positions currently at CH. Seventeen individuals were interviewed, five were random CH staff, nine were specialized CH staff, two were agency level staff, and one was SAFE/SANE staff. The random staff were selected by choosing staff members who were present the days of the audit, who were not specialized staff.

CH PD was given a list of staff to be interviewed and he would arrange for them to come to the private office provided for conducting interviews. The interviewer would introduce herself, communicate the introductory statement to the staff and proceed to ask the questions from the interview protocol for random staff, recording all answers by hand. The Auditor would provide clarification as needed, to guarantee the questions were understood, ensuring clear responses to enable accurate determinations of compliance with applicable standards.

Due to the COVID-19 pandemic, all staff and the Auditor were wearing cloth or paper masks. Six feet of separation was given between the Auditor and the interviewee as a safety measure.

Work shifts for custody staff are:

- 1st shift: 0800 – 1600 hours
- 2nd shift: 1600 – 0000 hours
- 3rd shift: 0000 – 0600 hours

Non-custody staff work similar variations of 1st and 2nd shifts. Administrative staff work 8:00am to 5:00pm, Monday through Friday.

CH does not utilize volunteers or contractors. Therefore, none were interviewed.

The Auditor conducted the following resident interviews:

Category of Residents	Number of Interviews Conducted
Random Residents (Total)	14
Targeted Residents (Total)	2
Total Residents Interviewed	16

Breakdown of Targeted Resident Interviews	
• Residents who reported sexual abuse	0
• Residents who disclosed prior sexual victimization during risk screening	0
• Residents who identify as Lesbian, Gay or Bisexual	0
• Residents who identify as Transgender or Intersex	0
• Residents in segregated housing for risk of sexual victimization	0
• Residents with physical disability	2
• Residents with LEP	0
• Residents with cognitive disability	0

Random Resident Interviews: The facility head count the first day of the on-site audit was 29. There were 16 residents physically in the facility during the time of the audit. All 16 residents were interviewed.

At the beginning of each formal interview the Auditor made clear to the resident why she was at the facility, what her role was in the PREA process and explained why interviews were needed. She discussed the resident's participation as voluntary and while helpful, was not required or mandated in any way. She asked the resident if he wanted to participate and if so, could she ask him a few questions. Once being given the resident's permission to proceed, she would ask the protocol questions. All random residents willing participated in the interview process. All responses were recorded by hand.

During the on-site tour, the lead Auditor had several conversational encounters with residents regarding PREA, including education, reporting, communication, responses, etc. This information was used to supplement the overall audit information gathering process.

Targeted Resident Interviews: The Auditor conducted two interviews of residents who had been identified for interviews based upon specific PREA standards. Out of the eight possible categories, there were residents who fell into one category. There were two physical disabled residents.

CH reported there were no residents placed in segregated housing for risk of sexual victimization; identified as lesbian, gay, or bi-sexual, no transgender or intersex residents, no cognitively disabled residents, no LEP residents, no resident who disclosed during victimization screening, and no residents who reported abuse.

The Auditor interviewed all residents who were physically in the facility at the time of the audit. Each resident was escorted, by the PD, to the private area designated for interviews. At the beginning of each interview, the interviewer made clear to the resident why she was at the facility, what her role was in the PREA process and explained why interviews were needed. The interviewer also discussed the resident's participation as voluntary and while helpful, was not required or mandated in any way. The interviewer then asked the resident if

he wanted to participate and if so, could she ask him a few questions. The interviewer would then ask the random protocol questions followed by the specific targeted protocol questions. All responses were recorded by hand.

Due to the COVID-19 pandemic, all residents and the Auditor were wearing cloth or paper masks. Six feet of separation was given between the Auditor and the interviewee as a safety measure.

During the resident interviews, no PREA issues were revealed, no other interview protocols were accessed. All residents interviewed responded they were aware of the zero-tolerance policy, they knew how to report an incident, and knew they could report anonymously.

The Auditor did not receive any correspondence because of the PREA audit announcement posting.

Document Reviews:

A thorough review of the CSI, as well as the CH facility specific policies were included in all three (3) phases of the audit: Pre-Audit, On-Site, and Post- Audit.

Prior to conducting the on-site visit to the facility, the Auditor requested the facility identify a comprehensive list of residents, staff, volunteers, and contractors along with relevant facility records to determine the universe of information from which the Auditor would sample during the on-site portion of the PREA audit. From these lists, the auditor selected representative samples (i.e., residents and staff) for interviews and document reviews during the on-site portion of the audit. The list requested by the Auditor in the pre-onsite audit phase is listed below:

1. Alpha listing of all residents
2. Roster of Residents with disabilities (i.e., physical disabilities, hard of hearing, deaf, blind, & cognitive disabilities)
3. Roster of residents who are Limited English Proficient (LEP)
4. Roster of residents in segregated housing or isolation
5. Roster of residents who are or perceived to be Lesbian, Gay or Bisexual
6. Roster of residents who are or perceived to be Intersex or Transgender
7. Roster of residents who reported prior sexual victimization during risk screening
8. Roster of residents who reported sexual abuse that occurred in CH or a different facility
9. Complete alpha staff roster including position or rank
10. Complete alpha roster of staff promoted over the past 12 months
11. Complete alpha roster of new staff in past 12 months
12. Complete list of investigative staff who conduct sexual abuse investigations, for internal and external investigations
13. Complete list of contractors who have contact with residents
14. Complete list of volunteers who have contact with residents
15. Copies of all files of Sexual Abuse and Sexual Harassment Investigations conducted in the past 12 months
16. Copies of all grievances submitted over the past 12-months which claim allegations of sexual abuse, sexual harassment, or retaliation.

17. List of all hotline calls made in the 12 months preceding the audit
18. List of all 3rd party reports of resident sexual abuse, sexual harassment, or retaliation
19. Copies of all incident review team cases conducted over the past 12 months
20. List of SAFE/SANE individuals to include name of facility, address, telephone number and email address
21. List of community-based advocacy organization(s) utilized by the facility

Upon arrival at the facility, the Auditor was provided the requested list of documents, files, and records. From this information, the Auditor selected and reviewed a variety of files, records and documents summarized in the following table and discussed in detail below:

Name of Record	Total Number of Records	Number Sampled and Reviewed
Personnel Records	18	18
Training Records	18	18
Resident Records	29	29
Grievances	0	0
Incident Reports	0	0
Investigation Records (SA and SH)	0	0

Personnel and Training Files:

There were 18 staff record reviews conducted. All the records contained the required documentation, i.e., initial criminal background check, administrative adjudication, initial PREA education with acknowledgment form signed, PREA annual training and five-year criminal background check, when applicable.

Resident Records:

Every resident record was reviewed for a total of 29 records reviewed. All 29 records had a signed acknowledgment sheet, had received an orientation booklet, Client Handbook and PREA material. All 29 residents had received PREA information during intake and had their PREA screening within 72-hours of admission. Every resident who had been in residence longer than 30 days had been re-assessed within 30-days of their 72-hour intake screening. Every resident who had been in residence longer than 30-days had received comprehensive PREA education within thirty (30) days of arrival.

Grievances:

On the PAQ, CH indicated they had zero grievances for alleged sexual abuse and harassment in the past 12-months. Therefore, no documentation was reviewed.

Incident Reports:

On the PAQ, CH indicated they had zero sexual abuse and sexual harassment allegations received during the previous 12-months. Therefore, no documentation was reviewed.

Investigation Files:

On the PAQ, CH indicated they had zero sexual abuse and sexual harassment allegations received during the previous 12-months. Therefore, no documentation was reviewed.

On the PAQ, CH indicated they had zero SAFE/SANE examinations in the past 12-months. Therefore, no documentation was reviewed.

The Auditor scheduled the exit briefing with the Program Director, which was conducted July 22, 2021. During this exit briefing the PD was provided with an overview of what had been observed and information about the interim or final report which is due no later than September 4, 2021.

POST-AUDIT PHASE

Following the on-site portion of the audit, all items were reviewed (facility tour notes, interview notes, support documents, etc.) and utilized in the compilation of the completed report.

Per PREA procedure, effective August 20, 2016, which is the first day of the first year of the second 3-year audit cycle, it is expected if an Auditor determines a facility does not meet one or more of the standards, this report will be considered an “interim report,” triggering a 180-day corrective action point, and the Auditor will include in the report recommendation(s) for any required corrective action, and shall jointly develop with the agency a corrective action plan to achieve compliance. The Auditor is required to “take necessary and appropriate steps to verify implementation of the corrective action such as reviewing updated policies and procedures or re-inspecting portions of the facility.” At the completion of the corrective action period, the Auditor has 30-days to issue a “final report” with final determinations. Section §115.404 (d) stated that “after the 180-day corrective action period ends, the Auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action.” The final report is a public document that the agency is required to post on its website or otherwise make publicly available, should include a summary of actions taken during the corrective action period to achieve compliance.

Audit Section of the Compliance Tool: The Auditor reviewed on-site documentation, notes, staff and resident interview notes, and site notes and began the process of completing the audit section of the compliance tool. The Auditor used the audit section of the compliance tool as a guide to determine which questions in which interview guide(s), which on-site documentation and notes from the on-site audit should be reviewed to determine compliance for each standard. After checking the appropriate “yes” or “no” boxes on the compliance tool for each provision of each standard, the Auditor completed the “overall determination” section at the end of the standard indicating whether the facility’s policies, procedures, and practices, exceeds, meets, or does not meet each specific standard.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Community Solutions provides programs for state and federal work release clients who live in a congregate setting and are supported as they obtain full-time employment and meet financial and self-sufficiency goals. CSI programs administer assessments, monitor compliance with treatment plan goals and involve clients in direct treatment services that address their criminogenic tendencies. Random breathalyzer or urinalysis, cognitive behavioral groups, and case management assist the client in maintaining stability leading to successful release and community transition.

Cheyney House (CH) is located at 155 Wethersfield Avenue, Hartford, CT 06114, in an older residential area. Cheyney House is a converted apartment building. It is a three-story building, with a basement. Each floor has one central corridor. The basement is used strictly for storage and remains locked at all times. The first floor consists of staff offices, resident sleeping quarters, recreation area, weight room, kitchen, dining room, and a meeting room. The second floor consists of resident sleeping areas and staff offices. All shower and toilet areas allow residents to shower ensuring their privacy from staff direct viewing. The third floor consists of multi-person bedrooms and bathrooms. The third floor is not currently in use. The third floor is secured and monitored by camera and alarm. Anytime the door to the third floor is opened an alarm is triggered which sounds an audible alarm as well as an electronic notification on the computer in the main office. There is a small courtyard which provides green space, sitting area, walking and smoking. This area is also monitored by video surveillance.

CH is an adult male work release program that offers a continuum of gender specific services designed to prepare offenders for transition back into the community. Services include room and board, needs assessment and development of individual treatment plans, employment readiness, financial management, GED, housing referrals, cognitive behavioral groups, problem solving life skills and individual and group counseling. The services at Cheyney House are available to males ages 18 and older, who have been referred by the Connecticut Department of Corrections. Candidates must be medically cleared within the last 12 months and must be able to work full time. The facility provides space for programming, kitchen, dining, recreation, computer lab, as well as administrative and support services.

CH does not house youthful residents.

The facility grounds are well maintained. The Auditor observed the area at both day and night. At night, with the lights on, it is amply lit for the safety of staff and residents.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 3

List of Standards Exceeded: 115.215; 115.233; 115.265

Standards Met

Number of Standards Met: 42

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: 0

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.

- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.
- Community Solutions, Inc. (CSI), Organizational Chart
- CSI, *Client Handbook, Adult Work Release*, dated December 2020

Interviews with the following:

- Agency PREA Coordinator (APC)

Provision (a)

The Pre-Audit Questionnaire (PAQ) reflects CH has zero tolerance as it relates to all forms of sexual abuse or sexual harassment in the house, as well as any contracts over which it has control. The PAQ indicates the policy outlines how the facility will implement prevention, detection and response to sexual abuse and sexual harassment. It further asserts the policy includes clear definitions of prohibited behaviors and approved sanctions for participation in those behaviors.

CSI, Policy 20-29, AWR - *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 11, states The Community Solutions, Inc. (CSI) shall maintain a zero tolerance towards all forms of sexual abuse and sexual harassment. Any person who becomes aware of or suspects sexual abuse, or sexual harassment must report it immediately to the Program Director (PD), Duty Officer, or higher authority. All residents and staff have the right to work in an environment free of sexual harassment and sexual abuse.

CSI, *Client Handbook, Adult Work Release*, dated December 2020, p. 21, addresses CSI and CH zero-tolerance policy against sexual abuse and harassment. The handbook specifies that CH shall provide comprehensive education to residents, regarding their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents, and regarding agency policies and incidents.

Provision (b)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, pp. 3-4, Section 3, specifically addresses the requirements of this provision. Additionally, it identifies the roles and responsibilities of the PREA Coordinator (APC) and relates directly to the implementation, management, and monitoring of CSI's compliance with PREA Standards, including collaboration with the various levels of management. The reviewed policy is consistent with the PREA Standards.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 12, A, states the PREA coordinator's responsibilities include:

- a) Ensure compliance with the Prison Rape Elimination Act policies and standards.
- b) Develop and implement a PREA training plan.
- c) Monitor intake screening procedures.

- d) Ensure all incidents of sexual abuse are referred to the appropriate law enforcement authorities.
- e) Ensure reports and investigations are conducted on all incidents of sexual abuse or sexual harassment.
- f) Maintain data collection of incidents and coordinate reporting of such to DOC.
- g) Review all incidents and take appropriate actions to prevent any future occurrences.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 3, Section 3, PREA COORDINATOR, defines the duties of the PREA Coordinator. Section 3 aligns with the community confinement standards and addresses the agency's response to each of them. Throughout the audit process, the APC proved to be highly motivated, conscientious, and knowledgeable of PREA standards and guidelines. She responded quickly and efficiently to all requests made and provided complete and accurate information when needed.

The APC is an executive level staff as confirmed through a review of the agency organization chart. The APC has regular contact with all CSI facilities to ensure contract facilities adhere to PREA standards. According to the CSI Organizational Chart, the APC reports to both the agency COO and CEO.

