

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

Interim Final

Date of Report 7/28/2018

Auditor Information

Name: Sonya Love Email: sonya.love57@outlook.com

Company Name: Diversified Correctional Services

Mailing Address: 1826 Donald James Road City, State, Zip: Blackshear, Georgia 31516

Telephone: (678) 200-3446 Date of Facility Visit: 5/10-11/2018

Agency Information

Perception House Governing Authority or Parent Agency (If Applicable):
Perception Programs, Inc.

Physical Address: 134 Church Street City, State, Zip: Willimantic, CT 06226

Mailing Address P.O. Box 407 City, State, Zip: Willimantic, CT 06226

Telephone: (860) 450-7130 Is Agency accredited by any organization? Yes No

The Agency is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency mission: Our mission is to reduce our clients' at-risk behaviors and to promote their mental and physical health, family and social supports, lawful behavior, employment, educational goals, and overall health and safety. We provide seamless care for every person, from admission to treatment to aftercare

Agency Website with PREA Information: www.perceptionprogram.org

Agency Chief Executive Officer

Name: Kristie Scott Title: Chief Operating Officer

Email: kristie.scott@perceptionhouse.org Telephone: (860) 450-7122

Agency-Wide PREA Coordinator

Name: Denise Keane Title: Chief Program Officer

Email: denise.keane@perceptionhouse.org Telephone: (860) 450-7122

PREA Coordinator Reports to: Number of Compliance Managers who report to the PREA Coordinator none

CEO			
Facility Information			
Name of Facility:		Perception House	
Physical Address:		134 Church Street, Willimantic, CT., 06226	
Mailing Address (if different than above):		Click or tap here to enter text.	
Telephone Number:		860-450-7130	
The Facility Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
		<input checked="" type="checkbox"/> Private not for Profit	
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		
Facility Mission: Our mission is to reduce our clients' at-risk behaviors and to promote their mental and physical health, family and social supports, lawful behavior, employment, educational goals, and overall health and safety. We provide seamless care for every person, from admission to treatment to aftercare.			
Facility Website with PREA Information:		www.perceptionhouse.org	
Have there been any internal or external audits of and/or accreditations by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Director			
Name: Madelyn Briggs		Title: Program Director	
Email: Madelyn.briggs@perceptionprograms.org		Telephone: 860-450-7130	
Facility PREA Compliance Manager			
Name: Denise Keane		Title: Chief Program Officer	
Email: denise.keane@perceptionprograms.org		Telephone: 860-450-7122	
Facility Health Service Administrator			
Name: Denise Keane		Title: Chief Program Officer	
Email: denise.keane@perceptionhouse.org		Telephone: (860) 450-7122	
Facility Characteristics			
Designated Facility Capacity: 10		Current Population of Facility: 8	
Number of residents admitted to facility during the past 12 months			27

Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:		24
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		19
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		27
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18 +	<input type="checkbox"/> Juveniles Click or tap here to enter text.
		<input type="checkbox"/> Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:		77 days
Facility Security Level:		minimum
Resident Custody Levels:		minimum
Number of staff currently employed by the facility who may have contact with residents:		20
Number of staff hired by the facility during the past 12 months who may have contact with residents:		7
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		0
Physical Plant		
Number of Buildings: 2	Number of Single Cell Living units: 3	
Number of Multiple Occupancy Cell Living units:	6	
Number of Open Bay/Dorm Living units:	0	
Description on any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): Perception House employs a video camera system for video surveillance. Cameras are placed in strategically throughout the institution to ensure the safety and security of both residents and staff.		
Medical		
Type of Medical Facility:	Community Emergent Care	
Forensic sexual assault medical exams are conducted at:	Windham Hospital	
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	0	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	1	

Audit Findings

Audit Narrative

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.

Pre-Audit Preparation

Before the on-site visit, a representative from the Perception Program, Chief Program Officer/PREA Coordinator completed the pre-audit questionnaire (PAQ). The PREA Coordinator was extremely knowledgeable of PREA standards, and she served as agency liaisons for PREA investigations conducted by the Willimantic Police Department. At the direction of the Director/Chief Operating Officer and Chief Program Officer/PREA Coordinator, all policies and supportive documentation were provided to the auditor for review before the on-site visit. The PREA announcement was posted throughout the facility before the audit scheduled for May 10-11, 2018.

Sampling Methodology- Residents

Five (5) random residents and zero (0) targeted residents were interviewed during the onsite audit. The resident sample size was based on the population (8 residents) census on the first day of the review, along with the established census criteria outlined by the PREA Resource Center (PRC). Further, the sampling methodology was based on the inmate population parameter that ranged from 0-50 residents on the first day of the audit. It should be mentioned that one (1) resident declined the interview, one (1) resident transferred to another program location and one (1) was on an outside appointment in the community.

Sampling Methodology - Staff/Volunteers/ Contractors

During the tour, one (1) random staff member working in the front office was informally sampled and asked the questions outlined in the First Responder interview questionnaire; the staff member answered correctly. The staff member was not included in the random census count because the information was obtained during informal conversation.

Perception House personnel had a total staff sum of twenty (20). To the extent, possible staff was identified and interviewed from a roster of individuals scheduled to work during the onsite audit process. Five (5) random and four (4) specialized individuals were selected from Perception House staff. The facility does not employ contractors or utilize volunteers to work with residents inside the facility. Four (4) specialized staff members such as mental health practitioners, intake officer, and an investigator was interviewed. Additionally, the auditor questioned a local forensic Sexual Abuse Nurse Examiner (SANE) (telephonically) from Windham Hospital. The sample size and mission of the facility necessitated several staff members to function in multiple roles of responsibility at the facility. For example, the PREA Coordinator is also the Chief Program Officer, PREA Investigator, and Health Administrator.

First day- Briefing and Tour (On-site Audit)

The on-site visit for the PREA (Prison Rape Elimination Act) compliance audit Perception House located in Willimantic, Connecticut, was conducted on May 10-11, 2018 by Diversified Consultant Services. Certified auditor Sonya Love. This audit is the second PREA audit for this facility. Upon arrival at the facility, an in-briefing meeting was held with the PREA Coordinator. The standards used for this audit became effective August 20, 2012.

