

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

Interim       Final

Date of Report    June 15, 2018

### Auditor Information

Name: Adam T. Barnett, Sr.	Email: Adam30906@gmail.com
Company Name: Diversified Correctional Services	
Mailing Address: 2101 Bonnie Place	City, State, Zip: Augusta, GA
Telephone: 404-683-6844	Date of Facility Visit: May 8-9, 2018

### Agency Information

Name of Agency: Isaiah 611:1, Inc.		Governing Authority or Parent Agency (If Applicable): Board of Directors	
Physical Address: 944 Fairfield Avenue, Bridgeport CT 06605		City, State, Zip:	
Mailing Address: P.O. Box 1399, Bridgeport, CT 06601-1399		City, State, Zip: same	
Telephone: 203-368-6116		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency 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
Agency mission: Isaiah 61:1, Inc. is a halfway house ministry, Guided by Christian Principles; Open to all races, creeds and religions; Helping men and women toward wholeness and wellness.			
Agency Website with PREA Information: None			

### Agency Chief Executive Officer

Name: Edward Davies	Title: Executive Director
Email: E.Davies@isaiahprograms.org	Telephone: 203-368-6116

### Agency-Wide PREA Coordinator

Name: Edward Davies	Title: Executive Director
Email: E.Davies@isaiahprograms.org	Telephone: 203-368-6116

PREA Coordinator Reports to: Board of Directors	Number of Compliance Managers who report to the PREA 0
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### Facility Information

**Name of Facility:** Isaiah House

**Physical Address:** 112, 120 and 341 Clinton Avenue, Bridgeport CT 06605

**Mailing Address (if different than above):** same

**Telephone Number:** 203-549-0018

**The Facility Is:**

<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
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<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
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**Facility Type:**

<input type="checkbox"/> Community treatment center	<input checked="" 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:** Isaiah 61:1, Inc. is a halfway house ministry, Guided by Christian Principles; Open to all races, creeds and religions; Helping men and women toward wholeness and wellness.

**Facility Website with PREA Information:** None

Have there been any internal or external audits of and/or  
Accreditations by any other organization?  Yes  No

### Director

**Name:** Scott Harris **Title:** Program Director

**Email:** s.harris@isaiahprogram.org **Telephone:** 203-549-0018

### Facility PREA Compliance Manager

**Name:** None **Title:** None

**Email:** None **Telephone:** None

### Facility Health Service Administrator

**Name:** None **Title:** None

**Email:** None **Telephone:** None

### Facility Characteristics

Designated Facility Capacity: 45		Current Population of Facility: 44	
Number of residents admitted to facility during the past 12 months			138
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			7
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			174
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			181
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 19 - 60+	<input type="checkbox"/> Juveniles 0	<input type="checkbox"/> Youthful residents 0
Average length of stay or time under supervision:			120
Facility Security Level:			CTDOC Level 1
Resident Custody Levels:			Minimum
Number of staff currently employed by the facility who may have contact with residents:			31
Number of staff hired by the facility during the past 12 months who may have contact with residents:			6
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0

### Physical Plant

Number of Buildings: 3		Number of Single Cell Housing Units: 5	
Number of Multiple Occupancy Cell Housing Units:		13 multi-bed rooms	
Number of Open Bay/Dorm Housing Units:		0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
- 48 cameras cover common areas, entrances and exterior. 16 cameras per Residential House.			

### Medical

Type of Medical Facility:	Local / Public Hospital
Forensic sexual assault medical exams are conducted at:	Bridgeport Hospital

### Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility: Interns	4
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	0

# 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.*

The PREA audit of the Isaiah House Community (IHC) "The Facility" operates under the parent company of Isaiah 61:1, Inc. "The Agency"; for the State of Connecticut Department of Corrections was conducted May 8 -9, 2018. The auditor arrival date was May 7, 2018.

### Pre-Audit:

During the Pre-Audit period the facility received instructions to Post the required PREA Audit Notice of the upcoming audit prior to the audit for confidential communications. As of May 5, 2018, there were no communications from residents or staff. The Pre-Audit Questionnaire was completed and sent to the auditor as required.