The APC provides training to all new Program Directors (PD) as they are hands on at each facility. She is a resource for the PD and interacts with them via email, telephone, and in-person, when she visits their facilities. The APC has provided and continues to provide this training at CSI facilities.

Through the interview process, it was confirmed the APC has the responsibility to ensure the facility's compliance with the PREA standards and has the authority to address all PREA issues.

During the interview process, the APC indicated she has sufficient time to complete her responsibilities. It is evident that she is extremely knowledgeable of the expectations and responsibilities of her position and is competent to fulfill them.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the CH meets the standard, which addresses zero-tolerance of sexual abuse and sexual harassment and PREA Coordinator. No recommendations or corrective action is required.

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

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies

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

115.212 (b)

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

115.212 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.

Interviews with the following:

- Agency PREA Coordinator (APC)

Provision (a)

The PAQ revealed CSI requires all entities who contract with them for the confinement of residents to adopt and adhere to PREA standards. All agency contracts for confinement of residents contain PREA specific language, expectations, and requirements. CH does not individually contract for the confinement of residents.

During the interview process, the APC indicated all contracts for confinement of residents include PREA specific language. Further, CSI is responsible for monitoring the compliance of all entities with which they contract to ensure PREA compliance. The PAQ indicates CSI has entered nine contracts with private providers since the last PREA audit.

Provision (b)

According to the APC, the policies and procedures of each contract are reviewed by CSI who ensure appropriate adherence to the national standards. Each entity is contractually required to notify CSI of any PREA allegation, as well as forward a copy of the allegation, investigation, and findings to CSI oversight staff for review. CSI oversight staff review any PREA allegation to ensure compliance with PREA requirements. These reviews are documented in monitoring reports. Finally, CSI quality assurance conducts annual reviews of each contractor's PREA allegations to determine contract compliance.

All contractors are required to obtain national PREA certification, with subsequent recertification every three years. Proof of this certification and recertification are submitted to CSI to ensure compliance.

Provision (c)

All CSI contracts for the confinement of residents meet the PREA standards.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the CH meets the standard, which addresses contracting with other entities for the confinement of residents. No recommendations or corrective action is required.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

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

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.
- CH *Master Staffing Plan* revised 10/01/2020.
- CH *Master Staffing Plan Assessment* dated April 20, 2021.

Interviews with the following:

- Agency PREA Coordinator (APC)
- Facility Head - Program Director (PD)

Provision (a)

On the PAQ, CH indicated they have a staffing plan, and it takes into consideration the physical layout of the facility; the composition of the resident population; the prevalence of the substantiated and unsubstantiated incidents of sexual abuse and any other relevant factors.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 12, B, indicates the following regarding the staffing plan:

1. Each CSI program shall develop a staffing plan to provide adequate staffing levels and where applicable, video monitoring to ensure staff and resident safety and to protect residents against sexual abuse. When developing the staffing plan, the facility shall consider the layout, composition of the resident population, and any other relevant factors.
2. Anytime there are deviations in the staffing plan, the Program Director or designee shall document the deviation and justify the reason.
3. Whenever necessary, but at least once a year, the PREA Coordinator shall, in conjunction with the Program Director, Chief Operating Officer and funding source shall assess, determine, and document whether adjustments are needed to the staffing plan, video and other monitoring technology, and the resources the facility has available to adhere to the staffing plan.

Through the interview process with the APC and the PD it was revealed random reviews of the staffing levels and how they affect the resident programming are consistently conducted. Reviews of other concerns, such as the physical plant configuration, internal or external

oversight bodies, resident population configuration, and placement of supervisory staff, line-staff needs and any prevalence of substantiated or unsubstantiated incidents of sexual abuse are also consistently conducted.

Provision (b)

The PAQ reflects CH did not have any staffing deviations in the past 12-months. The APC confirmed that CH did not have any staffing deviations in the past 12-months.

In the event a mandatory post is vacant, the post is filled with overtime staff. On the PAQ, CH listed the following as reasons they could have staffing deviations:

1. Call Out
2. Vacation

CH has established a minimum staffing requirement. The minimum staffing pattern is predicated on a resident population of 41.

Provision (c)

Policy requires the staffing plan review to be completed in consultation with the APC and other executive staff at least annually. The Auditor was provided a copy of the CH, *Master Staffing Plan Assessment*, dated April 20, 2021, which was reviewed. The *Master Staffing Plan Assessment* considered and assessed if the adjustments were needed to:

1. The staffing plan established pursuant to paragraph (a).
2. Prevailing staffing patterns.
3. Video monitoring system and/or other monitoring technologies.
4. The resources the facility has available to commit to ensure adequate staffing levels.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the CH meets the standard regarding supervision and monitoring, ensuring that the safety of staff and residents is a priority. No recommendations or corrective action is required.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) ☐ Yes ☐ No ☒ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). ☐ Yes ☐ No ☒ NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.
- Community Solutions, Inc. (CSI), Policy 20-12, Operations Adult Work Release (AWR) *Searches*, dated January 2018.

Observations made during on-site review

Interviews with the following:

- Random Staff
- Residents

Provision (a)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 12, C, 2, states cross gender strip searches and body cavity searches are prohibited. If exigent circumstances arise and a strip search or a cross gender strip search must be conducted for safety or security reasons, the incident shall be immediately reported to the PREA Coordinator and documented via incident

report. All staff shall be trained to conduct all strip searches in a professional and respectful manner.

Community Solutions, Inc. (CSI), Policy 20-12, Operations Adult Work Release (AWR) *Searches*, dated January 2018, p. 2, 2.5, states it is CSI's policy to not conduct cross-gender pat searches. Staff of the same sex as the client conducts the pat search. In the event, a same sex staff person is not available, a pat search will not take place. The staff person will perform a pocket search and use the electronic wand in lieu of a pat search. Shift duties should be divided to ensure the availability of the same sex staff to conduct pat & pocket searches as the need arises throughout the shift. It is important to conduct the full pat & pocket search when a same sex staff person is on duty. Exigent circumstances may arise, which require a cross-gender pat search. Cross-gender searches should only be conducted with approval from the Program Director / Duty Officer and / or DOC Parole or BOP Probation (RRM). In the event the RRM is unavailable, law enforcement should be called to complete the search. Should a cross-gender search take place, an incident report would be written explaining the circumstances.

Of the random staff questioned about cross-gender search practices, none remembered having the training specific to this. However, they each reported that cross gender searches of any kind are not allowed at CH.

Five random staff were questioned about cross-gender search practices. When asked how the female staff would proceed if a male staff member was not available, they indicated there is always a male staff member on duty, who can be directed to the area to conduct the search. None of the random staff recalled receiving training on opposite gender searches; however, each of them articulated that in all instances cross-gender searches are not conducted at the facility. All staff (both male and female) reported cross-gender strip searches or cross-gender body cavity searches do not occur at this facility.

Each of the residents interviewed confirmed they had never been part of a cross-gender search.

Provision (b)

CH is an all-male facility.

Provision (c)

On the PAQ, CH reported there had not been any cross-gender searches of any kind, i.e., strip, visual or pat conducted in the past 12 months.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 12, C, 2, CSI Cross gender strip searches and body cavity searches are prohibited. If exigent circumstances arise and a strip search or a cross gender strip search must be conducted for safety or security reasons, the incident shall be immediately reported to the PREA Coordinator and documented via incident report. All staff shall be trained to conduct all strip searches in a professional and respectful manner.

During the interviews with random staff, the interviewer asked under what circumstance would cross-gender searches occur. All staff questioned indicated that there were sufficient male staff members available to conduct any searches that needed to occur, and that male staff would be diverted to address this issue if needed. They further indicated cross-gender searches are not allowed at CH.

Provision (d)

On the PAQ, CH indicated they allowed residents to shower, perform bodily functions and change clothes without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks. Further, the PAQ indicated opposite gender staff are required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothes.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, C, 1, states all residents shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. Staff of the opposite gender are required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

CH did not have any transgender or intersex residents at the time of the audit.

When staff were specifically asked would transgender or intersex residents be able to shower privately, the answer was affirmative. When asked how this would be arranged, staff reported all bathrooms throughout the facility are private with individual showers and provide privacy to each resident.

Further, each staff member stated a transgender or intersex resident would have the opportunity for input into the decision-making process of alternative shower times and the resident's input would carry great weight in the decision-making process.

During the facility tour, when opposite-gender staff were observed entering a housing unit or restroom, a staff member made an announcement. The Auditor was also announced by CH staff when entering resident housing and bathroom areas as she was of opposite gender.

In response to the question of whether opposite gender announcements are made in sleeping areas, each resident interviewed reported they were. Residents also affirmed opposite gender staff announce their presence before entering the bathroom areas.

CH has 13 bedrooms that house two to four residents each. Bathrooms are inside the sleeping areas. The sleeping areas are in two sections with the bathroom in the middle. Each bathroom has a shower, sink and toilet. All showers have doors that protect against opposite gender viewing. The toilets are situated in a way that prevents opposite gender viewing.

Provision (e)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 12, C, 3, indicates staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining genital status.

Each of the residents interviewed confirmed they had never been part of a cross-gender search. Five random staff were questioned about transgender and intersex resident search practices. Each staff member specifically stated that no searches would ever be permitted for the sole purpose of identifying a resident's genital status.

CH did not have any transgender or intersex residents at the time of the audit.

Provision (f)

The Auditor reviewed copies of the 2020 staff meeting minutes, which included the PREA training sessions for CH staff. The Auditor verified the names listed in attendance correlated to an existing CH staff member listed on the staff roster, ensuring staff received the required training. Training topics included, but were not limited to, zero tolerance, support resources, PREA education for residents with special comprehension problems, reporting sexual abuse and sexual harassment, first responder duties, vulnerable adults, what is considered sexual abuse, coordinated response, sexual violence assessment tool, PREA re-assessment, writing the incident reporting, etc.

When female staff were asked how they would proceed if a male staff member were not available, each indicated there was never an instance when a male staff is not on duty and would be directed to the area to conduct the search to ensure cross-gender searches are not performed. None of the staff interviewed recalled receiving training on opposite gender searches; however, each of them articulated that in all instances female staff do not conduct cross-gender searches and will always defer to a male staff member to complete the search. During the facility tour, opposite gender staff were observed entering the sleeping areas and announcements of their presence were made. CH staff, when entering the resident bedrooms and bathrooms, announced the opposite gender Auditor.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH exceeds the standard regarding the limits to cross-gender viewing and searches.

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020
- Propio Language Services Agreement for Interpretive Services with Community Solutions, Inc., dated 02/29/2020
- Staff attendance sheets for 2020 PREA training

Observations of PREA posters during on-site tour of facility

Interviews with the following:

- Facility Head – Program Director (PD)
- Random Staff
- Residents with disabilities or LEP

Provision (a)

On the PAQ, CH reported that CSI has established procedures to provide disabled residents and limited English proficient residents with equal opportunity to participate in and benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 13, D, 1, states all residents will have every opportunity to participate in all aspects of sexual abuse and sexual harassment prevention, detection, and response. The program shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities or limited English proficient.

The Auditor reviewed written documents, training materials, as well as PREA brochures, which were in both English and Spanish that are given to the resident population. During the tour, the Auditor also observed the PREA posters were prominently displayed throughout the facility, in both English and Spanish.

Through the interview process, the PD shared that CH has established procedures to provide residents with disabilities or residents who are Limited English Proficient (LEP), the opportunity to participate in PREA reporting process through several avenues such as, Propio, Google Translate, staff interpreters, written correspondence, etc.

Propio Language Services Agreement for Interpretive Services with Community Solutions, Inc., dated 02/29/2020, documents that CSI uses Propio Telephonic Interpreting for interpretive services. Propio supports over 200 different languages, and is available 24 hours a day, 7 days a week.

CH can also utilize Google Translate. Google translate can be accessed via a computer with an attached microphone to address any translation needs for the residents of the facility. Currently, Google Translate supports 103 different languages, and is available 24 hours a day, 7 days a week.

The Auditor interviewed two residents with physical disabilities, which were all that were in-house. When asked does the facility provide information about sexual abuse and sexual harassment that you can understand, they each answered affirmatively. When asked, do you understand your rights related to sexual abuse and how to report sexual abuse or harassment, they both responded in the affirmative.

Provision (b)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, 13, D, 2, indicates interpretation services will be provided as needed. When sessions or interactions are conducted in a language other than English, staff shall document that the session was held in the client's primary language. Resident interpreters will not be utilized for any investigation aspects of reported sexual abuse or harassment except where an extended delay in obtaining an effective interpreter could compromise resident's safety or performance of first responders or investigation of resident's allegation. Any use of resident interpreters must be documented.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 6, 5.4, states under limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first response duties or the investigation of the resident's alleged actions, CSI staff may rely on resident interpreters, resident readers, or other types of resident assistants.

There were no LEP residents in house at the time of the audit.

Provision (c)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 13. D, 2, states resident interpreters will not be utilized for any investigation aspects of reported sexual abuse or harassment except where an extended delay in obtaining an effective interpreter could compromise resident's safety or performance of first responders or investigation of resident's allegation. Any use of resident interpreters must be documented.

CH requires that only professional interpreters or translation services, including sign language, are available to assist residents in understanding PREA policy, how to report allegations, and/or participate in investigations of sexual misconduct. The policy states residents are not authorized to use interpretation/translation services from other residents, family members or friends for these purposes. The limited exception is when a delay in obtaining an effective interpreter could compromise the resident's safety, the performance of the first responder duties under §115.64 or the investigation of the resident's allegations.

All random staff interviewed recalled the process of how to utilize Propio for interpretation services. Most indicated that in the event translation is required, they would find a staff member to provide translation before using Propio.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding residents with disabilities and residents who are limited English proficient. No recommendations or corrective action is required.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.217 (b)

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

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers

for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.217 (d)

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

115.217 (e)

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

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020
- Personnel records reviews

Interviews with the following:

- Human Resource (HR) Staff
- Random Residents

Provision (a)

On the PAQ, CH reported having 18 staff with 11 new hires in the past 12-months. Further, they reported zero contractors and zero volunteers who have contact with residents.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, 13, E, 1, states all employees shall have a criminal background check completed at the time of employment, prior to any promotion, and at least once every five years thereafter. All new employees will be appropriately screened by human resources staff before starting employment and are required to disclose any previous misconduct of a sexual nature, whether engaging in, or having attempted to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion; or if the employee has been civilly or administratively adjudicated to have engaged in any of this activity. Material omissions regarding misconduct or providing false information shall be grounds for termination.