This auditor discussed the information contained in the Pre-Audit Questionnaire with the PREA Coordinator. As part of the audit, a review of all agency and local facility PREA policies was conducted, as well as a tour of the facility. The tour of Perception House included the intake processing areas, all living units, as well, recreation, food service, facility support areas located in the main building. The adjacent structure housed office space for mental health practitioners, programming areas, visitation and recreational spaces.

During the tour, it was noted that there were sufficient staff and surveillance cameras in each building and on every floor to ensure a safe environment for residents and staff. Signs were posted (in English and Spanish) to alert residents about the PREA Audit. Residents during informal conversation confirmed that PREA notices were posted several months in advance of the onsite audit. PREA postings, regarding PREA violation, reporting and the agency's zero-tolerance policy toward sexual abuse and sexual harassment, were prominently displayed throughout both buildings on the property. Audit notice postings with the PREA auditor's contact information were in the same areas. The auditor did not receive correspondence from any residents before the onsite audit.

Staff-Inmate Interviews- First Day

On the first day, randomly and the specialized staff was interviewed. All staff interviewed confirmed they were aware of the Perception Program and Perception House, Zero Tolerance Policy. Each staff member confirmed that they were aware of and understood their responsibility and duty to protect residents from sexual abuse/sexual harassment. Likewise, each staff member interviewed affirmed an awareness and understanding of the role and responsibilities of a first responder in the event of a PREA related allegation. Staff interviewed could also clearly explain their position as part of a coordinated response in the event of a PREA incident.

Investigations

During the current auditing period, there was zero reported allegations of sexual abuse/sexual harassment in the. At the time of the audit, there were no open 2017 cases.

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 living units, description of living units including any special living 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.

Perception Programs is a non-profit behavioral health facility established in 1970. Perception House is in Willimantic, CT. The main building was formerly the home of a local Willimantic medical doctor. His office was in his home. Today, the facility is a co-ed, 20-bed residential substance use and mental health community treatment program which provides group and individual counseling. Treatment for resident can vary in length from 3-8 months and is individualized to meet the needs of each resident Two buildings make up the facility. The main building is comprised of multi-tiers with living quarters for the residents on the

second and third floor. The food service area, multi-purpose room, front administrative office and other office spaces are located on the entry level of the main building. The second building on the property is adjacent to the main building. It serves multiple purposes such as office space for specialized staff, psychologist, and various other clinicians. The main floor of the second building also serves as programmatic and leisure space. Perception Programs Inc. is the parent organization for Perception House.

Perception Programs provides outpatient, residential, education, outreach and support services to people with substance use and mental health disorders, those involved with the criminal justice system and people living with HIV/AIDS. Other programming includes: three behavioral health clinics, two AICs, street outreach to the homeless, case management services, HIV/HCV testing and education, a syringe exchange program, a DOC work release program, a DOC inpatient treatment program and two recovery housing sites.

Family Therapy:

Research demonstrates that recovery is far more successful and sustainable when loved ones like family members participate in rehab and substance abuse treatment. Genetic factors may be at play when it comes to drug and alcohol addiction, as well as mental health issues. Family dynamics often play a critical role in addiction triggers, and if adequately educated, family members can be a stable source of support when it comes to rehabilitation.

Cognitive Behavioral Therapy:

Cognitive Behavioral Therapy (CBT) is a therapy modality that focuses on the relationship between one's thoughts, feelings, and behaviors. It is used to establish and allow for healthy responses to thoughts and feelings (instead of unhealthy reactions, like using drugs or alcohol). CBT has been proven effective for recovering addicts of all kinds and is used to strengthen a patient's self-awareness and ability to self-regulate. CBT allows individuals to monitor their emotional state, become more adept at communicating with others and manage stress without needing to engage in substance abuse.

Individual Therapy:

In individual therapy, a patient meets one-on-one with a trained psychologist or counselor. Therapy is a pivotal part of effective substance abuse treatment, as it often covers causes of addiction, including challenges faced by the patient in their social, family, and work/school life.

Trauma Therapy:

Trauma therapy addresses traumatic incidents from a client's past that are likely affecting their present-day experience. Trauma is often one of the primary triggers and potential causes of addiction and can stem from child sexual abuse, domestic violence, having a parent with a mental illness, losing one or both parents at a young age, adolescent or adult sexual assault, or any number of other factors. The purpose of trauma therapy is to allow a patient to process trauma and move through and past it, with the help of trained and compassionate mental health professionals.

Group Therapy:

Group therapy is any therapeutic work that happens in a group (not one-on-one). There are some different group therapy modalities, including support groups, experiential therapy, psycho-education, and more. Group therapy involves treatment as well as processing interaction between group members.

Life Skills:

Life skills training involve all the skills a person must have to function successfully in the world. These include time management, career guidance, money management, and effective communication. Truly successful addiction recovery is based on the ability not only to live substance-free but to thrive. Life skills groups teach the practical necessities of functioning in society, which sets clients up for success in life, and therefore sobriety.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

Number of Standards Exceeded: 1

115.241 Perception House Policy I.A.3 required clinical practitioners to reassess each resident at least every 30 days, or 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. The 30-day requirement contained in the policy and the practice surpasses the requirement outlined in Standard

115.241. The auditor confirmed that the assessment questions are well-documented in each resident’s electronic health record (EHR). Perception House Policy and practices exceeded the requirements of Standard 115.241.

Number of Standards Met: 38

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

1. 115.213 Direct care staff should complete cross-gender pat search training and document participation of the said training. Although the facility does not conduct pat searches of the residents, Perception House staff completed and documented participation in the training before the submission of the final report.
2. 115.215 The facility/agency did not 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. Although the facility does not conduct pat searches of the residents, Perception House staff completed and documented participation in the training before the submission of the final report.

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.