The audit process was not a team approach. The Auditor completed a documentation review using the Pre-Audit Questionnaire, internet search, policies and procedures review, and additional documentation provided on the flash drive, to include the Facility policies and procedures, Facility Mission Statement, and Daily population reports. The PREA Coordinator confirmed that all information on the Pre-Audit Questionnaire is accurate. The results of the documentation review were shared with the facility prior to and at the site visit. Phone conversations were conducted and emails exchanged with the facility and Agency PREA Coordinator.

### On-Site:

On May 8, 2018, the entrance conference was held and attended by:

- Executive Director
- Administrative Assistant
- Program Director (Isaiah House)
- Program Director (Mary Magdalene House)
- Agency PREA Coordinator (Executive Director)
- DOJ Certified PREA Auditor

Welcomes were given by the Executive Director/Agency PREA Coordinator. The Auditor introduced self and provided a brief description of experience, qualifications, correctional and auditing background. The Audit Agenda was reviewed and discussed, to include resident population size based

on 1<sup>st</sup> day of on-site audit, and a review of Day 1 and 2 activities. Additional pre-audit information requested weeks prior to was obtained.

**Tour:**

On the first day of the audit after the entrance conference, the Auditor toured the physical plant escorted by the Senior Case Manager. It was requested that when the audit paused to speak to a resident, for staff to please step away so the conversation may remain private.

During the tour, the Auditor observed the location of video monitoring cameras around the facility, to include outside. The cameras are monitored 24 hours a day. None of the cameras field of view includes the toilet and shower areas. The Auditor noted that shower and toilet areas allow Residents to shower ensuring their privacy from staff direct viewing. The auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility. During the tour, the auditor communicated with three (3) residents.

The Auditor spoke informally with residents and staff during the tour which covered Administration, Intake, reception, living rooms, recreation area, dining area, visitation areas, storage rooms, closets, etc.

The following observations were noted during the tour:

- There were blind spots on the stairs, and in house number 3 needs a moon mirror to eliminate a blind sport in the dinning room.
- Notices of the PREA audit were posted throughout the facility as required by the Auditor; some were posted in color and some in black-white.
- The facility has no holding rooms/cells.
- The facility has no segregated rooms/cells.
- The Residents files are kept in a secure area.
- The Staff files are kept in a secure area.
- PREA information is posted and is available in Non-English and English to include reporting information.
- The cameras do not have a line of sight into resident's rooms, or the toilet and showers.
- Staff/Interns of the opposite gender announce their present when entering living units.
- There are no youthful offenders.
- There were no new or renovated areas observed.

**Staff Interviewed:**

The total number of full time staff from all three houses was 16 and the total number of part-time staff was 16. The random staffs were selected, and the specialized staff was identified. Agency and Facility staff selected for interviews included:

Staff Interviewed	# Of Staff
Agency Head or Designee ( <b>Executive Director</b> )	1
Agency PREA Coordinator ( <b>Executive Director</b> )	
Facilities PREA Compliance Manager ( <b>Executive Director</b> )	
Facility Director ( <b>Facility Director</b> )	1
Staff on the Sexual Abuse Incident Review Team ( <b>Facility Director</b> )	
Designated Staff Member Charged with Monitoring Retaliation ( <b>Facility Director</b> )	
Staffing conducting Unannounced Rounds ( <b>Facility Assistant Director</b> )	1
Designated Staff Member Charged with Monitoring Retaliation ( <b>Facility Assistant Director</b> )	
Medical Staff (Local Community)	0
Mental Health Staff (Local Community)	0
Non-Medical Staff Involved in Cross-Gender Strip or Visual Searches	1
Human Resources Staff	1
Volunteers Who have Contact with Residents ( <b>Interns</b> )	2
Contractors Who have Contact with Residents	0
Investigative Staff (Agency) ( <b>DOC PREA Investigation Unit</b> )	2
Investigative Staff (Facility) (Local Police Department)	0
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Intake Staff ( <b>Case Manager 1</b> )	
First Responder -Non-Security ( <b>Administrative Assist</b> )	2
First Responder – Security ( <b>Case Manager 2</b> )	
SANE/SAFE Staff (Local Hospital)	0
Staff Who Supervise Resident In Isolation	0
1 <sup>st</sup> Shift Random Staff (Part Time)	3
2 <sup>nd</sup> Shift Random Staff (Part Time)	2
3 <sup>rd</sup> Shift Random Staff	2
<b>Total Number of Staff Interviewed</b>	<b>19</b>
Number of Specialized Staff and Leadership Interviewed	12
Number of Random Staff Interviewed	7
Staff Met During Tour	3
Number of Staff Refused	0
<b>Total Number of Staff Interactions</b>	<b>22</b>

### **Resident Interviews:**

On May 8, 2019, facility rated capacity 45 and the number of residents housed during the first day of the audit was 44.