The Auditor reviewed 18 records of staff, some of whom had been hired or promoted within the past 12-months. Each of the records reviewed contained all items required by the standard, which included documentation and criminal background check information. The Auditor was able to verify all records reviewed contained the items required by the standard, including PREA documentation and verification of the completed criminal background checks.

Provision (b)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 13, E, 1, states all new employees will be appropriately screened by human resources staff before starting employment and are required to disclose any previous misconduct of a sexual nature, whether engaging in, or having attempted to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion; or if the employee has been civilly or administratively adjudicated to have engaged in any of this activity. Material omissions regarding misconduct or providing false information shall be grounds for termination.

Through the interview process the agency Human Resources staff indicated a potential hire is required to fill out the personnel documents, which require the disclosure of the standard required items. The HR staff stated CSI takes an active stance with the requirements of the PREA standards and have developed a very comprehensive system of tracking to ensure that all the required criminal background checks are completed for pre-hires, promotions, and five-year reviews. The Auditor conducted a review of the requested personnel records and verified the records reviewed contained the items required by the standard, including the PREA documentation and verification of the completed criminal background checks.

Provision (c)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, 13, E, 1, states in part that before hiring new employees who may have contact with residents, CSI will:

1. All employees shall have a criminal background check completed at the time of employment, prior to any promotion, and at least once every five years thereafter.
2. All new employees will be appropriately screened by human resources staff before starting employment and are required to disclose any previous misconduct of a sexual nature, whether engaging in, or having attempted to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion; or if the employee has been civilly or administratively adjudicated to have engaged in any of this activity. Material omissions regarding misconduct or providing false information shall be grounds for termination.

Through the interview process, the HR staff indicated CSI requires background checks on all new hires, promotions, and existing staff every five years.

In the preceding 12-months, CH reported there were 11 persons hired who may have contact with residents who had a criminal background check completed.

The Auditor conducted a review of 18 personnel records and verified all records contained the items required by the standard, including the PREA documentation and verification of the completed criminal background checks.

Provision (d)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 13, E, 3, specifies all volunteers and contractors shall have a criminal background check completed prior to having contact with any

resident. Any volunteer or contractor involved in sexual misconduct in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent shall not be enlisted to provide services to any residents.

On the PAQ, CH reported there are zero contractors who might have contact with residents. Therefore, no documentation was provided or reviewed.

Provision (e)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 13, E. 3, states, in part, all volunteers and contractors shall have a criminal background check completed prior to having contact with any resident.

Provision (f)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 13, E. 2, indicates all staff must continue to disclose any sexual misconduct in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent.

Through the interview process with HR, it was indicated that a condition of staff employment is that any arrest activity must be reported through the respective employees reporting structure. Additionally, any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee must be provided upon request.

Provision (g)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 13, E. 1, states in part, material omissions regarding misconduct, or providing false information shall be grounds for termination.

Provision (h)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 13, E. 4, indicates CSI shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Through the interview process with HR, it was confirmed that unless prohibited by law, all information would be provided on substantiated allegations of sexual abuse or sexual harassment involving a former employee would be shared upon request from an institutional employer for whom such employee has applied for work.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined

the CH meets the standard regarding hiring and promotion decisions. No corrective action is required.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work

Release (AWR) Abuse – Harassment - PREA Compliance, dated January 2020

Observations during on-site review

Interviews with the following

- Facility Head – Program Director (PD)
- Agency PREA Coordinator (APC)

Provision (a)

On the PAQ, CH reported they have not acquired any new facilities or made substantial expansions or modifications of the existing facility. Per the PAQ, CH has not installed or updated video monitoring system, electronic surveillance system or other technology since the last PREA audit.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) Abuse – Harassment - PREA Compliance, dated January 2020, p. 13, F, 1, specifies CSI will ensure any substantial modification of existing facility will consider the effect of the design or modification in protecting residents from sexual abuse. Any video equipment upgrade will also consider the Program's ability to protect residents from sexual abuse.

The Auditor conducted a comprehensive tour of CH. Since the last audit, there has not been any substantial expansions or additions to the facility.

The PD reported any construction, renovation or modification would be done with full consideration of all PREA standards. Further reporting there are meetings that would be held regarding any building or construction considerations and that safety and cameras, or other technologies would be discussed and considered at such meetings. During these meetings the executive staff would meet with all key staff and agency personnel to discuss any pertinent issues, such as Data/Reporting issues, Grievances, Disciplinary Reviews, Use of Force Incidents, Incidents of Sexual Abuse, as well as the analysis of key data such as overtime, leave time, morale, etc.

Provision (b)

CH has 17 cameras throughout the facility. The cameras are strategically located in areas to maximize coverage area. Cameras are not in the sleeping areas, or bathrooms. Security and accountability are enhanced by staff making frequent rounds of the facility and property.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding upgrades to facility and technology. No recommendations or corrective action is required.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

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

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.
- *Sexual Abuse Incident Coordinated Response Plan*, Cheyney House, revised 10/2014
- *Memorandum Agreement between Community Solutions, Inc (CSI) and The Connecticut Alliance to End Sexual Violence*, dated November 28, 2018

Interviews with the following:

- Random Staff
- SAFE/SANE Personnel
- Facility Head – Program Director (PD)
- Agency PREA Coordinator (APC)

Provision (a)

On the PAQ, CH reported the facility is responsible for conducting administrative investigations. The local police and Connecticut State police are responsible for conducting criminal investigations, including resident-on-resident sexual abuse and staff sexual misconduct. The APC provides investigative assistance for those resident-on-resident sexual harassment administrative cases.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 13, 5, A, 2 states upon notification of any incident of sexual abuse or sexual assault, staff shall secure the scene of the incident, and at a minimum does not allow the alleged victim or alleged abuser to shower, toilet, eat, drink, or change clothes.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 19, 12, B, 1, in part addresses the extent to which the agency is responsible for investigating allegation of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence.

The auditor interviewed random staff about the rules of evidence, and their

understanding of the process when a resident reports an alleged sexual abuse or sexual harassment incident. All staff interviewed were able to articulate the basic preservation of evidence component of both victim and abuser. They were also able to explain their responsibilities up to the point when they transfer responsibility to either investigative or medical staff.

Provision (b)

CH does not house youthful residents.

Provision (c)

On the PAQ, CH reported all treatment services are provided to the victim without financial cost.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 13, 5, A, 2, indicates The PREA Coordinator or designee shall, in conjunction with law enforcement staff make transportation arrangements for the alleged victim to receive appropriate medical care at a local hospital where SAFE/ SANE staff are available. The local hospital used by CH is Saint Francis Hospital, 1145 Woodland Street, Hartford, CT 06105: 860-714-4000.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 7, 7.4, states whether the victim does or does not want to file a criminal complaint or provide information to the investigator, the PD assures local resources for medical, mental health and victim advocate support are made available at no expense to the client. The client will be informed of resources available for self-protection and emotional support as well as their continued right to notify law enforcement.

During the interview with the APC, she confirmed in the past 12-months there were zero residents transported for SAFE/SANE services.

The Auditor conducted a telephone interview with the SAFE/SANE personnel at Saint Francis Hospital, 1145 Woodland Street, Hartford, CT 06105: 860-714-4000. The Sexual Assault Nurse Examiner (SANE) provides timely, compassionate care to the sexual assault victim. This includes a forensic exam, prophylaxis for pregnancy and sexually transmitted diseases, photographic documentation, referrals for appropriate medical and psychological follow-up, as well as support and participation in legal proceedings. An advocate is provided for medical accompaniment for all SANE examinations through the Connecticut Alliance to End Sexual Violence, 96 Pitkins Street, East Hartford, CT 06108; 860-282-9881.

SAFE/SANE personnel at Saint Francis Hospital confirmed the residents are not charged for the forensic exams.

Provision (d)

As stated in Provision (c), a victim advocate is provided during the forensic medical examination.

The *Memorandum Agreement between Community Solutions, Inc (CSI) and The Connecticut Alliance to End Sexual Violence*, executed November 28, 2018, provides documentation that advocacy services are provided to the CH residents.

During the interview with the APC, she indicated victim advocacy services are offered through contract and are built into the forensic exam process. During the examination, the resident meets the victim advocate and arrangements are made to provide any necessary and/or requested counseling services. Follow-up counseling is coordinated through the advocate, in collaboration with mental health services.

At the time of the audit, the information received regarding the allegations of sexual abuse and sexual harassment indicated there was zero sexual abuse and sexual harassment allegation received during the previous 12-months. Therefore, there was no documentation to review.

At the time of the audit, the information received indicated in past 12-months there were zero forensic examinations completed.

Provision (e)

As stated in Provision (d) during the examination, the resident meets the victim advocate. The victim advocate provides emotional support, crisis intervention, information, and referrals as necessary and/or requested.

Provision (f)

As reported in Provision (a) the facility is responsible for conducting administrative investigations. The local police and the Connecticut State police are responsible for conducting criminal investigations, including resident-on-resident sexual abuse and staff sexual misconduct.

The *Sexual Abuse Incident Coordinated Response Plan, Cheyney House*, revised 10/2014, states law enforcement is to be contacted by the staff assigned by the PD or duty officer.

Provision (g)

Auditor is not required to audit this provision.

Provision (h)

As reported in Provision (d) victim advocacy services are offered through contract and are built into the forensic exam process.

The *Sexual Abuse Incident Coordinated Response Plan, Cheyney House*, revised 10/2014, states the Connecticut Alliance to End Sexual Violence is to be contacted by the staff assigned by the PD or duty officer.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined CH meets the standard regarding evidence protocol and forensic medical examinations. No recommendations or corrective action is required.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.
- *Sexual Abuse Incident Coordinate Response Plan*, Cheyney House, revised 10/2014.

Interviews with:

- Agency PREA Coordinator (APC)
- Random Staff
- Investigative Staff

Provision (a)

CH refers all administrative investigations to the APC and all criminal investigations to the local police and/or the Connecticut State Police.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 14, B, 1, specifies all incidents of sexual abuse or sexual harassment will be investigated. Any incident involving potential criminal behavior will be immediately reported to local or state law enforcement as appropriate for criminal investigation. The PREA Coordinator shall ensure any report of sexual abuse or sexual harassment determined to be a non-criminal matter by law enforcement will be investigated at the facility level.

Sexual Abuse Incident Coordinate Response Plan Cheyney House, revised 10/2014, outlines the process from a first responder becoming aware of an alleged PREA violation to the incident

review.

There were zero sexual abuse and sexual harassment allegations received during the previous 12-months. Therefore, there is no documentation to review.

In the past 12-months there were zero SAFE/SANE examinations.

All staff interviewed knew their responsibility to report any suspicion, or knowledge of an allegation of sexual abuse and sexual harassment. Each reported they were required to make such a report immediately after becoming aware of it. They further stated they are to report to the Program Director, Duty Officer, or supervisor.

Provision (b)

The policies regarding CSI and CH's obligation to thoroughly investigate all matters relative to Sexual Abuse and Sexual Harassment are provided in Provision (a).

CH ensures all allegations are either followed up through the administrative or criminal investigation process. The policy and processes are published on the agency website, as were verified by the Auditor.

During the interviews, staff indicated all allegations are investigated. Administrative allegations are investigated by the APC. The ones which might be criminal in nature are investigated by local police and/or the Connecticut State Police, then referred to the appropriate jurisdiction for prosecution if it is deemed a criminal act was committed. If it is deemed a criminal act was not committed it is sent back to the APC for administrative handling.

Provision (c)

As stated in Provision (a) the agency and facility refer all administrative investigations to the PREA Coordinator and all criminal investigations to the Connecticut State Police.

Provision (d)

Auditor is not required to audit this provision.

Provision (e)

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the CH meets the standard, which addresses policies to ensure referral of allegations for investigations. No recommendations or corrective action is required.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

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

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.231 (c)

- Have all current employees who may have contact with residents received such training?
☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) Abuse – Harassment - PREA Compliance, dated January 2020.
- PREA Training Documentation 2020

Interviews with the following:

- Random Staff

Provision (a)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 14. 6, A, 1, a-i, specifies during employee orientation and annually thereafter, staff shall receive the following PREA training:

- a. The facility's zero tolerance for all forms of sexual abuse and sexual harassment.
- b. How to fulfill their responsibilities regarding prevention, detection, reporting, and response.
- c. The resident's right to be free from of sexual abuse and sexual harassment.
- d. The resident's and staff member's right to be free from retaliation for reporting sexual abuse and sexual harassment
- e. The dynamics of sexual abuse and sexual harassment in residential settings, including determining which residents are most vulnerable,
- f. The common reactions of sexual assault or sexual abuse victims.
- g. How to avoid inappropriate relationships with residents.
- h. How to communicate effectively and professionally with all residents, and
- i. How to comply with relevant laws related to the mandatory reporting of sexual abuse to authorities.

CH's curriculum and training materials were reviewed by the Auditor. The core training materials contain all ten of the elements required for this provision. Each of the elements is covered in detail in the training and have incorporated numbered training elements to facilitate retention of the required elements. The level or complexity of the training will depend on the employee's classification with some specialized training curriculum depending on the employee's job responsibilities.

The Auditor reviewed a total of 18 staff training records. Each record contained all relevant documentation to reflect the staff had met their initial PREA requirements. In addition, the Auditor also reviewed all the sign-in sheets for PREA training for the past 12-months which were confirmed by staff signatures, each of the employees at CH had acknowledged receiving the PREA training.

Each of the random staff interviewed recalled attending the initial PREA training when they were hired. All staff interviewed confirmed they receive PREA training at monthly staff meetings.

Provision (b)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 14. 6, A, 2, indicates staff shall sign a training document acknowledging that they understand the training.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 14. 6, A, 3, specifies PREA training addresses factors pertaining to both males and females.