Perception House Policy I.C.6.b. and Administration Policy III.A.16 addresses the requirements of Standard 115. 211. By examination, the auditor confirmed that Perception House has a written policy addressing zero tolerance toward sexual abuse and sexual harassment. Also, Perception House Policy, I.C.6.b. outlines the facility's approach to preventing, detecting, and responding to sexual abuse

and sexual harassment. The policy includes definitions of prohibited sexual misbehaviors regarding include sexual abuse and sexual harassment, as associated disciplinary sanctions for residents found to have participated in prohibited behaviors.

Perception House Policy III.A.16 indicated that the Director of Programs would serve as the PREA Coordinator. The auditor interviewed the PREA Coordinator. She confirmed that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. Perception House met the requirements of Standard 115.211.

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 OR the response to 115.212(a)-1 is "NO".) 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.

Perception House does not contract with other entities for the confinement of residents.

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 agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? 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.

Perception House Policy I.C.1 addresses Standard 115.213. The policy outlines the staffing plan for the facility. It provides for adequate levels of staffing based on the facility size, function, and demographics. The auditor interviewed the PREA Coordinator to discuss the staff plan. The PREA Coordinator outlined how video monitoring was used by the facility to enhance the sexual safety of every resident and protect every resident from sexual abuse. During the facility tour, the auditor found adequate cameras throughout the facility. The facility also had a system in place to closely monitor residents access to the cellar (laundry/food storage) by utilizing a video monitoring system and of the location.

The PREA Coordinator confirmed that Perception House has a staffing ratio of ten (10) residents to one (1) staff person. The facility has a minimum number of 2 staff on duty on all shifts except 3rd shift, when 1 staff member is scheduled. The PREA Coordinator explained the call-out procedure and how the facility would maintain adequate staffing by employing staff call-backs to cover a shift. The PREA Coordinator explained the various reasons for deviating from the staffing plan like a sick staff, medical emergency or unscheduled medical appointments. In such circumstances, the PREA Coordinator noted that Perception House would cover the shift to restore staffing levels and utilize video cameras to assist in the monitoring of residents in both buildings and around the grounds of the facility.

The staffing plan was last reviewed on April 27, 2018. In the past 12 months, Perception House assessed, determined, and documented whether adjustments are needed to the 2017 staffing plan. The facility found no evidence to suggest a deviation from the current staffing patterns at the facility. Likewise, Perception House did not document the need to adjust resources to maintain the prescribed staffing plan. Perception House complied with requirements outlined in Standard 115.213.

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 less than 50 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 less than 50 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?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures 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 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 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 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.

Perception House Policy I.C.6.b. Cross-gender Viewing and Searches addresses Standard 115.215. Perception House designated capacity does not exceed 50. However, strip searches, including body cavity searches, are prohibited. Pat-down searches are also prohibited. Staff (random and specialized) interviewed during the onsite audit confirmed that the opposite gender staff was not permitted to view breasts, buttocks, or genitalia.

The facility Director and the PREA Coordinator confirmed in interviews that Perception House staff refrains from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners. Residents interviewed random and targeted denied being searched by the opposite gender.

Staff (random and specialized) interviewed were aware that Perception Programs (parent organization) and Perception House prohibit staff from searching or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. Staff interviewed confirmed that a resident's genital status might be determined based on all information available to the program. Additionally, Staff (random and specialized) confirmed that they must announce their presence when entering areas of the facility where residents of the opposite sex may be performing bodily functions or dressing. All bathrooms in both buildings of the facility are single occupancy only. Male and female bedrooms are separated from each other.

In the past 12 months: Perception House conducted zero cross-gender strip or cross-gender visual body cavity searches of residents as confirmed by the PREA Coordinator

In the past 12 months: Perception House conducted zero cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff as confirmed by the PREA Coordinator.

In the past 12 months: Perception House conducted zero pat-down searches of female residents conducted by male staff and zero number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance. This information was confirmed during interviews with the five (5) random residents of which one (1) resident was female. Random and specialized staff also confirmed that staff did not conduct pat-searches in the past 12 months.

The percent of security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents professionally and respectfully, consistent with security needs was zero. The facility did not train security staff in how to conduct a cross-gender pat-down search nor did the facility train security staff in how to perform searches of transgender and intersex residents consistent with security needs. Perception House corrected this problem by training direct care staff and providing the auditor with documentation to confirm the training before the issuance of the final report to gain compliance with Standard 115.215.

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.

Perception House Policy, I.A.1, addresses the requirements of Standard 115.216. The PREA Coordinator explained that the facility has a specific procedure in place, for residents who are limited English proficient (LEP), to deliver PREA related information via alternative comprehension platforms.

Perception House policy prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining a competent interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations.

Alternative learning and communication platforms provided by Perception House afforded residents with disabilities equal opportunity to participate and benefit from the facility's best efforts to prevent, detect and respond to sexual abuse and sexual harassment. For example, the auditor confirmed by examination that PREA signage, the resident handbook, and advocacy information is provided to residents in English and Spanish. Perception House is also utilizing language assistance services to obtain a translation, if necessary. Specialized and random staff interviewed confirmed that Perception Programs, Inc. employs many bilingual/bicultural Spanish speaking staff who facilitates communication with Spanish speaking residents throughout the agency. Also, Perception House uses the University of Connecticut free translation services for languages other than Spanish. Residents with identified literacy problems also will be referred to a literacy volunteer or adult education program.

In the past 12 months, zero PREA related instances took place where resident interpreters, readers, or other types of resident assistants have been used, and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations. Perception House complied with requirements outlined in Standard 115.216.

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, or 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)

- Unless prohibited by law, 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.

Perception House Policy III.C.9 addresses the requirements of Standard 115.217. The policy indicates that all applicants for Perception House or Perception Programs, Inc., for potential employment, internship, contracted services (when applicable), or volunteer opportunities (when appropriate) will be screened by undergoing a criminal background check for all positions who may have contact with residents. The PREA Coordinator explained that applicants with a history of engaging in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution would be excluded from potential employment and contact with the residents. An examination of the Perception House Policy III.C.9 confirmed that the facility and agency state that a criminal background record check will be conducted for anyone who may have contact with residents before employment, and at least every five years after that for current staff.