Residents were selected from each housing unit roster. Prior to and/or during the entrance conference, the auditor and facility staff scheduled resident interviews to include target residents.

<b>Resident Interviewed</b>	<b>#</b>
Residents with a Physical Disability	0
Residents who are Blind, Deaf, or Hard of Hearing	0
Residents who are LEP <i>(Spanish)</i>	1
Residents who Identify as Transgender or Intersex	0
Residents who Identify as Lesbian, Gay, or Bisexual	0
Residents who Reported Sexual Abuse or Sexual Harassment	0
Residents who are Randomly selected from each Living area/room	16
Residents who Reported Sexual Victimization During Risk Screening	0
<b>Total Number of Resident Interviewed</b>	<b>17</b>
Number of Random Resident Interviewed	16
Number of Targeted Residents Interviewed	1
Resident Met During Tour	5
Number of Residents Refused	0
<b>Total Number of Resident Interactions</b>	<b>22</b>

**Interviewed Resident length of time at facility**

<b>Days/Months at the Facility</b>	<b>Number of Residents</b>
1 – 10 Days	4
11 – 20 Days	2
21 – 30 Days	2
31 Days to 6 Months	9
7 Months Plus	0

**Documentation requested:**

- Resident Roster
- Residents with Disabilities
- LGBTI Residents
- Residents who Reported Sexual Abuse
- Residents who Reported Sexual Victimization During Risk Screening
- Staff Roster
- Specialized Staff
- Staff Personnel Files
- Resident Files
- Contractors who have contact with Residents
- Volunteers who have contact with Residents
- Grievances made in the 12 months preceding the audit
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit

## Facility Characteristics

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

### **It is the mission of the Isaiah 61:1, Inc.:**

Isaiah 61:1, Inc. is a halfway house ministry, guided by Christian principles; open to all races, creeds and religions; helping men and women toward wholeness and wellness.

### **It is the mission of Isaiah House:**

Isaiah 61:1, Inc. is a halfway house ministry, guided by Christian principles; open to all races, creeds and religions; helping men and women toward wholeness and wellness.

### **Accreditation:**

None

### **Facility Background, Physical Plant and Security Supervision:**

The Facility is a 45 bed residential adult facility located in Bridgeport, Connecticut. The facility serves adult males from the Greater Bridgeport area that participates in a work-release program. The residents are still on inmate status for the Connecticut Department of Corrections (DOC).

The program has three individual houses that house 15 residents each. They are located on the same street.

The program is staffed with no fewer than 3 employees, 24 hours per day, and 7 days per week. This includes one in each house. The fact that these two house share adjoining lots and a connecting driveway enables them to be adequately supervised with the shared staffing. House runs are conducted no less than once each hour, and all movement of residents requires staff approval and documentation. Resident's worksites are contacted by telephone no less than weekly to verify schedules and performance. Other off-site activities (family reunification visits, job interviews, trips to community agencies and fellowship meetings) are confirmed in advance and monitored to ensure that residents are fully accountable for community access. All CTDOC policies and procedure governing community release are enforced for all residents, regardless of their specific status. Resident work their way through levels of increasing privileges and they demonstrate program compliance and success in employment.

### **Facility Programs:**

The Facility offers the following programs:

1. Work Release Program (Employment)



2. Individual Treatment Plans
3. Case Management Services
4. Urine Testing
5. Transportation
6. Exclusionary Criteria
  - a. Offenders with Sex Offender Treatment Scores Greater than 1
  - b. Offenders with a Documented History of Pathological Fire-Setting Behavior

### **Facility Demographics:**

- Rated Capacity = 45 (15 beds per house/ Three Houses)
- Actual Population On 1<sup>st</sup> Day = 44
- Youthful Residents Housed = 0
- Residents Age Range = 19 – 60+
- Gender = Male
- Custody/Security Level in the facility = Minimum
- Average Length of Stay or Time Under Supervision = 120 days

## **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.*

The Auditor conducted an exit conference with the agency and facility officials. Facility staff were very open and receptive to an honest discussion of areas where PREA compliance may need to be strengthened.