The training provided by the CSI, addresses both male and female issues. However, the CH training has been tailored specifically to the male resident population. The Auditor

reviewed the training materials utilized for the staff at CH. The training materials are consistent with this PREA standard. If an employee is reassigned from a facility that houses a different population composition, that employee is retrained or provided refresher training for the population make-up of the new facility prior to being placed in contact with the resident population.

As stated in Provision (a), the Auditor reviewed the sign-in sheets for the training that occurred at CH, verifying attendance of CH staff.

Provision (c)

According to the PAQ, CH staff receive training monthly at staff meetings. Of the 18 staff presently assigned to CH, the Auditor reviewed documentation that reflected all 18 or 100% of the staff have received PREA training in the past 12-months.

Provision (d)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 10, 11.1, indicates all staff, volunteers and interns must be trained to recognize and report abuse prior to their working with clients PREA compliance, concerns, issues shall be an on-going agenda item at program staff meetings. Each staff shall be required to attend an annual refresher PREA training.

PREA training requirements mandate attendance at all PREA required training to be documented through employee signature, acknowledging their attendance at training. The auditor review copies of the staff meeting minutes as well as an attendance logs of those who attended the staff meetings for the past 12-months. Attendance logs confirmed all staff had attended PREA training.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that CH meets the standard which addresses policies regarding employee training.

The auditor would recommend CH create a separate sign-in sheet to dedicated to PREA training that takes place during the staff meeting. It is recommended this sign-in sheet be titled by the PREA training topic. While this is not a requirement, it will make attendance documentation clearer.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) Abuse – Harassment - PREA Compliance, dated January 2020.

Provision (a)

According to the PAQ, CH does not utilize or retain volunteers or contractors. Consequently, none were interviewed as to this standard.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) Abuse – Harassment - PREA Compliance, dated January 2020, p. 14, B, 1, states all volunteers or interns who will be working unaccompanied by staff with residents will receive the same training as noted above for employees

Provision (b)

As stated in Provision (a), CH reports they do not utilize or retain volunteers or contractors.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 14, B, 3, states contractors upon entering a CSI Residential Facility will be briefed on CSI's PREA Policy. Contractors will be requested to sign a PREA Acknowledgement form noting that they have been provided with information on CSI's zero tolerance policy and reporting procedures.

Provision (c)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 14, B, 2 states all volunteers and interns who will be working unaccompanied by staff shall sign an acknowledgment that they have received PREA training and that they understand the PREA policy.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the CH meets the standard which addresses policies regarding volunteer and contractor training. No recommendations or corrective action is required.

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.
- CSI, *Client Handbook, Adult Work Release*, dated December 2020
- CSI, *PREA Education Checklist*
- PREA Posters
- Miscellaneous Training Materials

Observations during on-site review:

Interviews with the following:

- Intake Staff
- Residents

Provision (a)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 14, C, 1, a, indicates during intake orientation, all residents will receive a resident handbook, and a facility handout containing information about PREA. All residents shall sign an acknowledgment that they have received the handbook and the PREA handout which contain the following information:

- a. The facility's zero tolerance policy regarding sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse, sexual harassment; their rights to be free from sexual abuse and sexual harassment; their rights to be free from retaliation for reporting such incidents; and agency policy and procedures for responding to such incidents.

CSI, *Client Handbook, Adult Work Release*, dated December 2020, p. 21, explains the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. It further addresses how to report incidents or suspicions of sexual abuse and sexual harassment.

The CSI, *PREA Education Checklist*, which the resident and the staff sign, indicates the following is explained to the resident:

1. PREA posters and contact / Reporting Numbers
2. Zero Tolerance policy regarding sexual harassment and sexual abuse.
3. Resident right to be free from sexual harassment and sexual abuse
4. How to report incidents or suspicions of sexual harassment or sexual abuse
5. Resident right to be free from retaliation for reporting incidents of sexual harassment and sexual abuse
6. CSI's policies and procedures for responding to incidents of sexual harassment and

sexual abuse and accountability by the Federal Government.

The CSI, *Client Handbook, Adult Work Release*, dated December 2020, orientation material, as well as the PREA Posters were observed during the on-site tour of the facility by the Auditor. The Auditor reviewed written materials in both English and Spanish.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, pp. 14-15, C, 1, a, indicates during the intake process residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

During interviews with intake staff, it was confirmed residents are provided written PREA materials, a *CSI Client Handbook* and information about the facility's zero-tolerance policy and ways to report upon arrival. The resident signs the acknowledgment form which is retained in the resident record.

The facility has telephones designated for resident use. Using any of these telephones, a resident can call a PREA hotline to report an incident of sexual abuse or sexual harassment. The call is free of charge, not recorded and confidential. This was confirmed by the Auditor on the on-site tour.

The facility has multiple computers designated for resident use. Using any of these computers, a resident can file an electronic report of incident of sexual abuse or sexual harassment. Usage of the computers is free of charge and confidential. This was confirmed by the Auditor on the on-site tour.

During the interviews with residents, all reported receiving written PREA materials, a *CSI Client Handbook* and information about the facility's zero-tolerance policy and ways to report. The Auditor reviewed 29 resident records for PREA Education documentation. In each of the records, the residents had received and signed for PREA information at intake. All residents who had been in the program 30-days had been re-assessed within 30 days of their 72-hour assessment. Likewise, they had all been provided PREA Comprehensive Education within 30 days of arrival.

A review of 29 resident records was conducted and the signed PREA acknowledgment document was part of every record.

Provision (b)

Per the PAQ, CH reported during the past 12-months there were 114 residents admitted to the CH program. This included residents being transferred from other facilities. Consequently, CH provided PREA information, which included their right to be free from sexual abuse, as well as the policies and procedures for reporting to all 114 residents. CH reported 100% of the residents admitted to their facility in the past twelve 12-months received the mandated information.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 10, 11.3, specifies PREA specific training during orientation and subsequent house meetings will include: CSI's zero tolerance policy on sexual abuse and harassment; prevention, detection, reporting, and responses to sexual abuse or assault allegations or observations; the rights of clients and staff in reporting allegations and to be free from retaliation; the dynamics of sexual abuse and harassment in confinement; how to detect and respond to signs of threatened and actual abuse; how to avoid inappropriate relationships with clients, appropriate communication with clients (including lesbian, gay, bisexual, and transgender clients); and how to comply with relevant laws regarding reporting of sexual abuse. Client attendance at house meetings will be documented in the facility's shift log.

During interviews with intake staff, they indicated residents receive their PREA training immediately upon arrival, prior to their bed assignment. They reported the residents are not allowed to leave the intake area until they have completed their initial PREA orientation.

During interviews with residents, each were asked to briefly outline what they learned during PREA training. Most responded with answers similar in nature and were generally: zero-tolerance for sexual abuse or harassment, how to report, to dial the PREA Hotline and call the number on the posters around the facility.

Provision (c)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 15, C, 1, b, states, the resident handbook, PREA handout, and all related material will be made available various formats to ensure those residents with limited English proficiencies, deaf, visually impaired, or otherwise disabled residents will be able to participate in all aspects of PREA.

As indicated in Provision (b) 100% of residents who entered the facility during the past 12-month period received the required PREA training. This training at intake, is facilitated through staff going over material and answering any questions the resident may have. Upon arrival, the resident is also provided a *CSI Client Handbook* and PREA information. At the end of the orientation process is a question-and-answer period to reinforce retention of the information presented.

The information was documented with verification of the training electronically retained in the SecurManage System. This documented verification was reviewed by the Auditor.

As indicated in Provision (b) the intake staff provide the PREA information immediately upon arrival into the facility. Interviews with intake staff revealed that upon arrival at the facility residents are given orientation materials, including PREA related materials, before being assigned a bed. This is a requirement for all residents, whether they are a new intake or a transfer from another facility.

Provision (d)

As stated in previous provisions, all residents are required to sign the *PREA Education Checklist* once they have completed PREA education. A copy of this acknowledgment is retained in the resident record as documentation.

As stated in provision (a), a review of 29 resident records was conducted, and the signed acknowledgment documentation was in every resident record.

Provision (e)

Using varying formats, the resident population receives important information in user friendly, comprehensible ways. The *CSI Client Handbook* is an excellent tool which specifically lays out the prevention of sexual violence, zero-tolerance policy and includes multiple methods residents can seek assistance regarding sexual violence.

CH has a variety of PREA posters, in both English and Spanish. During the on-site, the Auditor observed these posters in every room throughout the facility.

In interviews with residents, many reported the PD, and other staff check with them formally and informally about PREA issues and practices.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH exceeds the standards for resident education. No recommendations or correction action is required.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

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

115.234 (b)

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

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) Abuse – Harassment - PREA Compliance, dated January 2020.
- Connecticut Department of Correction, Center for Training and Staff Development, *PREA Investigation Training*
- American Jail Association, *PREA Training for Investigators of Sexual Abuse in Community Confinement Settings*

Interviews with the following:

- Agency PREA Coordinator (APC)
- Investigative Staff

Provision (a)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 15, D states it is the policy of CSI that any criminal act is referred and reported to local law enforcement and the Connecticut Department of Corrections (Parole) or Federal Bureau of Prisons (FBOP).

CSI has one agency investigator, and it is the APC. CSI's APC is responsible for all administrative investigations. The APC participated in and successfully completed the mandated employee PREA training during her pre-employment orientation and training. Subsequently she completed two investigative trainings:

- October 13, 2015 - Connecticut Department of Correction, Center for Training and Staff Development, *PREA Investigation Training*
- December 2-3, 2015 - American Jail Association, *PREA Training for Investigators of Sexual Abuse in Community Confinement Settings*

This additional training was related to investigators roles and includes, but is not limited to:

- PREA Standards Specific to Investigations
- Basic Investigation Steps
- Statistical overview of Sexual Abuse on residents in Confinement
- Gender and Communication
- Legal Issues
- Investigative Scenarios
- Assuring quality Investigations
- Writing the Report
- Interviewing Sexual Abuse Victims
- Proper Use of Miranda and Garrity Warnings
- Conducting Sexual Abuse Investigations, including the collection of evidence in a confinement setting
- Criteria and evidence required to substantiate a case for administrative action
- Criteria and evidence required to substantiate a case for prosecutorial referral

All PREA allegations that are criminal in nature are investigated by the local police department or the Connecticut State Police. These agencies train their officers in investigation in a confinement setting. The Connecticut State Police is one of the agencies that trained CSI's APC in investigation in confinement.

Provision (b)

This is addressed in Provision (a).

Through a review of training records and an interview with the investigator, the Auditor was able to confirm that all training requirements have been met.

Provision (c)

The Auditor reviewed documentation, certificates, and lesson plans for the two investigative trainings completed by the agency investigator.

- October 13, 2015 - Connecticut Department of Correction, Center for Training and Staff Development, *PREA Investigation Training*
- December 2-3, 2015, American Jail Association, *PREA Training for Investigators of Sexual Abuse in Community Confinement Settings*

A review of the lesson plans shows these trainings meet the requirement of this standard.

Provision (d)

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the CH meets the standard which addresses policies regarding specialized training: investigations. No recommendations or corrective action is required.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☐ Yes ☐ No ☒ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and

professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ NA

115.235 (b)

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

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☐ Yes ☐ No ☒ NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.

Interviews with the following:

- Agency PREA Coordinator (APC)

Provision (a)

According to the PAQ, CH does not employ medical or mental health care workers.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 13, E, states CSI does not employ medical staff. All medical and mental health services are referred to the local hospital, appropriate community service organization or the Connecticut Department of Corrections (CTDOC).

During the interview process the APC disclosed that all medical and mental health care for the residents of CH is provided in the community. There are no medical or mental health care staff employed by CSI.

Provision (b)

CH does not employ any medical or mental health care staff. All medical and mental health care services are provided in the community.

Provision (c)

CH does not employ any medical or mental health care staff. All medical and mental health care services are provided in the community.

Provision (d)

CH does not employ any medical or mental health care staff. All medical and mental health care services are provided in the community.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the CH meets the standard, which addresses policies regarding specialized training: medical and mental health care. No recommendations or corrective action is required.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
☒ Yes ☐ No

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) Abuse – Harassment - PREA Compliance, dated January 2020.
- CSI, Sexual Violence Assessment Tool
- CSI, PREA Re-Assessment Screening Tool

Interview with the following:

- Staff Responsible for Risk Screening
- Residents

Provision (a)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 15, F, 1, indicates all residents shall be accessed upon admission to the CSI program. Intake screening shall be conducted immediately upon arrival but no later than 72-hours after arrival.

All residents interviewed recalled being asked questions relative to their concern about sexual abuse and if they felt like they were going to harm themselves. A review of resident records revealed all residents had been asked the questions on the day they arrived.

During the on-site audit, the Auditor discussed processes with screening staff. The staff was able to guide the Auditor through the intake screening process, by explaining the process that each resident is required to participate in during the initial screening and ongoing screening processes. The screening staff member discussed each of the documents and assessments utilized as we proceeded through the processes.

Provision (b)

As stated in (a), according to the listed policies all residents must be screened within 72-hours of arrival.

Provision (c)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 5, 4.5 states risk of Sexual Abuse Victimization or Sexual Abusiveness based on the Sexual Violence Assessment Tool is to be completed within 72 hours of admission. A PREA Reassessment for each resident will take place prior to the 29th day after admission. The re-assessment process shall include a 2nd assessment completed by the case manager, which shall incorporate any additional and relevant information received after the initial assessment. Re-assessment will also occur after a request from the referral source, an incident of sexual abuse or any other information gathered that bears on the client's risk of victimization or abusiveness. Clients have the right to not answer or fully disclose information with questions regarding whether the client has a mental, physical, or developmental disability; the client's sexual orientation including transgender, intersex, or gender non-conforming; whether the client has been a victim of sexual harassment or abuse; and the client's own perception of vulnerability. Clients will not receive any discipline for not answering questions that cover this subject matter.

Staff members who conduct risk screenings utilize the CSI, *Sexual Violence Assessment Tool*. This assessment tool includes sections for Sexual offenses against minors, a Primary Likelihood checklist, a Potential Victim Checklist, a Victim Continuum score table, a Predator Continuum score table. The resident is re-assessed within 30-days after the initial assessment using the CSI PREA Re-Assessment Screening Tool.