Perception Programs, Inc. (PREA Coordinator) affirmed that the organization would make the best effort approach to contacting 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. The auditor sampled five (5) employee criminal conviction record reports to determine if Perception House conducted criminal background verification before employment and at least every five years. The review confirmed that Perception House did not hire or promote anyone who had engaged in sexual activity and the facility conducted criminal background on current employees at least every five years. The pre-employment application questionnaire asks each applicant about previous misconduct. The Human Resource Manager confirmed that potential applicants and current employees have a continuing affirmative duty to disclose any criminal misconduct to include sexual abuse or harassment.

Perception House Policy III.C.9 further indicates that Perception Programs, Inc.;

“will not hire or promote anyone who may have contact with residents who has engaged in sexual abuse any confinement or treatment setting; 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; or has been civilly or administratively adjudicated to have engaged those activities. Additionally, Perception Programs, Inc. shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor, who may have contact with residents.”

Perception House complied with the requirements outlined in Standard 115.217.

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

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Perception House video monitoring system has not been upgraded since the last PREA audit. At that time Perception House installed two new video cameras to address two blind spots on the exterior of the premises. Perception House complied with the requirements in Standard 115.218

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? Yes No
- 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 entity 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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) 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.

Perception House Policy, I.C.6.b, addresses the requirements of Standard 115. 221. The policy was adapted from or otherwise based on the most recent edition of the DOJ'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. The policy indicated that the facility would report all allegations of sexual abuse, including third-party and anonymous reports, to the Willimantic Police Department for investigation.

The Willimantic Police Department is responsible for conducting criminal sexual abuse investigations. There is currently an MOU between Perception House and the Willimantic Police Department. The agency and Willimantic Police Department both affirm their responsibility to follow a uniform evidence protocol for administrative prosecutions. Likewise, the Perception House policy and procedures to include the uniform evidence protocol extend to the best efforts of the Willimantic Police Department investigation and prosecution of criminal cases.

The PREA Coordinator is responsible for conducting administrative sexual abuse investigations only. The PREA Coordinator confirmed her understanding of the how to follow a uniform evidence protocol for obtaining usable physical evidence for administrative proceedings. The auditor verified by examination that the PREA Coordinator has received specialized training.

Staff at Perception House are trained to call 911 to obtain transportation for a resident to the Windham Hospital for care and a Sexual Assault Nurse Examiners (SANE) examination. Each random and specialized staff interviewed confirmed their understanding of their role and responsibility as a First Responder. An interview with the PREA Coordinator and community Sexual Assault Nurse Examiners (SANE) examiner confirmed that Perception House would offer a resident who experiences sexual abuse access to a forensic medical examination, at Windham Hospital, at no financial cost.

The PREA Coordinator confirmed that in the past 12 months:
Zero forensic medical exams were conducted
Zero forensic exams performed by SANES/SAFEs
Zero exams were performed by a qualified medical practitioner

The PREA Coordinator explained that if a sexual assault occurred the Perception House Program Director or a designee contact the Connecticut Sexual Assault Crisis Services to arrange for a sexual assault advocate to go to the Windham Hospital where the resident was being transported. Perception House met the requirements for Standard 115. 221.

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 such publication 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

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Perception House Policy I.C.6.b addresses the requirements of Standard 115.222. The policy indicates that all staff will immediately report sexual assault or sexual harassment to the PREA Coordinator, the Program Director, the Human Resource Manager, shift supervisor, manager or a member of senior management any knowledge, suspicion, or information regarding;

1. an incident of sexual abuse or sexual harassment that occurred in the program, retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment, and any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation.
2. All reports of sexual abuse and sexual harassment that are received from third parties will be accepted and responded to according to policy by all staff. Perception Programs will report all allegations of sexual abuse, including third-party and anonymous reports, to the local authorities for further investigation.

Perception Programs, Inc. and Perception House would ensure that all administrative or criminal investigation for all allegations of sexual abuse and sexual harassment were completed according to the PREA Coordinator. Criminal and administrative investigations would include resident-on-resident sexual abuse and staff sexual misconduct. The PREA Coordinator confirmed that she would act as the liaison between the Willimantic Police Department for criminal investigations referred outside of the agency to ensure compliance with Standard 115.222.

The PREA Coordinator confirmed that in the past 12 months:

Zero allegations of sexual abuse and sexual harassment were received in 2017

Zero allegations resulted in an administrative investigation in 2017

Zero allegations were referred for criminal investigation to the Willimantic Police Department in 2017

Random and specialized staff interviews confirmed staff understood how, when and who to report any knowledge, suspicion or information regarding sexual abuse or harassment.

The PREA Coordinator indicated that if notified regarding a PREA incident she would immediately contact the Willimantic Police Department, safeguard the victim, preserve the crime scene and document the event. Willimantic Police Department has the legal authority to conduct criminal investigations. Further, the PREA Coordinator also explained that she would accept reports of sexual abuse or harassment from a third-party and contact the Willimantic Police Department, safeguard the victim, preserve the crime scene and document the incident. Perception House met the requirements for Standard 115.222.

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 juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? 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

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Perception House Policy, III.C.19 addresses the requirements of Standard 115. 231. The policy requires all staff to receive initial and annual training on the Prison Rape Elimination Act (PREA) and the agency's zero tolerance of all forms of sexual abuse and harassment. A review of the training curriculum confirmed that staff received training on topics such as resident's rights, dynamics of sexual abuse and harassment, how to detect signs of actual abuse, how to report sexual abuse and how to comply with mandatory State and Federal rules related to PREA. Training is tailored to focus on male and female adult residents. Interviews with random and specialized staff all confirmed receiving annual PREA training. Perception House staff training documentation confirmed that 100% of staff received the required training within the last 12 months. Perception House met the requirements for Standard 115. 231.

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.