There were two concerns relating to blind spots.

1. House # 1 & 2 stairs has a blind spot.
  - Corrective Action: The facility Assistant Director posted a sign stating “Attention all residents absolutely no congregating in this stairwell” until other measures can be taken.
2. House #3 dining has a blind spot.
  - Corrective Action: The facility Assistant Director place a moon mirror to eliminate the blind spot in the dining room.

The standards are rated as exceeded, met, or not met. Most standards have between 1 – 20 provisions. To achieve compliance on any given standard, the facility must achieve 100% compliance with each provision within the standard. The auditor used the Department of Justice Final Rule for PREA Standards published in May 17, 2012. Forty-One (41) Community Confinement Standards were audited.

The PREA Coordinator was very knowledgeable about the PREA requirements and the implementation of processes and systems.

Corrective actions, specific detail about deficiencies or concerns regarding findings may appear in the standard-by-standard discussions in the main body of the report. The facility corrected concerns within the 45 days before the auditor released the primary report are reviewed as compliant.

**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:** 0

**Number of Standards Met:** 41

**Number of Standards Not Met:** 0

## PREVENTION PLANNING

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

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

#### 115.211 (a)

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

#### 115.211 (b)

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

Yes  No

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **Supporting Documents, Interviews and Observations:**

- PREA Policy for Isaiah 61.1, Inc.
  1. Policy Statement Section 1
  2. Definitions Section 3
  3. Prevention Planning Section 4
  4. Response Planning Section 5
  5. Training and Education Section 6
  6. Reporting Section 7
  7. Official Response Following Resident Report Section 8
  8. Investigations Section 9
  9. Discipline Section 10
  10. Medical And Mental Health Care Section 11
  11. Data Collection and Review Section 12
  12. Audits Section 13
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- Isaiah 61:1, Inc. Program Descriptions
- Resident Handbook
- Employee Conduct Policy
- MOU between Isaiah 61:1, Inc. and The Center for Family Justice
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:

1. Agency Designee – Executive Director
2. Agency PREA Coordinator – Executive Director
3. Facility Director/Program Director

The Isaiah House Community (IHS) published the above policies and documentations. The policies mandate a zero tolerance toward all forms of sexual abuse and sexual harassment. The policies outlined the company's approach to prevent, detect, and response to sexual abuse and sexual harassment. The agency policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassments.

IHS policy designates an upper level PREA Coordinator for the agency that has sufficient time and authority to develop, implement and oversee IHS efforts to comply with the PREA Standards in all its facilities.

**Interview Results:**

- The Executive Director confirmed the appointment of his position as the Agency PREA Coordinator.
- Interview with the Agency PREA Coordinator indicated that he has a great deal of correctional experience and sufficient time and authority to coordinate that agency's effort to comply with the PREA Standards.

**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.*

### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
  1. Policy Statement Section 1
  2. Prevention Planning Section 4
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- Isaiah 61:1, Inc. Program Descriptions
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Agency Designee – Executive Director
  2. Agency PREA Coordinator
  3. Facility Director/Program Manager

The Isaiah House does not have authority to contract with other entities for the confinement of Residents.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

4. In the past 12 months, the number of The Isaiah House contracts for the confinement of

Residents that the facility entered into or renewed with private entities or other government agencies since the last PREA audit reported was zero.

### Interview Results

- Interviews with the Facility Director and Agency PREA Coordinator indicated that the facility does not and has not contracted with any other entity 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.*

### Supporting Documents, Interviews and Observations

- PREA Policy for Isaiah 61.1, Inc.
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- Isaiah 61:1, Inc. Program Descriptions
- Resident Census (March 1, 2017 – February 28, 2018)
- Annual Community Program Staffing Schedule (Isaiah House)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Agency Designee – Executive Director

2. Facility Director
3. Higher Level Facility Staff

The Isaiah House develops, documents, and makes its best efforts to comply on a regular basis with a staffing roster that provides for adequate levels of staffing, and uses video monitoring to protect Residents against abuse. An interview with the Facility Director/Program Manager indicated that the facility takes into consideration the 4 requirements in standard 115.13 (a) – 1-4:

1. The physical layout of the facility;
2. The composition of the resident population;
3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
4. Any other relevant factors.