The Auditor reviewed copies of the Sexual Violence Assessment Tool and the CSI *PREA Re-Assessment Screening Tool* in the resident records for every resident in the program. All had been completed within the appropriate time frame.

Provision (d)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 15, F, 2, indicates resident screening shall be completed utilizing the PREA intake screening assessment and shall at a minimum consider:

- a. The resident's age, physical build
- b. Any physical, mental, or developmental disabilities
- c. If the resident has been previously incarcerated, or whether the resident has previously experienced sexual victimization
- d. The resident's own perception of vulnerability
- e. If the resident is perceived as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming
- f. Any prior convictions for sex offenses against an adult or child.

The Auditor reviewed the PAQ which indicated in the past 12 months, 100% or 114 residents were screened for the risk of sexual victimization or sexual abusiveness within 72-hours of their entry into the facility.

The Auditor reviewed 29 resident records to ensure they were screened upon arrival. All 29 records had verification that the initial screening had occurred within 72-hours of arrival.

All residents interviewed recalled being asked questions specific to previous Sexual Abuse & Harassment within three days of their arrival at the facility. A review of resident records revealed all residents had been asked the questions on the day they arrived.

As stated in (a), the Auditor was able to specifically question classification staff about the required questions. The classification staff replied that all the PREA related questions are asked during initial intake and ongoing classification screenings.

Provision (e)

The Auditor reviewed the CSI, *Sexual Violence Assessment Tool* and compared the questions with the requirements for Provision (e). All items required for Provision (e) have been included in the screening instrument, which addresses Possible Sexual Predatory Risk Factors.

Provision (f)

The Auditor reviewed the PAQ which indicated that within the past 12 months, 100% or 96 residents have been re-assessed for the risk of victimization or risk of abusiveness of other residents within 30-days of their entry into the facility. All were reassessed within the 30-day time frame.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse –*

Harassment - PREA Compliance, dated January 2020, p. 5, 4.5, specifies risk of sexual abuse victimization or sexual abusiveness based on the *Sexual Violence Assessment Tool* is to be completed within 72 hours of admission. A PREA reassessment for each resident will take place prior to the 29th day after admission. The re-assessment process shall include a 2nd assessment completed by the case manager, which shall incorporate any additional and relevant information received after the initial assessment. Reassessment will also occur after a request from the referral source, an incident of sexual abuse or any other information gathered that bears on the client's risk of victimization or abusiveness. Clients have the right to not answer or fully disclose information with questions regarding whether the client has a mental, physical, or developmental disability; the client's sexual orientation including transgender, intersex, or gender non-conforming; whether the client has been a victim of sexual harassment or abuse; and the client's own perception of vulnerability. Clients will not receive any discipline for not answering questions that cover this subject matter

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p 15, F, 3, states the resident shall be re-assessed no later than 30 days from arrival at the facility. Reassessment shall be noted in the Progress Notes of the resident's file. Residents shall also 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.

All residents interviewed recalled being asked questions relative to this standard. Most indicated they recalled being interviewed within a couple weeks after arrival. A review of the records revealed all 29 residents had been reassessed within thirty (30) days.

Out of the 29 resident records which were reviewed by the auditor, all who had been in the program 30-days had been re-assessed within 30-days. These finished screening documents were completed by different staff, with each instrument being finalized consistent with the standard.

Provision (g)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p 15, F, 3, states in part residents shall also 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.

As stated in (a) the Auditor was able to speak with screening staff who were able to walk the Auditor through the intake screening and classification process. Screening staff indicated they monitor the resident population, and will reassess when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that may have bearing on the resident's risk of victimization or abusiveness.

Provision (h)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p 15, F, 4, indicates residents will not be disciplined for refusing to answer or discuss information requested by the intake form.

Screening staff indicated they do not discipline any resident for their refusal to answer these questions during an assessment, rather each indicated he/she would explain the reason behind the question and attempt to solicit a response. However, no disciplinary action would be taken if the resident chose not to respond.

Provision (i)

As stated in (a), the Auditor interviewed screening staff. The screening staff indicated access to the resident's screening information is secured, with controlled access by administrative staff.

During the interview process the Auditor learned administrative staff and programming staff have access to the screening information collected during intake and screenings. Everyone else is on a need-to-know basis.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard which addresses Screening for Risk of Sexual Victimization and Abusiveness. No recommendations or corrective action is required.

Standard 115.242: Use of screening information

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

115.242 (a)

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

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the

placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.

Interview with the following:

- Agency PREA Coordinator (APC)
- Staff Responsible for Risk Screening

Provision (a):

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 16, G, 1, indicates the facility shall make individual determinations on a case-by-case basis about how to ensure the safety of all residents and shall utilize the screening information to determine housing, work, education, and programming

assignments.

The APC indicated every assessment completed by staff is factored into the placement and programming of each resident. She further stated the resident's risk levels, housing and program assignments are guided with the use of these various assessments ensuring that every resident, especially those at high risk of being sexually victimized, are separated from those at high risk of being sexually abusive.

Following a review of 29 resident records, the Auditor was able to verify that the information from these assessments was being utilized in the various classification decisions made by staff.

Provision (b)

During interviews with staff who are responsible for risk screening, the Auditor was informed that because of the assessment procedures being utilized, each resident is individually evaluated. Staff not only use the assessment procedures which are in place, additional consideration is given to the discussions with each individual resident when making classification and housing decisions.

Provision (c)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 16, G, 1, indicates the facility shall make individual determinations on a case-by-case basis about how to ensure the safety of all residents and shall utilize the screening information to determine housing, work, education, and programming assignments.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 5, 4.6 indicates information from the Sexual Violence Assessment Tool will be used in determining bed, work, education, and program assignments so that clients at risk of sexual victimization are kept separate from clients with high risks to be sexually abusive. These are done on a case-by-case basis. Room and program assignments for transgender or intersexed clients are also completed on a case-by-case basis. Decisions are made after a conversation with the client about their preferences and safety. Room selection is also determined but what rooms are available, but room changes of existing clients may occur

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 16, G, 2, in part says transgender and intersex residents' own views with respect to his or her safety shall be given serious consideration in housing assignments.

During interviews with intake staff that are responsible for risk screening, it was indicated the transgender or intersex residents view of their own safety is taken into serious consideration when determining housing placements and

programming assignments. In addition, the staff who are responsible for risk screening indicated because of the assessments that are utilized, each resident is evaluated individually.

There were no transgender or intersex residents in the CH program at the time of the audit. Therefore, no interviews were conducted.

Provision (d)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 16, G, 2, in part says Transgender and intersex residents' own views with respect to his or her safety shall be given serious consideration in housing assignments.

During interviews with the APC and staff responsible for screening, all specified the transgender or intersex resident's views of their own safety is given great weight when making decisions regarding housing placement or programming assignments. These residents are interviewed further to determine enemies and potential or perceived threats. Housing placement and programming assignments are based on this information.

Provision (e)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 16, G, 2, in part says Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

According to the APC and the staff responsible for risk screening, each indicated the transgender or intersex resident's views of their own safety is given serious consideration when providing showering options. In addition, they clarified, transgender or intersex residents would be able to shower separately from other residents by utilizing alternate shower times.

As previously identified, each of the bathrooms have shower stalls and toilets that are not easily seen by staff. The random staff who were interviewed indicated that if a transgender or intersex resident asked to shower separately, they would arrange a separate shower time from the other residents. Additionally, a transgender or intersex resident would be allowed to go into the bathroom and lock the outside door to ensure no one entered while the resident was showering.

Provision (f)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 16, G, 2, in part says Transgender and intersex residents shall not be placed in a dedicated unit solely based on their identification status.

The interview with the APC indicated that neither CSI or CH are under any consent

decree, legal settlement, or legal judgment requiring the establishment of a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) residents. She indicated all LGBTI residents are housed within the general population.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the CH meets the standard requiring the use of screening information. No recommendation or corrective action is required.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.
- PREA Posters in English and Spanish

Observations during on-site review

Interview with the following:

- Agency PREA Coordinator (APC)
- Random Staff
- Random Residents

Provision (a):

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 16, 7, A, 1, specifies that all residents will be advised of all reporting options available to report sexual abuse, sexual harassment, retaliation, staff neglect, or other violations that may have contributed to an incident through the Resident Handbook issued upon arrival.

Residents may report sexual abuse or sexual harassment verbally or in writing, through a third-

party or anonymously. Residents may file a grievance, call the PREA hotline, contact a staff member or they may tell any staff member and expect the information to be reported immediately and thoroughly investigated as indicated in this policy.

The staff interviewed, all indicated they would accept a report or allegation from a resident and provide it to their supervisor for further direction. They each also verbalized residents can report several different ways which includes telling a staff member, calling the PREA hotline posted throughout the facility, filing a grievance, or telling a family member. Staff interviewed stated residents can privately report sexual abuse or sexual harassment as well through the hotline number.

The residents interviewed, all reported that they were aware of multiple ways to report incidents of sexual abuse or sexual harassment. These included using the hotline number, contacting the program director, have family member contact the facility, contacting a staff member, and writing a grievance. Most indicated they would tell a staff member first.

During the on-site portion of the audit, the Auditor observed numerous different PREA posters in both English and Spanish throughout the facility. These posters were observed in common areas, main hallways, intake holding area, dining room, etc. The Auditor checked numerous resident telephones throughout the facility, and all were in working order and readily available in each housing unit. Likewise, all the resident computers throughout the facility were in working order and readily available to each resident.

Provision (b)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 16, 7, A, 2, specifies residents shall also receive information on how to privately report any such information to public or private agencies while remaining anonymous. At the time of intake and orientation, the resident shall be provided with numbers and addresses for victim advocate services along with toll free rape crisis hot line numbers. As well, the information is posted throughout the program facilities.

The APC was interviewed regarding the process for providing one way for the resident population to report abuse or harassment to a public or private entity. She indicated the residents can use the PREA hotline and leave an anonymous message.

The residents interviewed were all familiar with the telephone number posted throughout the facility that residents could call for free.

During the on-site tour, the hotline numbers 888-999-5545 (English) and 888-568-8332 (Spanish) were tested and were functional. Additionally, CH uses Propio Language Services for interpreter services, which is used when a staff member is not available who is bilingual.

Provision (c)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 16, 7, A, 3, indicates residents shall also be notified that any staff member must accept and promptly document any report made verbally, in writing, anonymously, or from a third party.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 6, 5.5 states staff must notify the Program Director, Duty Officer or PREA Coordinator as soon as possible, but no later than the end of their scheduled shift, when an allegation has been made. An Incident Report must also be submitted by the end of their scheduled shift. Staff can make this report privately. Care must be taken so that unauthorized people are not privy to the information. Generally, entries are not made in the Program Log unless specifically directed by the Program Director. Should the report of abuse be against the Program Director, staff will report the incident to the Area Director or PREA Coordinator. The PREA coordinator will get copies of all associated documentation including but not limited to, the initial incident report.

Of residents interviewed regarding this provision, 100% indicated they were aware they can make reports of sexual abuse or sexual harassment in person, in writing and verbally.

Provision (d)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 16, 7, B, 1, states staff members shall be provided a method to privately report sexual abuse or sexual harassment of residents. Methods of reporting shall include in-person, phone, mail, email, fax, or any means by which the staff person feels comfortably in reporting to supervisory level staff, the PREA Coordinator. Staff are expected to report any knowledge or suspicion of abuse or misconduct. The methods of reporting are expected to vary based on the situation and the individual involved. Should there be any question as to the most appropriate method, the PREA Coordinator or Supervisor should be contacted.

Through interviews with staff, several methods for staff to privately report sexual abuse of residents were identified. All staff indicated they may choose to make a private report to their direct supervisor, call the PREA hotline, or call the Agency PREA Coordinator.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined CH meets the standard relative to resident reporting. No recommendation or corrective action is required.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) Abuse – *Harassment - PREA Compliance*, dated January 2020.
- CSI Policy, AWR 20-28, *Grievance Procedures*, 6.0, Grievances Regarding Sexual Abuse, dated January 2018.

Observations during on-site review

Interview with the following:

- Agency PREA Coordinator (APC)
- Random Staff
- Residents

Provision (a):

The PAQ reflects, CH had zero grievances for sexual abuse or sexual harassment in the past 12-months.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) Abuse – *Harassment - PREA Compliance*, dated January 2020, p. 16, C, 1, states PREA related issues are subject to the grievance procedure.

Provision (b)

CSI Policy, AWR 20-28, *Grievance Procedures*, 6.0, Grievances Regarding Sexual Abuse, dated January 2018, p. 3, 6.1, confirms standard grievance timeframes of 5 days do not apply to complaints of sexual abuse. Sex abuse claims can be reported at any time regardless of when the event is alleged to have occurred. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. As well, the grievance will not be referred to the staff member who is the subject of the complaint.

CSI Policy, AWR 20-28, *Grievance Procedures*, 6.0, Grievances Regarding Sexual Abuse, dated January 2018, p. 3, 6.2, indicates CSI shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse.

Provision (c)

CSI Policy, AWR 20-28, *Grievance Procedures*, 6.0, Grievances Regarding Sexual Abuse, dated January 2018, p. 3, 6.1, indicates a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. As well, the grievance will not be referred to the staff member who is the subject of the complaint.

During the facility tour, the Auditor observed the grievance box in plain view and easily accessible to the residents of the facility. The grievance box is checked once a shift by a staff member to ensure grievances are addressed in a timely fashion.

Provision (d)

CSI Policy, AWR 20-28, *Grievance Procedures*, 6.0, Grievances Regarding Sexual Abuse, dated January 2018, p. 3, 6.3, states the PREA Coordinator will coordinate the investigation into the client's grievance regarding sexual abuse. This may mean contacting the authorities to engage in a criminal investigation. The Human Resources Manager and other pertinent CSI administrative staff will further explore from an administrative point the client's grievance. A final decision on such cases must be issued within 90 days of such filing. Computation of the 90-day period shall not include time consumed by residents preparing any administrative appeal. The agency may claim an extension of up to 70 days if the normal timeframe is insufficient to make an appropriate decision. The agency must notify the resident in writing of any extension and provide a date by which the decision will be made.