Perception Programs and Perception House Policy, III.C.19, addresses the requirements of Standard 115.232. The policy indicates that all volunteers who have contact with residents will receive initial and annual training on PREA related requirements, standards and regulations such as how to detect abuse, and how to report sexual abuse or harassment.

A review of the training curriculum confirmed that volunteers who may have contact with residents would receive training on topics such as resident's rights, dynamics of sexual abuse and harassment, how to detect signs of actual abuse, how to report sexual abuse and how to comply with mandatory State and

Federal rules related to PREA. Perception House has no contractors or volunteers who have contact with residents in 2017.

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.

Perception House Policy III.C.6.b addresses that during the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents in accordance with Standard 115.233. Five (5) intake records of residents onsite during the audit confirmed resident education. Likewise, resident interviews during the onsite audit confirmed receipt of individualized orientation as well as PREA related training verbally and through a resident handbook. Perception House also provided sample documentation confirming resident education upon entering the facility in the last 12 months.

During the facility tour, the auditor noticed that all PREA information, posters, and pamphlets were available in both English and Spanish. Additional PREA information is contained in the Resident Handbook, as well as posted throughout the facility. Documentation, interviews and the onsite tour all confirm that residents have received the required PREA training upon their intake into the facility. Perception House met the requirements of Standard 115. 233.

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 have received 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.

Perception House Policy III.A.16 indicated that The PREA Coordinator would conduct administrative investigations, for which training through the PREA Resource Center will be completed. The policy addresses Standard 115.234. The PREA Coordinator provided documentation that she completed the required specialized training, Investigating Sexual Abuse in Confinement Settings on May 27, 2014, and October 27, 2014. The PREA Coordinator explained that her specialized training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The auditor also examined training records to verify her participation in the specialized training. Perception House met the requirements of Standard 115.234.

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? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No

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 medical staff at the facility 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? Yes
 No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- 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 for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]
 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.

Perception House Policy I.C.6.b requires that all mental health staff will be trained in how to detect signs of sexual abuse, how to preserve evidence of sexual abuse, how to respond effectively to victims of sexual abuse, and how to report allegations or suspicions of sexual abuse. The policy addresses Standard 115. 235. Residents access medical services in the community. Community service providers are not employed by Perception House. Perception House has no medical staff nor does the agency conduct forensic examines on residents.

All mental health practitioners (100%) completed PREA training as mandated by §115.231 as confirmed by training records and interviews. Mental health practitioners all confirmed that training included: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Perception House met the requirements of Standard 115.235.

FOR RISK OF SEXUAL VICTIMIZATION ABUSIVENESS

AND

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

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Perception House Policy I.A.3 required behavioral health and needed assessment within 24 hours of the resident's admission to the facility. The resident would meet with their assigned clinical practitioner. The clinical practitioner would work in conjunction with the resident to complete behavioral health, needs assessment and reassessment every thirty (30) days. The Perception House risk assessment screening instrument by examination (six (6) assessments and six (6) reassessments) considered the nine (9) criteria identified in the standard. Specialized clinical practitioners confirmed during interviews that residents answered questions willingly, and no repercussions would occur if a resident chose to decline to answer a question or refused to disclose any relevant PREA related information. The auditor confirmed that Perception House screened all residents for risk of being sexually abused or being sexually abusive as part of the intake process.

Perception House Policy I.A.3 also required clinical practitioners to reassess each resident at least every 30 days, or 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. The 30-day requirement contained in the policy surpasses the requirement outlined in Standard 115.241. The auditor confirmed that the assessment questions are well-documented in each resident's electronic health record (EHR).

Perception House provided clinicians with password protected access to EHR information. The Perception House Policy and practices exceeded the requirements of Standard 115.241.

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? Yes No
- 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? Yes No
- 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? 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

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Perception House Policy II.A.1. C indicated when staff assigns a resident to a living unit they will consider the results of the resident's Perception House PREA risk assessment to inform housing, education and programming placement as well as factors such as sexual orientation and gender identity. The policy supports Standard 115.242. The PREA Coordinator confirmed that transgender residents would not be placed in restricted or segregated housing. At the time of the audit, there were zero (0) self-identified transgender, bisexual, lesbian, intersex, bisexual, or gay residents assigned to Perception House.

Interviews with specialized mental health practitioners responsible for risk screening validated that the risk assessment instrument's primary objective would be to keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. An examination of four (4) male risk assessments and one (1) female risk assessment, victimization and abuser risk scores and placement decisions confirmed that use of risk assessment information from the risk screening instrument was taking place as required by § 115.241.

All bathrooms in Perception House are single person occupancy. Single occupancy bathrooms afford all residents including transgender or intersex residents with the opportunity to shower separately from other residents.

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

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Perception House Policy I.C.6.b indicated that residents could privately report sexual abuse and sexual harassment in writing, passing notes, written grievances, or verbal communication to clinical staff, the Program Director, a Parole Officer or the PREA Coordinator. Likewise, Perception House provides residents access to a telephone to contact the Sexual Assault Crisis Center, Department of Mental Health and Addiction Services Client Rights and Grievance Officer or the locale police. Staff is made aware of how to privately report sexual abuse and sexual harassment during staff orientation, annual training and reviewing the employee handbook. Staff interviewed (random and specialized) indicated a level of comfort with the administration at Perception House and voiced a willingness to report asexual abuse/harassment or retaliation directly to the Director of PREA Coordinator.

The reporting of sexual abuse or sexual harassment may remain anonymous and may be reported by third parties. This information is made available to the residents upon intake, when they are provided a PREA Pamphlet, Resident Handbook, and advised of the PREA related postings throughout the facility. Resident interviews confirm understanding of reporting procedures. Perception House met the requirements of Standard 115.251.

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 NA

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 file 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

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Perception House Policy I.C.6.b addresses exhaustion of administrative remedies as outlined in Standard 115.252. Perception House Policy I.B.11 addresses emergency grievance as it relates to sexual abuse and harassment as described in Standard 115.252. Neither policy imposes a time-limit on a resident for submission of a grievance alleging sexual abuse or harassment. The PREA Coordinator confirmed that neither Perception Programs, Inc. nor Perception House, requires a resident to use an informal grievance process, or to attempt otherwise to resolve with staff, an alleged incident of sexual abuse/harassment. Residents interviewed explained the grievance process to the auditor. Each resident (5) stated they felt safe and would report sexual abuse or harassment to a staff member as opposed to using the grievance process.