An interview with the Facility Director revealed each time the staffing plan was not complied with; however, the facility would document and justify all deviations from the staffing plan. Cameras are strategically located to supplement staffing and to enhance supervision of Residents. The Auditor is not going to provide further information related to the cameras because of security concerns; however, observations made during the tour confirmed this facility has a considerable number of cameras strategically located throughout the facility supplementing supervision inside and outside the facility.

Interview with the Executive Director revealed that at least annually, in collaboration with the PREA Coordinator, the facility reviews the staffing schedule to see whether adjustments are needed in:

- The staffing plan/schedule;
- Prevailing staffing patterns;
- The facility's deployment of video monitoring systems and other monitoring technologies;
- The resources the agency/facility has available to commit to ensure adequate staffing levels.

The Facility Director's interview confirmed the process for conducting annual reviews. There were no major deviations from the staffing schedule, and there is no need for adjustments to the staffing schedule.

A review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmed by staff interviews, the average daily number of Residents on which the staffing schedule was predicated was 45.

A review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmed by staff interview:

- Since the last PREA audit the average daily number of Residents reported was 43.
- Since the last PREA audit the average daily number of Residents on which the staffing plan was



predicated reported was 45.

#### Interview Results

- Interview with the Agency PREA Coordinator and the Facility Director indicated that they are consulted regarding any assessment of or adjustments to, the staffing plan. However, the staffing plan is set by the contract agreement.
- Interview with the Agency PREA Coordinator and the Facility Director indicated that the facility have a staffing plan. When assessing adequate staffing levels and the need for video monitoring they consider all of the components listed in the standard.

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
  1. Training and Education Section 6
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- Isaiah 61:1, Inc. Program Descriptions

- Employee Conduct Policy
- PREA Training Power Points
- PREA Training Power Points for Staff
- Employee PREA Training Acknowledgement
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Executive Director
  2. Agency PREA Coordinator (Executive Director)
  3. Random Staff
  4. Non-Medical Staff Cross Gender Searches
  5. Random Residents

The facility staff do not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The facility rated capacity does not exceed 50 residents. Documentation review indicated the facility reports no exigent circumstances for this audit period. The facility will maintain documentation when exigent circumstances occur. The facility's search policy prohibits staff from conducting strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by authorized medical personnel.

Agency requires the facility to implement policies and procedures that enable Residents to shower and perform bodily functions and change clothing without non-medical staff of the opposite gender viewing the breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine room/cell or bed checks.

Observations of restrooms and shower during the tour confirmed Residents have privacy when using the restroom, showering and changing clothing. Residents reported they are never naked in full view of staff.

During the onsite audit visit there were no transgender or intersex residents housed. If the facility were to receive a transgender or intersex resident, the Agency staff will not search or physically examine a transgender or intersex Resident for the sole purpose of determining the Resident's genital status. If the Resident's genital status is unknown, the facility determine 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.

The Agency PREA Coordinator and the Facility Director confirmed there have been no cross-gender strips or visual body cavity searches conducted within the audited cycle.

A review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmed by staff interviews:

- In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of Residents reported was zero.

- In the past 12 months, the number of 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 reported was zero.
- The number of pat-down searches of female Residents that were conducted by male staff reported was zero.
- The number of pat-down searches of female Residents conducted by male staff that did not involve exigent circumstances reported was zero.
- In the past 12 months, the number of transgender or intersex residents search or physically examine for the sole purposes of determining the resident’s genital status was zero.

**Interview Results:**

- Seven (7) out of seven (7) random staff interviewed and facility documentation indicated that the facility has a hands off policy and does not strip search or pat-down residents.
- Nineteen (19) out of nineteen (19) residents interviewed stated that female interns announce their presence when entering the residents rooms by knocking on the resident room door and stating female on floor.
- Nineteen (19) out of nineteen (19) residents interviewed from all housing units stated that they and other residents are never naked in full view of staff, when using the toilet, showering, or changing clothing.