Provision (e)

CSI Policy, AWR 20-28, *Grievance Procedures*, 6.0, Grievances Regarding Sexual Abuse, dated January 2018, p. 3, 6.4, states third parties (i.e., attorneys, family members, etc.) shall be permitted to assist or file such requests on behalf of a resident.

If the resident declines to have the request processed on his/her behalf, the agency shall document the resident's decision. In an effort, to assist third parties in their ability to report on behalf of a resident, CSI reporting contact information and available means of reporting shall be posted on its website. Persons interested in reporting acts of sexual abuse and/or harassment may do so via phone, fax, mail, or email.

Provision (f)

CSI Policy, AWR 20-28, *Grievance Procedures*, 6.0, Grievances Regarding Sexual Abuse, dated January 2018, p. 3, 6.5, indicates an emergency grievance can be filed alleging a client is in substantial risk of imminent sexual abuse. These grievances require an initial response to occur within 48 hours and a final agency decision with 5 days. The initial response and final decision shall document CSI's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Provision (g)

CSI Policy, AWR 20-28, *Grievance Procedures*, 6.0, Grievances Regarding Sexual Abuse, dated January 2018, p. 3, 6.6, indicates CSI may discipline a client for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the client filed the grievance in bad faith.

There were no grievances alleging sexual abuse, sexual harassment or that a resident was at substantial risk of sexual abuse during the past 12-months. This was confirmed through the interview process with administrative staff and the reviewed Pre-Audit Questionnaire. In their interviews, residents stated the grievance process as one way they could report. When asked, none of the interviewed residents had ever filed a grievance related to PREA.

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding exhaustion of administrative remedies. No recommendations or corrective action is required.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) Abuse – Harassment - PREA Compliance, dated January 2020.
- CSI, *Client Handbook, Adult Work Release*, dated December 2020
- MOU with The Connecticut Alliance to End Sexual Violence, 96 Pitkins Street, East Hartford, CT 06108

- PREA Posters

Observations during on-site review

Interviews with the following:

- Residents

Provision (a)

On the PAQ the facility reported it provides residents with access to outside victim advocates for emotional support services related to sexual abuse by:

- Giving residents mailing addresses and telephone numbers (including toll-freenumbers) for local, state, or national victim advocate or rape crisis organizations
- Enable reasonable communication between residents and these organizations in as confidential a manner as possible.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 16, 7, D, 1, states residents are provided contact information to outside victim advocates and support services when requested. CSI has access to Connecticut Alliance to End Sexual Violence through an MOU with the CTDOC. Any resident may call the CT Alliance to End Sexual Violence at any time.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 16, 7, D, 2, states resident phone calls are not monitored or recorded. All calls are confidential.

CSI has a MOU with The Connecticut Alliance to End Sexual Violence, 96 Pitkins Street, East Hartford, CT 06108; 860-282-9881 to provide the residents with access to outside support services related to sexual abuse. The hotline numbers, which the Auditor verified, are:

- Hotline – 888-999-5545 – English
- Hotline – 888-568-8332 – Spanish

The Auditor conducted a telephone interview with the SAFE/SANE personnel at Saint Francis Hospital, 1145 Woodland Street, Hartford, CT 06105; 860-714-4000 and was informed a victim advocate is made available to be present with the victim before, during and following the examination. Additionally, the advocate is available to conduct follow-up contacts with the victim to ensure aftercare is arranged and firmly in place.

During the tour of the facility, the Auditor observed posters throughout the facility. The posters regularly stated, “You have a right to be free from sexual assault” or “zero-

tolerance for sexual abuse or assault". The posters had a victim support telephone number to call. Postings around the facility, the Client Handbook, the PREA materials dispersed upon arrival, let residents know the ability to notify the APC, or other staff member, the PREA hotline, etc., of any incident of sexual abuse or harassment.

Provision (b)

On the PAQ, CH reported it tells residents the extent to which communications will be monitored and the limits of confidentiality due to mandatory reporting laws.

Provision (c)

CSI has an agreement with The Connecticut Alliance to End Sexual Violence, 96 Pitkins Street, East Hartford, CT 06108; 860-282-9881 to provide the residents with access to outside support services related to sexual abuse. The Auditor was provided a copy of the agreement to review.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding resident access to outside confidential support services. No recommendations or corrective action is required.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.
- CSI webpage link - <https://www.csi-online.org/prea/>

Provision (a)

On the PAQ, the facility reported there is access to third-party reporting through their agency website.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 16, 7, E, 1, states any third-party reports of sexual abuse may be made via telephone, fax, email or in person. The facility email address, telephone and facsimile numbers are available on CSI's website.

<https://www.csi-online.org/prea/>

This link allows for the initiation of a third-party request. On this page it says “anyone interested in reporting an instance of sexual abuse and/or harassment by a CSI staff person, volunteer, intern, contractor, or program participant may do so without fear of reprisal or retaliation. To contact the CSI PREA Coordinator or report a case of sexual abuse or sexual harassment, please send email to PREA@csimail.org, call (860)-986-1639, fax to the attention of the PREA Coordinator at 860-683-7199, or send a notice to CSI, PREA Coordinator, 340 West Newberry Road, Suite B, Bloomfield, CT 06002.”

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding third-party reporting. No recommendations or corrective action is required.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.261 (b)

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

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.

Interviews with the following:

- Agency PREA Coordinator (APC)
- Facility Head – Program Director (PD)
- Staff

Provision (a)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 16, 8, A, 1, states all staff are required to report any instance of alleged or actual sexual abuse or sexual harassment, retaliation, or staff neglect to their Program Director, next level supervisor or the PREA Coordinator immediately.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 6, 5.5, states staff must notify the Program Director, Duty Officer or PREA Coordinator as soon as possible, but no later than the end of their scheduled shift of any allegations made. An Incident Report must also be submitted by the end of their scheduled shift. Staff can make this report privately. Care must be taken so that unauthorized people are not privy to the information. Generally, entries are not made in the Program Log

unless specifically directed by the Program Director. Should the report of abuse be against the Program Director, staff will report the incident to the Area Director or PREA Coordinator. The PREA coordinator will get copies of all associated documentation including but not limited to, the initial incident report.

During interviews with staff, 100% were aware of this requirement and were able to explain how they would immediately report an allegation of sexual abuse in a manner compliant with policy. Moreover, each verbalized information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, etc. All staff indicated PREA related allegations and reports go to their supervisor, the duty officer, or the PD, who then notifies the APC.

Provision (b)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 16, 8, A, 1, states staff members shall not reveal any information related to the report to anyone other than the extent necessary.

During interviews with staff, 100% were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each articulated information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, duty officer, etc.

Provision (c)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, addresses the responsibility to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

During interviews with staff, 100% each verbalized their understanding of the policy as well as their rights and responsibilities. They all articulated they understood the obligation of a practitioner to advise the victim (resident) of the limitations of confidentiality, due to the mandatory reporting law, prior to the initiation of services.

Provision (d)

During the interview process, the APC confirmed that if the alleged victim is considered a vulnerable adult under State or local vulnerable persons statute, CSI will report the allegation to the designated State or local services agency under the applicable mandatory reporting law.

Interviews with the APC and PD revealed they were aware of this requirement and would report any abuse allegations to the appropriate agency, as required by law, as well as the agency investigators.

Provision (e)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 17, 8, A, 2, states the PREA coordinator or designee will ensure appropriate law enforcement is contacted on all criminal matters for investigation.

In interviews with the APC and PD each confirmed allegations of sexual abuse and sexual harassment are reported to the PD, or duty officer, who in turn report it to the APC. If it is an allegation that can be handled administratively, the APC investigates the allegation. If it is deemed to be potentially criminal in nature, the APC will turn the investigation over to Connecticut State Police for investigation.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding staff and agency reporting duties. No recommendations or corrective action is required.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.

Interviews with the following:

- Agency PREA Coordinator (APC)
- Facility Head – Program Director (PD)
- Staff

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 17, 8, B, 1, states upon receiving any information that a resident is subject to or at risk of sexual abuse the Program Director, PREA Coordinator and COO will be notified, and appropriate action will be taken to protect the resident.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 6, 4.7 states should the assessment / planning process or at any other circumstances indicate that a resident is subject to substantial risk of imminent sexual abuse, immediate action shall be taken. The first step would be to separate the residents in question, keeping them from interacting. Supervision would need to be increased. And the referral source would need to be immediately contacted to discuss the transfer of one or both clients.

During the interview process, the APC indicated if she received such information, she would contact the facility where the resident was housed and if necessary, the resident would be moved to a safer part of the facility until the investigation was completed. If the perpetrator were identified, the perpetrator would be placed in a different part of the facility than the victim pending completion of the investigation.

The PD was interviewed and stated he would take immediate action to protect the victim (resident). The victim might be moved to another area of the facility or to another facility all together, depending on what was needed to protect the victim. The perpetrator if known, would be separated from the victim.

During staff interviews, all staff reported if they received an allegation from a resident, they would immediately separate the victim and the perpetrator, keep the victim safe, contact their supervisor, and preserve evidence.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding agency protection duties. No recommendations or corrective action is required.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) Abuse – Harassment - PREA Compliance, dated January 2020.

Interviews with the following:

- Agency PREA Coordinator (APC)
- Facility Head – Program Director (PD)

Provision (a)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 17, 8, C, 1, states upon receiving information or allegation that a resident was sexually abused while confined at another facility, the Program Director shall notify the CTDOC Parole, the FBOP (if applicable) and the facility head of the facility from which the resident arrived and, if a Community Confinement facility, the head of that facility will be notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting such notification.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 4, 3.13, indicates if a client reports that sexual harassment or assault has occurred while confined in another facility, the CSI Program Director will notify the PREA Coordinator and the PREA Coordinator will then notify the head of the other facility or the appropriate office within 72 hours of the initial report. Ensure that all claims received from other facilities and from clients who alleged sexual abuse or sexual harassment occurred in a CSI facility are investigated according to PREA standards

Provision (b)

This is addressed in Provision (a)

Provision (c)

This is addressed in Provision (a)

Provision (d)

During the interview process the APC and the PD confirmed any notification received regarding a PREA incident, whether it be sexual abuse or sexual harassment or sexual misconduct that occurred within any facility will be investigated.

The PD and the APC both indicated once an allegation of sexual abuse or sexual harassment is received from another agency, it is immediately investigated. If the investigation is administrative, it is handled by the APC. If at any point the investigation deems the allegation might be criminal in nature it is turned over the Connecticut State Police for investigation

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding reporting to other confinement agencies. No recommendations or corrective action is required.

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.
- CH, *Sexual Abuse Incident Coordinated Response Plan*, revised 10/2014,

Interviews with the following:

- Facility Head – Program Director (PD)
- First Responders

Provision (a)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p.7, 6.1, explains that upon learning of an allegation that a resident was physically or sexually abused, the first staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser.
- Secure any crime scene until steps can be taken to collect any evidence.
- If the abuse occurred within a time period that still allows for the collection of physical evidence, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- If the first responder is not a security staff member, such as a volunteer or intern (contractors would always be escorted by a staff), the responder would as well be required to request that the alleged victim not take any actions that could destroy physical evidence then notify security staff.
- Program Director / Duty Officer is notified.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 7, 7.1, states upon receiving a complaint, staff must attempt to determine if there is the possibility that physical evidence of the act may remain (PREA 115.264). If the victim reports that the act has just occurred or it occurred in the very recent past (generally within the last 96 hours), staff should follow the First Responder Duties as indicated above.

On the PAQ, CH indicated they had zero grievances for alleged sexual abuse and harassment in the past 12-months.

CH received zero incident reports for allegations of sexual abuse and harassment in the past

12-months.

The PD indicated staff have been trained in the PREA process, and frequent training is conducted to ensure competency and compliance.

The CH, *Sexual Abuse Incident Coordinated Response Plan*, outlines in detail the responsibilities of each staff member when an allegation of sexual abuse or sexual harassment is made. It outlines the responsibilities of First Responders as:

- Separate the alleged victim from the suspected perpetrator.
- Escort the victim to a safe location
- Immediately contact the Program Director or Duty Officer.
- Request that the alleged victim and the suspected perpetrator not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.

During staff interviews, all staff, were able to articulate to the Auditor how to respond to a PREA incident. All staff were aware of the mandate to separate the perpetrator from the victim, preserve physical evidence, as well as the area the incident occurred, seek medical aid, as needed, and report the incident.

During interviews with first responders, all stated they were trained in the PREA process through annual in-service training, on-the-job training, and staff meetings. Each verbalized the PD frequently reminds them of PREA policies and speaks with them regarding the importance of PREA and safety from sexual abuse or harassment.

Provision (b)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 17, 8, D, 1 and 2, indicates: 1. upon learning of an allegation that an resident was sexually abused, the first responding staff member shall separate the alleged victim and abuser ensuring that neither showers, bathes, eats, drinks, uses the toilet, or changes clothes if the abuse occurred within a time period that still allows for the collection of physical evidence. 2. The staff member will also secure the crime scene to preserve any physical evidence available and make appropriate notifications.

Non-custody staff who were interviewed, all stated they would notify custody staff, their supervisor, the PD, or the duty officer, separate the victim and the perpetrator, direct the victim and the perpetrator not to do anything to destroy evidence and keep the scene secure until custody staff arrived. They all verbalized the importance of, as well as their understanding of the need for confidentiality in all cases.

The Auditor's review of the PREA training curriculum that all staff received, confirmed it identifies whoever received the information first, as a first responder. As a first responder these individuals are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the alleged perpetrator, remove all uninvolved parties, relay any observations to their supervisor, PD, or duty officer.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding staff first responder duties. No recommendations or corrective action is required.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyne House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) Abuse – Harassment - PREA Compliance, dated January 2020.
- CH, Sexual Abuse Incident Coordinated Response Plan

Interviews with the following:

- Facility Head – Program Director (PD)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 8, E, explains that coordinated response plans are available for each CSI Residential Work Release / Reentry Center

During the interview process the PD confirmed the CH *Sexual Abuse Incident Coordinated Response Plan* breaks down what the various responsibilities are for the respective staff members and positions. Training is provided routinely through annual in-service training, monthly staff meetings and on-the-job training. He further verbalized the staff have access to the CH *Sexual Abuse Incident Coordinated Response Plan*, which gives step-by-step instructions for first responders, as well as other staff, and states exactly the responsibilities of each staff member through every step of the process. The form has a place to enter the date and time when the objective or responsibility was completed and a place for comments.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH exceeds the standard regarding coordinated response. The coordinated response at CH is well thought out and expertly implemented. No recommendations or corrective action is required.