The PREA Coordinator indicated that emergency grievances alleging substantial risk of imminent sexual abuse required the immediate attention of Perception House managers to include the Program Director and the Executive Director. The PREA Coordinator explained she would immediately notify the Program Director regarding the nature and circumstance of the emergency grievance and safeguard the victim. Every effort would be made to respond as quickly as possible, but the resident would be provided an initial response within 48 hours. Furthermore, the PREA Coordinator confirmed that Perception House Policy I.B.11 mandates a final agency decision be issued to the resident within five days.

The PREA Coordinator confirmed that; zero emergency grievances alleging substantial risk of imminent sexual abuse were filed in the past 12 months, zero number of emergency grievances had an initial response within 48 hours, zero number of the grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within five days. In the past 12 months, zero resident grievances alleging sexual abuse resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith. Perception House met the requirements of Standard 115. 252.

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

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Perception House Policy I.B.1 states that the resident's primary clinician will provide the resident with contact information to an external victim advocate service provider that offers cost-free emotional support and treatment services aside from the services provided by Perception House. Perception House has an MOU in place with Connecticut Sexual Assault Crisis Services. Contact information including the address and telephone number was found in the PREA Pamphlet handout given to residents during their intake process.

Perception House provided residents with continuous information on how to contact outside victim advocates by posting the mailing address and the telephone number of the local victim advocacy or rape crisis organizations. Additionally, published beside the telephone in the facility is a notice alerting residents that communications with the outside services will be kept strictly confidential, and they are made aware of the mandatory reporting requirement.

Residents interviewed confirmed they understood how to access outside victim advocacy organizations from Perception House and the limits of confidentiality. Zero residents who reported sexual abuse was interviewed during the audit. Perception House met the requirements of Standard 115.253.

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

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Perception Programs, Inc. and Perception House provides residents multiple external methods to receive third-party reports of resident sexual abuse or sexual harassment; the agency's public website, www.perceptionprograms.org, includes contact information for receiving third-party reports of sexual abuse and sexual harassment, contacting the Willimantic Police Department and by contacting the Department of Mental Health and Addiction Services Client Rights and Grievance Officer.

Interviews with residents confirmed they were made aware of external reporting sources during the intake process on how to make a third-party report. Likewise, staff confirmed they were informed that the agency and Perception House accepts third-party reports of sexual abuse and harassment and staff verify that they are aware of third-party reporting duties to immediately alert management, safeguard the victim and document the incident. Perception House met the requirements of this Standard 115.254.

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

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Perception House Policy I.C.6.b addresses the requirements of Standard 115. 261. Perception House Policy I.C.6.b, mandates all staff to report to the PREA Coordinator immediately, the Program Director, the HR Director, or any supervisor or manager or senior management staff any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the program, retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment, and any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation.

Perception House Policy I.C.6.b. also prohibits staff from divulging any information related to a sexual abuse report to anyone beyond what is necessary to make treatment, investigation, and other security and management decisions. Intake staff interviewed confirmed that during the PREA risk screening, mental health practitioners inform residents of their duty to report sexual abuse and the limitations of confidentiality, at the initiation of services and during the intake process.

The PREA Coordinator confirmed that staff at Perception Programs must report all allegations of sexual abuse, including third-party and anonymous reports, to the local authorities for further investigation.

She would report all allegations of sexual abuse, including third-party and anonymous reports, to the local authorities for further investigation.

Random and specialized staff interviews confirmed staff understood their responsibility to report sexual abuse and harassment immediately to a supervisor. Staff training records and acknowledgments confirmed staff was trained how to report, detect, respond to and prevent sexual abuse and harassment. Perception House met the requirements of Standard 115.261.

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

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Perception House Policy I.C.6.b. addresses agency protection duties, and Standard 115.262. The policy indicates that if risk factors signal that a resident is either at risk of being abused or being an abuser, staff must utilize steps to safeguard the resident (victim) and alleviate the danger to the resident. The PREA Coordinator explained that safeguarding a resident could include moving the resident to another facility, a room assignment change and to implement appropriate protective measures. Interviews with first responder staff (security and non-security) confirmed their understanding of protection duties and what it means to safeguard a resident who is subject to a substantial risk of imminent sexual abuse. The PREA Coordinator confirmed that in the past 12 months, zero times Perception Programs, Inc nor Perception House determined that a resident was subject to substantial risk of imminent sexual abuse. Perception House met the requirements of Standard 115.262.

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

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Perception House Policy I.C.6.b. addresses Standard 115. 263. The Program Director explained that within 72 hours of receiving an allegation that a resident was sexually abused while confined at another facility, the PREA Coordinator would notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The PREA Coordinator confirmed that she would document the incident. Reports from other agencies regarding allegations of sexual abuse by residents while placed at a Perception Programs facility will be handled as a third-party report and investigated by the Willimantic Police Department. Perception House met the requirements of Standard 115.263.

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

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Perception House Policy I.C.6.b addresses staff first responder duties and Standard 115.264. The Program Director explained that the policy requires Perception House to immediately report all allegations of sexual abuse, including third-party and anonymous reports, to the Willimantic Police Department. The police department has the legal authority to conduct a criminal investigation. The PREA Coordinator conducts administrative investigations at Perception House.

When a resident state that they have been sexually abused, the first staff person to respond will call 911 to obtain emergency transportation for the resident to the nearest acute care hospital (Windham Hospital) for care and examination. First responders will separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, and will request that the alleged victim not take any action that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating, unless medically indicated. Each staff member is provided with a PREA Protocol card that outlines their responsibilities as a first responder to an alleged sexual assault incident. Interviews with specialized staff (security/non-security) regarding their first responder responsibilities confirmed their understanding of the role of learning of an allegation that a resident was sexually abused. Perception House met the requirements of Standard 115.264.