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.

Interviews with the following:

- Facility Head – Program Director (PD)

Provision (a)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 17, 8, E, 2, explains that CSI shall not enter or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Provision (b)

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding preservation of ability to protect residents from contact with abusers. No recommendations or corrective action is required.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

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

115.267 (b)

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

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) Abuse – Harassment - PREA Compliance, dated January 2020.

Interviews with the following:

- Agency PREA Coordinator (APC)
- Facility Head – Program Director (PD)

Provision (a)

According to the PAQ, the APC has been identified as the individual who is primarily responsible

for monitoring possible retaliation.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 17, 8, E, 3, 1 – 5, explains:

- 1) It is CSI's policy that all residents or staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation will be protected from retaliation by other residents or staff.
- 2) The PREA Coordinator shall monitor the conduct and treatment of any resident or staff member who reported the abuse to see if there are changes that may suggest possible retaliation. Monitoring shall be conducted for at least 90 days but shall be extended beyond 90 days if there is a continuing need.
- 3) The PREA Coordinator shall conduct periodic status checks and take any necessary protective measures to ensure resident and staff safety.
- 4) If the original allegation is unfounded, the facility is no longer under obligation to monitor.
- 5) It is the duty of all staff to report to a next level supervisor or PREA Coordinator any knowledge or suspicion of retaliation towards a victim or a person who may have reported sexual abuse or harassment.

Provision (b)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 17, 8, E, 3, 2, says in part, the PREA Coordinator shall monitor the conduct and treatment of any resident or staff member who reported the abuse to see if there are changes that may suggest possible retaliation.

During the interview process the PD, it was revealed there are multiple measures used to protect residents and staff from retaliation. These measures include considering and monitoring if the resident is being given changes in housing assignments, work assignments or an increase in disciplinary reports. The monitoring of staff includes watching for negative performance reviews or work reassignments.

Provision (c)

According to the PAQ, the APC generally monitors for retaliation for a period of 90-days, unless further monitoring is needed. The PAQ also indicated, CH did not have any instances of retaliation in the past 12-months.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 17, 8, E, 3, 2, indicates the PREA Coordinator shall monitor the conduct and treatment of any resident or staff member who reported the abuse to see if there are changes that may suggest possible retaliation. Monitoring shall be conducted for at least 90 days but shall be extended beyond 90 days if there is a continuing need.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 4, 3.5, states the PREA Coordinator will monitor defendant/offender screening procedures and investigations, each investigation will be assigned a case number to initiate the data collection process, according to the PREA standards; including, but not limited to ensuring staff and clients are free from retaliation for reports of sexual harassment/abuse. If an individual who cooperates with the investigation expresses fear of retaliation the PREA Coordinator shall take appropriate measures to protect against retaliation. Monitoring will occur for 90 days post claim. Monitoring will terminate if the allegation is deemed to be unfounded. Monitoring will include:

- Recent discipline reports.
- Housing changes.
- Periodic status checks.
- Program changes, negative case notes or progress reports.
- Staff reassignments.
- Negative performance reviews.

Provision (d)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 17, 8, E, 3, 3, indicates the PREA Coordinator shall conduct periodic status checks and take any necessary protective measures to ensure resident and staff safety.

During the interview process with the APC, the Auditor was told that retaliation is not tolerated at CH. The PD emphasizes to staff and residents that they are free to speak about PREA issues without fear of retaliation. He stressed if retaliation does occur, there would be prompt action taken against those responsible for the retaliation.

Provision (e)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 17, 8, E, 3, 5, indicates it is the duty of all staff to report to a next level supervisor or PREA Coordinator any knowledge or suspicion of retaliation towards a victim or a person who may have reported sexual abuse or harassment

Provision (f)

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding agency protection against retaliation. No recommendations or corrective action is required.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

115.271 (b)

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

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

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

115.271 (e)

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

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

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.

Interviews with the following:

- Agency PREA Coordinator (APC)
- Investigative Staff

Provision (a)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 18, 9, A, 1 – 4, states:

1. The PREA Coordinator or designee shall investigate promptly, thoroughly, and objectively all allegations of sexual abuse or sexual harassment including those from a third party.
2. Any allegation determined to be criminal in nature shall be immediately reported to law enforcement for investigation. If law enforcement determines there is no criminal activity, the facility will conduct its own administrative investigation into the incident.
3. An administrative investigation shall be documented listing all findings including a determination whether staff actions or failures to act contributed to the incident.
4. A criminal investigation shall be conducted by law enforcement officials. Facility staff shall cooperate with and assist with any request made by law enforcement. The PREA Coordinator shall endeavor to remain informed about the progress of the investigation.

At the time of the audit, CH had one in-house investigator. The Auditor reviewed documentation confirming the investigator completed specialized investigative training. The APC completes all administrative investigations. If the evidence suggests a crime has been committed, the APC will notify Connecticut State Police. The APC continues to work with the investigating agency to ensure an open and fluid investigation. All substantiated criminal cases are referred for prosecution.

During the interview with the investigative staff, she indicated investigations begin immediately following notification of the incident. She reported the same protocols are used regardless of how the incident is reported, whether it is in person, telephonically, third party, by mail or anonymously.

In the past 12-months there have been zero allegations of sexual abuse and sexual harassment. Therefore, no documentation was reviewed.

Provision (b)

CSI investigators receive additional training including interviewing techniques for sexual abuse victims, conducting sexual abuse investigations in a confinement setting, investigation and evidence collection for resident sexual offenses, sexual harassment, and custodial sexual misconduct. This training is documented and was verified by the Auditor through employee signature on the training sheet.

During the interview with investigative staff, it was confirmed she had attended these training sessions. The Auditor reviewed the investigators training records and verified her attendance and participation in all mandated training.

Provision (c)

During the interview, the investigative staff indicated that in administrative cases she will gather and preserve direct and circumstantial evidence, including available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

She stated all her investigations follow practically the same investigative format. She stated it varies slightly if it is an alleged Sexual Harassment rather than an alleged Sexual Assault or Sexual Abuse. If it is an alleged Sexual Assault or Sexual Abuse incident, she will go to the hospital or dedicated SAFE/SANE location where the victim is being seen.

Except in the cases where the SAFE/SANE team collects the evidence, the investigator indicated she collects and secures all evidence. She was trained in evidence collection through the Connecticut State Police investigator training. The Auditor reviewed training records, which confirmed this training.

Provision (d)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 7, 7.2, indicates where there is a belief that a criminal act may have taken place, the Program Director/Duty Officer directs the notification of law enforcement for criminal investigation (PREA 115.271). The PREA Coordinator will be the point of contact with the investigating agency.

During interviews, the investigative staff reported when it appears a crime may have been committed; all questions immediately stop. The perpetrator is immediately read his Miranda rights and the case, including all evidence, is turned over to the Connecticut State Police. At this point, the CSI investigative staff will only conduct compelled interviews after consultation with the Connecticut State Police or the prosecutors, and a definite determination is made such interviews will not be an obstacle for subsequent criminal prosecution.

Provision (e)

The investigative staff reported credibility of anyone involved in the investigation is determined through the investigative process. She stated everyone is treated as credible and truthful unless the investigation proves otherwise. She confirmed a polygraph is not used in the investigative process of PREA cases.

Provision (f)

During the interview, the investigative staff reported in administrative investigations she follows the evidence as the investigation unfolds. In following the evidence, she attempts to determine if staff actions or failure to act contributed to the allegation. She summarizes all findings in her report. Lastly, she stated that she documents, in a written report, a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.

As previously stated, during the past 12-months there have been zero allegations of sexual abuse or sexual harassment.

Provision (g)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 7, 7.2 states where there is a belief that a criminal act may have taken place, the Program Director/Duty Officer directs the notification of law enforcement for criminal investigation. The PREA Coordinator will be the point of contact with the investigating agency.

When asked about handling criminal investigation, the investigative staff reported she thoroughly documents all steps of the process, including investigative steps, interviews, facts, and findings, up until the point she determines or suspects a criminal act occurred. At that point everything is handed over to the Connecticut State Police to complete the investigation.

During the interview process, the APC confirmed criminal investigations are documented in a written report that contains thorough description of physical, testimonial and documentary

evidence with copies of all documentary evidence attached where feasible.

According to the PAQ, in the past 12-months there have been zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution.

Provision (h)

Per the PAQ, in the past 12-months there have been zero criminal cases referred for prosecution.

During the interview, investigative staff said when the evidence points to a crime being committed, the case is referred to the Connecticut State Police for investigation. If the investigation uncovers evidence that a crime has been committed the case is forwarded to the District Attorney's Office for review for prosecution.

Provision (i)

During the interview process, the APC stated that CSI retains all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Provision (j)

During the interview, the investigator confirmed that if a principle (victim or abuser) is released or terminated from the agency, it in no way alters the investigation. The investigation continues to its natural end regardless of the employment or residence of the individuals involved.

Provision (k)

Auditor is not required to audit this provision.

Provision (l)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 18, 9, A, 4, states a criminal investigation shall be conducted by law enforcement officials. Facility staff shall cooperate with and assist with any request made by law enforcement. The PREA Coordinator shall endeavor to remain informed about the progress of the investigation.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the CH meets the standard regarding criminal and administrative agency investigations. No recommendation or corrective action is required.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.

Interviews with the following:

- Investigative Staff

Provision (a)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 18, 9, B, 1, indicates the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual assault are substantiated.

During the interview process, investigative staff, confirmed all available evidence is reviewed and considered.

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the

CH meets the standard regarding evidentiary standard for administrative investigations. No recommendations or corrective action is required.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility?

☒ Yes ☐ No

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?

☒ Yes ☐ No

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) Abuse – Harassment - PREA Compliance, dated January 2020.

Interview with the following:

- Agency PREA Coordinator (APC)
- Facility Head – Program Director (PD)
- Investigative Staff

Provision (a)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 18, 9, c, 1, states it is the policy of CSI that residents shall be informed of the outcome of an investigation whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. Furthermore, any action taken against a staff member or any knowledge about convictions or criminal charges against a resident abuser shall be reported to the resident victim. All victim notifications will be documented in an incident report.

During the interview process with investigative staff, the Auditor was instructed the final step of the investigation process, takes place after all findings have been determined. At the conclusion of any PREA investigation the victim and the perpetrator are given written notification of the findings of investigation. The PD was asked a similar question and he echoed the response of the investigative staff.

In the past 12-months there have been zero allegations of sexual abuse and sexual harassment.

Provision (b)

According to the PAQ, during the past 12-months there have been zero criminal investigations by outside agencies.

During the interview process with investigative staff, the Auditor was instructed if CSI does not conduct the investigation, it obtains all relevant information from the Connecticut State Police to be able to inform the resident of the investigative findings. At the conclusion of any PREA investigation the victim and the perpetrator are given written notification of the findings of investigation.

Provision (c)

During the interview process with the APC, she confirmed following a resident's allegation that a staff member has committed sexual abuse against the resident, CSI informs the resident (unless the allegations are deemed unfounded, when:

1. The employee/staff is no longer posted within the resident's unit
2. The employee/staff is no longer employed at the facility
3. The employee/staff has been indicted on a charge related to the sexual abuse within the facility
4. The employee/staff has been convicted on a charge related to the sexual abuse within the facility

All notifications are documented in writing

Provision (d)

During the interview process with the APC, she confirmed following a resident's allegation that he has been sexually abused by another resident, CSI will inform the victim whenever:

1. The agency learns that the alleged abuser has been indicted 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.

All notifications are documented in writing.

Provision (e)

During the interview process with the APC, she confirmed all notifications or attempted notification are documented in writing.

During the past 12-months there has been one cases. The resident was not notified of the “unfounded” findings because he released from the program prior to the investigation being complete.

Provision (f)

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding reporting to residents. No recommendations or corrective action is required.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.

Interviews with the following:

- Agency PREA Coordinator (APC)

Provision (a)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 18, 10, A, 1-3, indicates the following regarding discipline sanctions on staff:

- 1) Any staff member found in violation of sexual assault will be terminated immediately.

- 2) Any staff member found to be in violation of sexual harassment shall be subject to disciplinary sanctions up to and including termination.
- 3) Any staff member found to be guilty of sexual assault will be reported to law enforcement regardless if the staff member resigns.

During the interview process the APC confirmed all staff are subject to disciplinary sanctions up to and including termination for violating CSI sexual abuse or sexual harassment policies.

Provision (b)

See provision (a) policy details.

During the interview process the APC confirmed termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Provision (c)

See provision (a) policy details.

During the interview process, the APC confirmed disciplinary sanctions for violations of CSI policies relating to sexual abuse and sexual harassment (other than engaging in sexual abuse) is commensurate with the nature and circumstances of the act committed, the staff members disciplinary history and the sanctions imposed for comparable offense by other staff with similar histories.

Provision (d)

See provision (a) policy details.

During the interview process, the APC confirmed all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, (unless the activity was clearly not criminal. It is also reported to any relevant licensing body.

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding disciplinary sanctions for staff. No recommendations or corrective action is required.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) Abuse – Harassment - PREA Compliance, dated January 2020.

Interviews with the following:

- Agency PREA Coordinator (APC)

Provision (a)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 18, 10, B, 1, indicates the following regarding corrective action for contractors and volunteers.

- Any contractor or volunteer who engages in sexual assault, sexual abuse, or sexual harassment shall be prohibited from contact with residents and local law enforcement will be contacted unless the activity is determined to be non-criminal. CSI shall discontinue the services of Contractors, Volunteers or Interns who have engaged in sexual abuse and/or harassment.

According to the PAQ, there were zero PREA investigations involving contractors or volunteers in the past 12-months.

Provision (b)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 18, 10, B, 2, indicates the following regarding corrective action for contractors and volunteers.

- Appropriate remedial measures up to and including termination of services will be taken on violations of sexual abuse or sexual harassment by contractors or volunteer on non-criminal incidents.

During the interview process, the APC verified the policy of CSI regarding corrective actions for contractors and volunteers.

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding corrective action for contractors and volunteers. No recommendations or corrective action is required.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.
- CSI, Adult Work Release (AWR) Client Handbook, dated December 2020

Interviews with the following:

- Agency PREA Coordinator (APC)

Provision (a)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 18, 10, C, 1, indicates the following regarding disciplinary sanctions for residents.

- Residents will be subject to disciplinary sanctions or remanded back to the CTDOC or FBOP following an administrative finding that the resident engaged in sexual assault, sexual abuse, or sexual harassment of another resident. Any resident criminally charged will be remanded.

According to the PAQ, there were zero PREA administrative or criminal investigations in the past 12-months.

During the interview process, the APC confirmed all residents are subject to disciplinary sanctions following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

Provision (b)

CSI, Adult Work Release (AWR), *Client Handbook*, dated December 2020, p. 22, indicates residents engaging in sexual abuse or harassment are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Sanctions shall be commensurate with the nature and circumstances of the abuse committed.

During the interview process, the APC confirmed all residents' disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's

disciplinary history, and the sanctions imposed for comparable offense by other residents with similar histories.

Provision (c)

During the interview process, the APC confirmed a resident's mental disability or mental illness, if any, is considered to establish if it is a contributing factor when determining what type of sanction should be imposed.

Provision (d)

During the interview process, the APC confirmed a resident will be referred for counseling, therapy, or other intervention if it is deemed the resident could benefit from such a referral as it relates to sexual abuse.

Provision (e)

CSI, Adult Work Release (AWR), *Client Handbook*, dated December 2020, p. 21, states it is the policy of CSI programs that residents shall not engage in sexual acts with any other residents or staff.

During the interview process, the APC confirmed a resident is only disciplined for sexual contact with staff if the staff member did not consent to sexual contact.

Provision (f)

During the interview process, the APC confirmed for the purpose of disciplinary action, a report of sexual abuse will be considered made in good faith, based upon a reasonable belief that the alleged conduct occurred, even if the investigation does not establish enough evidence to substantiate the allegation.

Provision (g)

CSI, Adult Work Release (AWR), *Client Handbook*, dated December 2020, p. 21 states it is the policy of CSI programs that residents shall not engage in sexual acts with any other residents or staff.

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding disciplinary sanctions for residents. No recommendations or corrective action is required.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.

Interviews with the following:

- Agency PREA Coordinator (APC)

Provision (a)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 18, 11, A, 1, indicates the following regarding resident access to medical or mental health care.

- Victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

During the interview process, the APC verified the nature and scope of emergency medical treatment and crisis intervention services are determined by medical and mental health practitioners according to their professional judgment.

Provision (b)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 19, 11, A, 2, indicates the following regarding medical or mental health care.

- CSI does not employ medical or mental health staff. Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/SANE qualified staff.

During the interview process, the APC confirmed that staff first responders take preliminary steps to protect the victim and immediately notify the PD or duty officer, who immediately notifies the appropriate medical and mental health practitioners.

Provision (c)

During the interview process, the APC verified resident victims of sexual abuse are offered timely

access to emergency contraception (female) and sexually transmitted infections prophylaxis (male and female).

Provision (d)

This is addressed in Provision (a).

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding access to emergency medical and mental health services. No recommendations or corrective action is required.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-

related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) Abuse – Harassment - PREA Compliance, dated January 2020.

Interview with the following:

- Agency PREA Coordinator (APC)
- Facility Head – Program Director (PD)

Provision (a)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 19, 11, B, 1-2, states the following regarding ongoing medical and mental health care for sexual abuse victims and abusers.

- 1) Continued medical and mental health treatment for victims and abusers will be provided by CTDOC or local medical facilities as deemed appropriate at no cost to the resident(s).
- 2) CTDOC policy states it will conduct a mental health evaluation within 60 days on all known resident-on-resident abusers.

During the interview process, the PD confirmed CH offers medical and mental health evaluations and treatment to all residents who have been victimized by sexual abuse in a correctional setting.

Provision (b)

During the interview process, with PD explained that treatment plans, follow-up treatment, and referrals for continued care are made as appropriate for each individual resident.

Provision (c)

During the interview process with PD confirmed all medical and mental health services are carried out in the community and therefore are consistent with the community level of care.

Provision (d)

CH is an all-male facility.

Provision (e)

CH is an all-male facility

Provision (f)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 19, 11, A, 2, indicates the following regarding sexually transmitted infection testing.

- Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/SANE qualified staff.

Provision (g)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 18, 11, A, 1, indicates the following regarding resident access to medical or mental health care.

- Victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Provision (h)

This is addressed in Provision (a).

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No recommendations or corrective action is required.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

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

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) Abuse – Harassment - PREA Compliance, dated January 2020.

Interview with the following:

- Agency PREA Coordinator (APC)
- Facility Head – Program Director (PD)
- Incident Review Team (IRT)

Provision (a)

The PAQ reflects in the past 12-months there have been zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 19, 12, A, 1, states the following regarding sexual abuse incident reviews:

- The PREA Coordinator in consultation with the Incident Review Team, which includes the CEO, COO, HR Manager, PREA Coordinator, Area Director and other pertinent individuals will conduct an incident review within 30 days of the conclusion of all sexual abuse investigations including allegations that are found to be unsubstantiated.

During the interview process the PD confirmed in the past 12-months there has been zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility.

Provision (b)

The PAQ reflects in the past 12-months there have been zero criminal and/or administrative sexual abuse incident reviews completed at the facility.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, 4, 3.7 and 3.8, states The PREA coordinator will work with staff to analyze sexual abuse data and make recommendations for improvements. Analysis will include a review of critical incidents within 30 days of the conclusion of any critical incident. The team, which will include upper-level management officials, should note any facility group dynamics that may have contributed to such incident. Recommendations for subsequent policy change should be made when appropriate, with the input of Human Resources and the Program Director. An examination of areas in the facility where sexual abuse has occurred or may be likely to occur.

As stated in Provision (a) the sexual abuse incident review is conducted within 30-days of the conclusions of all sexual abuse investigations including allegations that are found to be unsubstantiated.

Provision (c)

As stated in Provision (a) the Incident Review Team includes the CEO, COO, HR Manager, PREA Coordinator, Area Director, and other pertinent individuals.

The multidisciplinary incident review team consists of intermediate or higher-level facility

managers, supervisors, investigators, as well as medical and mental health practitioners.

In the interviews with the APC and the PD, both confirmed their understanding of the composition of the review team and their willingness to consider and incorporated recommendations from team members.

Provision (d)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 19, 12, A, 2-3 indicates:

- The Incident Review Team shall consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by a group of dynamics at the facility.
- The Incident Review Team shall examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; assess staffing levels; assess use of monitoring equipment; and prepare a report of its findings and recommendations for improvement.

During the interview process, members of the IRT were interviewed. Each team member reported the team considers all criteria listed above, as required by PREA policy.

Provision (e)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 19, 12, A, 4 specifies based on the review of an incident, appropriate corrective actions shall be taken as determined by the Incident Review Team.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding sexual abuse incident reviews. No recommendations or corrective action is required.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided

- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.
- Annual PREA Reports

Interview with the following:

- Agency PREA Coordinator (APC)

Provision (a)

According to the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 4, 3.10, states the PREA coordinator will supervise CSI's data collection process. At least annually, the PREA coordinator will ensure a report is prepared that details sexual abuse findings and corrective actions for each program and CSI.

A review of the previous annual PREA reports, confirms this provision has been met.

Provision (b)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 4, 3.11, indicates the annual report will include a comparison of the current year's data and corrective actions with those from prior years.

A review of the previous annual PREA reports, confirms this provision has been met.

Provision (c)

During the interview process with the APC, she confirmed the incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Provision (d)

During the interview process with the APC, she confirmed CSI maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.

Provision (e)

During the interview process with the APC, she confirmed she obtains and includes incident-based and aggregated data from every facility with which CSI contracts for the confinement of its residents.

Provision (f)

During the interview process with the APC, she confirmed CSI would provide any requested data from the previous calendar year to the Department of Justice no later than June 30, if requested.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding data collection. No recommendations or corrective action is required.

Standard 115.288: Data review for corrective action

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

115.288 (a)

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.
- Annual PREA Reports
- CSI website <https://www.csi-online.org/prea/>

Interview with the following:

- Agency PREA Coordinator (APC)

Provision (a)

According to the PAQ, the agency reviews data collected and aggregated pursuant to §115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 10, 10.7, states at least annually all reported incidents from within the company and any lessons learned from referral sources and other agencies are assessed for applicability and possible procedural changes. Regarding incidents of sexual abuse or harassment data is reviewed to assess and improve the effectiveness of its sexual abuse prevention, detection, response, policies, and training. Data for review shall minimally include identification of problem areas, determining a corrective action plan and implementing corrective action.

- The PREA Coordinator will supervise CSI's data collection process. At least annually, the PREA Coordinator will ensure a report is prepared that details sexual abuse findings and corrective actions by program & CSI. The CEO shall approve the annual report.
- The annual report will include a comparison of the current year's data and corrective actions with those from prior years.
- The report will provide an assessment of the company's progress in addressing sexual abuse.
- The annual report shall be made available to the public through its website. Should CSI feel it necessary to redact information from the annual report prior to publication, redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The nature of which would be documented.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 19, B, 1, states CSI shall collect accurate, uniform data for every allegation of sexual abuse that has taken place in each of its programs/facilities. Data shall be aggregated according to facility as well as the agency. A standardized tool shall be used, which answers all the questions from the most recent Survey of Sexual Violence conducted by the Department of Justice. The following shall be collected on each alleged report:

- On each alleged report, creating a total number of reports and their outcome
- What type of alleged harassment / abuse occurred - client on client, client on staff, staff on client, staff on staff
- What Type of Client - originating referral source
- Type of abuse or harassment – nonconsensual sexual acts, abusive sexual contact, sexual harassment, sexual misconduct...
- Was the alleged claim of sexual harassment /abuse substantiated, unfounded, or the investigation is still on going
- Contributing factors – race, gang affiliation, sexual identity, sexual orientation, physical plan issues, staff supervision, violation of Codes of Ethics

Provision (b)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 10, 10.7, indicates the annual report will include a comparison of the current year's data and corrective actions with those from prior years.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 19, B, 2, states the data shall be aggregated and presented in an annual report. The facility shall prepare an annual report of its findings and corrective actions. The report shall include a comparison of the current year's data with those of previous years and shall provide an assessment of the facility's progress in addressing sexual abuse.

A review of the previous annual PREA reports, confirms this provision has been met.

Provision (c)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 10, 10.7, confirms the agency CEO approves the annual report.

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 20, B, 3, states the annual report shall be approved by the CEO and shall be made readily available to the public through its website or other means upon request.

During the interview process with the APC, she confirmed the agency CEO approves the annual report.

Provision (d)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 10, 10.7, indicates the annual report shall be made available to the public through its website. Should CSI feel it necessary to redact information from the annual report prior to publication, redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The nature of which would be documented.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding data review for corrective action. No recommendations or corrective action is required.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) Abuse – Harassment - PREA Compliance, dated January 2020.
- Annual PREA Reports
- CSI website <https://www.csi-online.org/prea/>

Interview with the following:

- Agency PREA Coordinator (APC)

Provision (a)

According to the PAQ, the agency ensures that incident-based and aggregate data is securely retained.

During the interview process with the APC, the Auditor learned CSI securely retains data. The

data is retained within a secure system and access to the system is limited to those staff with a need-to-know. Additional data is retained at the Agency level as required for completion of the SSV-2, and within the CSI website for public access.

Provision (b)

During the interview process, the APC confirmed CSI makes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts readily available to the public annually on the PREA section of their website.

The CSI PREA webpage provides the most recent annual report relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: <https://www.csi-online.org/prea/>

Provision (c)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 20, 12, 2, states prior to making the data public, all personal identifiers shall be redacted. This data, minus redactions, shall also be provided to the CT DOC for inclusion in their annual report.

Provision (d)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 20, 12, 3, states records will be maintained for at least 10 years after the date of initial collection.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding data storage, publication, and destruction. No recommendations or corrective action is required.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a “no” response does not impact overall compliance with this standard.*) ☒ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Cheyney House (CH) Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020.
- CSI publicly accessible website - <https://www.csi-online.org/prea/>

Interview with the following

- Agency PREA Coordinator (APC)

Provision (a)

Community Solutions, Inc. (CSI), Policy 20-29, Operations Adult Work Release (AWR) *Abuse – Harassment - PREA Compliance*, dated January 2020, p. 20, 13, 1, states audits will be scheduled every 3-years and will follow Department of Justice Community Confinement Standards.

The APC reported each facility within the CSI agency had been audited within the previous three (3) year audit cycle. Copies of all audit reports are on the CSI website for public information and review.

Community Solutions, Inc. webpage provides the most recent annual report relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: <https://www.csi-online.org/prea/>

Provision (b)

During an interview with the APC, the Auditor learned the audit for CH is in the second year of the new three (3) year audit cycle. CSI webpage provides the most recent report relative to sexual abuse data from the various facilities in accordance with PREA standards.

Provision (c)

N/A

Provision (d)

N/A

Provision (e)

N/A

Provision (f)

N/A

Provision (g)

N/A

Provision (h)

During the on-site portion of the audit, the Auditor had complete, unimpeded access to every area of the facility. Throughout the on-site portion of the audit the APC, PD and other staff were available to accompany the auditor and give her complete access to any part of the facility she requested to see.

Provision (i)

At all times throughout the audit process, CSI and CH provided the Auditor with all requested information in a timely and complete manner.

Provision (j)

N/A

Provision (k)

N/A

Provision (l)

N/A

Provision (m)

The Auditor was provided a private space to conduct all interviews during the on-site portion of the audit.

Provision (n)

During resident interviews, all residents reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the samemanner as if they were communicating with legal counsel.

Provision (o)

N/A

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding frequency and scope of audits. No recommendations or corrective action is required.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Provision (f)

Community Solutions, Inc. webpage provides the most recent annual report relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: <https://www.csi-online.org/prea/>

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the CH meets the standard regarding audit contents and findings. No recommendations or corrective action is required.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Darla P. O'Connor

August 31, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.