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

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor examined the Perception Programs, Inc. written institutional PREA Coordinated Response Plan designed for Perception House. The plan outlines the duties of the first responder, the Program Director, Associate Director, clinical practitioners and the House Manager. The institutional plan outlines actions leadership will follow which includes; the immediate notification of the Willimantic Police Department, emergency medical transport if needed, and notification to the Sexual Assault Crisis Center.

Interviews with the Program Director and the PREA Coordinator confirmed their understanding of the institutional coordinated action plan established by Perception Programs, Inc for Perception House. Perception House met the requirements of Standard 115.265.

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

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Perception House does not participate in collective bargaining.

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

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Perception Programs, Inc. Policy I.C.6.b. addresses Standard 115.267. The agency mandates protection for whistleblowers from retaliation for reporting sexual abuse or sexual harassment. Perception Programs, Inc. has designated a retaliation monitor for Perception House. The auditor interviewed the Retaliation Monitor during the onsite audit. The monitor is also the PREA Coordinator. The monitor explained what protective measures Perception House would employ to safeguard a

resident (victim), 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. Monitoring for retaliation would extend beyond the initial monitoring period depending on the circumstances or the duration of the resident's placement in the facility. Except in instances where the agency determines that a report of sexual abuse is unfounded, the resident will be monitored for at least 90 days following a report of sexual abuse and the monitor would conduct periodic status checks on the resident. Further, the monitor confirmed through conversation that if needed the agency would continue such monitoring beyond 90 days if the initial monitoring indicated a continuing need for vigilance. Perception House met the requirements of Standard 115.267.

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 (I)

- 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*)

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Perception House Policy III.C.19 addresses administrative agency investigations and Standard 115.271. Perception Programs, Inc. conducts administrative investigations of any alleged act of sexual abuse or sexual harassment. The PREA Coordinator has completed specialized investigative training. She is tasked with investigating all administrative PREA related investigations. She has completed the specialized course, Sexual Abuse in Confinement Settings as mandated by the Prison Rape Elimination Act, under § 115.234.

All criminal investigations of alleged sexual abuse and sexual harassment are investigated by the Willimantic Police Department. Perception House has a written MOU on file with the Willimantic Police Department to conduct criminal investigations. Willimantic Police Department by agreement makes its best efforts to conduct criminal investigations under any applicable sub-standards outlined in Standard 115.271. Willimantic Police Department would document in a written report and give Perception House a detailed description of physical, testimonial, and documentary evidence and attach copies of all evidence if feasible. Perception House by extension the PREA Coordinator will forward administrative investigations with substantiated findings that appears to be criminal to the Willimantic Police Department. The police department will refer substantiated criminal findings for prosecution. Perception House and the Willimantic Police Department complete all investigations (criminal/administrative), regardless of whether the alleged abuser or victim remains at the facility or under supervision. The PREA Coordinator explained to the auditor that Perception House would retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

By examination, the policy complies with all requirements of the standard, which include efforts to determine whether staff actions or failures to act contributed to the abuse. By interview with the PREA Coordinator, the auditor confirmed that investigative reports would include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Perception House and by extension the PREA Coordinator confirmed that she is the liaison between the Willimantic Police Department and Perception House and that the facility would fully cooperate with outside investigators and shall endeavor to remain informed about the progress of any pending criminal investigations.

The PREA Coordinator confirmed that in the past 12 months (2017) zero investigative records/reports for allegations of sexual abuse or sexual harassment exist for this time. The auditor reviewed one administrative investigation which was unfounded that occurred in 2018. Perception House met the requirements of Standard 115.271.

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

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Perception House Policy III.C.19, addresses Standard 115.272. The policy indicates that Perception Programs, Inc. shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. As documentation of proof the auditor reviewed a 2018 administrative investigation. The investigation was unfounded. The auditor

determined by examination that the investigator uses preponderance of evidence in determining her findings. Perception House met the requirements of Standard 115.272.

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 an agency 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

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Perception House Policy I.C.6.b addresses Standard 115.273. The policy mandates reporting back to a resident investigative finding at the end of sexual abuse or sexual harassment investigation. The PREA Coordinator confirmed that all residents would be given in writing the findings of a closed investigation. Perception House would notify the resident if the allegation were found to be substantiated, unsubstantiated, or unfounded. As mentioned in Standard 115.271 and documentation of proof, the auditor reviewed a 2018 administrative investigation. The investigation was unfounded. The auditor determined by examination that the resident who made the allegation was notified of the findings in writing. The auditor reviewed the letter to the resident informing her of the findings in a sexual harassment investigation.

Moreover, the PREA Coordinator confirmed that in the past 12 months (2017) zero criminal and administrative investigations of alleged resident sexual abuse were completed by the Perception House. In 2018, one administrative investigation was completed, and one resident was notified in writing, of the results of the investigation. Perception House met the requirements of Standard 115.273

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

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Perception House Policy I.C.6.b. addresses Standard 115.276. The policy outlines the disciplinary sanctions for staff for violations of sexual abuse or sexual harassment policies. The PREA Coordinator indicated during her interview that staff should be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies, with dismissal as the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Further, Perception House Policy I.C.6.b. indicates that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be 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. 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, shall be reported to law enforcement agencies, unless the activity was not criminal, and to any relevant licensing bodies. During her interview, the PREA Coordinator confirmed that in the past 12 months zero staff from Perception House had been reported to law enforcement or licensing boards following their termination (or resignation before termination) for violating agency sexual abuse or sexual harassment policies. Perception House met the requirements on Standard 115.276.

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

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Perception House Policy I.C.6.b. addresses Standard 115.277. The policy outlines corrective action for contractors and volunteers who violate the policy. The policy requires any contractor or volunteer who engages in sexual abuse to be reported to the Willimantic Police Department, unless the activity was not criminal, and to relevant licensing bodies. Perception Programs, Inc. requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.

The Program Director confirmed that Perception House would take appropriate remedial measures and would consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

During her interview, the PREA Coordinator confirmed that in the past 12 months zero volunteer or contractors working for Perception House were reported to Willimantic Police Department. It should also be noted that Perception House indicated the number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility as zero. Perception House met the requirements of Standard 115.277.

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)

- 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

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Perception House Policy I.C.6.b. addresses the requirements of Standard 115.278. The policy provides for disciplinary sanctions according to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. The disciplinary process will a substantiated criminal finding of resident-on-resident sexual abuse. Disciplinary sanctions imposed shall be 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.

Perception House by policy confirmed that the disciplinary process would consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Perception House would provide therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse. Perception House would discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The Perception House policy prohibits all sexual activity between residents and will discipline residents for such behavior. The facility does not consider such activity to constitute sexual abuse if it is determined that the activity was not coerced. Perception House Policy I.C.5 indicates that the facility does not use physical restraint or seclusion.

The PREA Coordinator confirmed during her interview that in the past 12 months zero administrative findings of resident-on-resident sexual abuse occurred at the facility, and zero criminal findings of guilt for resident-on-resident sexual abuse occurred at the facility. Perception House met the requirements of Standard 115.278.

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.

Perception House Policy, I.C.6.b., addresses Standard 115.282. A First Responder (non-security) was interviewed by the auditor. The First Responder (non-security) confirmed that all residents receive treatment in the local community and the facility does employ qualified medical staff. In the event of a sexual abuse allegation, the staff person explained she would safeguard the resident and immediately call 911 to obtain transportation for the resident to the Windham Hospital, to gain unimpeded access to emergency medical treatment. Emergency treatment could include tests for sexually transmitted infections, timely access to emergency contraception, sexually transmitted infections prophylaxis, and crisis intervention services (Sexual Assault Crisis Center). The nature and scope of services provided to the victim would be determined by medical and mental health practitioners according to their professional judgment without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Perception House met the requirements of Standard 115.282.

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.) 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.) 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.

Perception House Policy I.B.1. addresses Standard 115.283. Perception House, mental health practitioners, will provide the resident with information on sexual abuse treatment services not offered by Perception House. Perception House does not employ qualified medical staff. Case managers would assist the resident in meeting their personalized treatment plan and provides direction in obtaining those resources needed for successful community living such as additional education, career counseling and training, employment, housing, health care, sexual abuse counseling, social and recreational outlets and other supportive services.

In conjunction with two (2) community vendors (Planned Parenthood and Generations), Perception House provides female residents, who have had sexually abusive and vaginal penetrated while confined, or otherwise, are offered pregnancy tests, sexually transmitted infections prevention and timely access to, all lawful pregnancy-related medical services at no cost.

During the intake process and completion of the PREA Risk Assessment at Perception House, residents are screened for histories of victimization and sexual abusiveness. Clinical practitioners interviewed confirmed that each resident undergoes 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. Perception House met the requirements of Standard 115.283.

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.

The PREA Coordinator explained that an incident review would take place within 30 days of the conclusion of an investigation and consider factors such as a need to change policy or practice to prevent better, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examine whether physical barriers in the area may enable abuse; staffing levels in that area during different shifts and assess whether monitoring technology should be augmented to aid staff supervision. Furthermore, the incident review team would prepare a report with findings and recommendations and submit such report to the agency head. Perception House met the requirements of Standard 115.286.

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.

Perception House Policy III.C.19 addresses Standard 115.287. Perception House, a subsidiary of Perception Programs Inc., collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The PREA Coordinator provided documentation that the incident-based sexual abuse data was aggregated in 2017.

Perception House utilized the Bureau of Justice Statistics, Survey of Sexual Victimization (SSV) to collect accurate data on incidences of sexual assault that occur in the facility. The Survey of Sexual Violence (SSV) is part of BJS's National Prison Rape Statistics Program, which gathers mandated data on the incidence and prevalence of sexual assault in correctional facilities, under the Prison Rape Elimination Act of 2003. Perception House also employs an internal tracking form termed Perception Programs, Inc.; The SSV meets the data requirement detailed in the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Perception Programs, Inc. maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. Perception House met the requirements of Standard 115.287.

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.

Perception House Policy III.C.19 addresses Standard 115.288. The policy requires Perception Programs, Inc. to shall review data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. According to §115.287, Perception Programs Inc., reviews, compares aggregated data from prior years to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The review includes: identifying problem areas; taking corrective action on an ongoing basis if needed; and preparing an annual report of its findings from its data review and any corrective actions for Perception House and the agency. The report shall be approved by the agency head and made readily available to the public through its website. Perception House met the requirements of Standard 115.288.

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.

Perception House Policy III.A.16 addresses Standard 115.289. The policy indicates that the agency shall ensure that data collected pursuant to § 115.287 are securely stored and retained. The PREA Coordinator confirmed that incident-based data is securely stored in an electronic file system with limited password access monitored by the Chief Program Officer. Aggregated sexual abuse data shall be made available to the public annually through the Perception Programs, Inc. website. Before making the aggregated sexual abuse data from facilities readily available to the public at least annually through its Website, the agency removed any personal identifiers. The policy also states that all data will be maintained for a minimum of 10 years after collection. Perception House met the requirements of Standard 115.289.

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 inmates, residents, and detainees?
 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.

This is the second PREA audit of this facility. The auditor was allowed access to all areas of the facility and had access to all required support documentation. The auditor was able to conduct private interviews with both inmates and staff. No correspondence from residents was received by the auditor. Perception House met the requirements of Standard 115.401.

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, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeals 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.) Click here to enter text. 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.

Perception House has fully implemented all policies, practices and procedures outlined in the PREA standards. The Auditor reviewed applicable standards and, through the review of support documentation, interviews with staff and inmates and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. The agency has posted all audit reports on its website within ninety days of completion. The public has access to reporting mechanisms and agency PREA trends data via the agency website. Perception House currently meets all applicable standards and additional no corrective actions are 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.

Sonya Love _____ 7/28/18 _____

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.