**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.*

### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
  1. Training and Education Section 6
  2. Reporting Section 7
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- Isaiah 61:1, Inc. Program Descriptions
- Resident Handbook
- Resident PREA Notice (English)
- Resident PREA Notice (Spanish)
- Break the Silence! Poster (English)
- Break the Silence! Poster (Spanish)
- PREA Audit: Pre-Audit Questionnaire /Community Confinement Facilities
- Interviews:
  1. Agency PREA Coordinator
  2. Random Staff

3. Random Residents
4. Disabled Residents (None)

The facility has taken appropriate steps to ensure that Residents with disabilities (including, for example, Residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. In addition, the facility ensures that written materials are provided in formats or through methods that ensure effective communication with Residents with disabilities, including Residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

The facility has taken reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to Residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The facility does not rely on Resident interpreters, Resident readers, or other types of Resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the Resident's safety, the performance of first-response duties or the investigation of the Resident's allegations.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- In the past 12 months, the number of instances 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 reported was zero.

**Interview Results:**

- Interviewed staff consistently stated they would not allow, except in emergency situations, a resident to translate or interpret for another resident in making an allegation of sexual abuse. They indicated that they can contact the staff who speak Spanish if the need arise or us the solution Language line.

## **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.*

**Supporting Documents, Interviews and Observations:**

- PREA Policy for Isaiah 61.1, Inc.
  1. Policy Statement Section 1
  2. Training and Education Section 6
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- Isaiah 61:1, Inc. Program Descriptions
- Employee Conduct Policy
- Employee/Volunteer/Contractor Acknowledgement Statements
- Prospective Employee Reference Check
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Agency PREA Coordinator
  2. Human Resource Staff

The Agency requires the facility not to hire or promote anyone who may have contact with Residents, and does not enlist the services of any contractor who may have contact with Residents as listed in this standard to include the following provisions:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; to include persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or residential care.
2. 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
3. Has been civilly or administratively adjudicated to have engaged in the activity described in subsection 2.

Policy requires that before hiring new employees who may have contact with Residents, the facility will perform a criminal background check; and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of Residents or detainee sexual abuse or harassment or any resignation pending an investigation of such allegations.

Agency completes a criminal background records check before enlisting the services of contractors who may have contact with Residents. The Agency also requires The Facility to conduct criminal background records checks every five years of current employees and contractors who have contact with Residents according to staff interviews.

The Agency prohibits staff from material omissions and the provision of materially false information.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

1. In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background checks. 32
2. In the past 12 months, the number of persons promoted who may have contact with residents who have had criminal background checks. 0
3. In the past 12 months, the number of contract for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents. 0

#### **Interview Results:**

- A review of the staff files and interview with the HR staff confirms that background clearances are placed in the employee files.
- Interview with Agency Human Resource Staff confirmed a hiring process that is comprehensive and thorough. IHC performs criminal record background checks on all newly hired employees and contractors during the clearance process. It was confirmed that the IHC also conducts the five (5) background checks.
- Interview with staff member for the Isaiah House indicated that IHC performs criminal record background checks on all newly hired employees and interns during the clearance process. This is done regardless of whether they may have contact with residents.
- Interview with Agency Human Resource Staff indicated that when a former employee applies for work at another facility, upon request from that facility that they would provide requested information as long as it does not violate policies or laws.

### **Standard 115.218: Upgrades to facilities and technologies**

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

#### **115.218 (a)**

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

### 115.218 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- Isaiah 61:1, Inc. Program Descriptions
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Facility Director
  2. PREA Coordinator

The facility Management Team indicates when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the plan will consider the

effect of the design, acquisition, expansion, or modification upon the facility’s ability to protect Residents from sexual abuse.

The facility Management Team indicated when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the plan will consider how the technology may enhance the facility’s ability to protect Residents from sexual abuse.

**Interview Results:**

- Interviews with the Facility Director and the Agency PREA Coordinator indicated that there was no major expansion during the past three years. If there was a major expansion, that the Facility Director and the Agency PREA Coordinator would be involved in any planning?

**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 evidentiary 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.*

### **Supporting Documents, Interviews and Observations:**

- PREA Policy for Isaiah 61.1, Inc.
  1. Investigations Section 9
  2. Medical And Mental Health Care Section 11
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- MOU between Isaiah 61:1, Inc. and The Center for Family Justice
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Agency PREA Coordinator
  2. Random Officers

The Police Department serves as primary investigating authority for all incidents of sexual abuse and the Department of Correction Agency PREA Coordinator is the external PREA investigator for the sexual harassment and the local police conduct the criminal investigations.

The facility utilizes the internal and external process to conduct investigations regarding all felony related crimes to include alleged sexual violence that occurred at the facility. Both processes follow a uniform evidence protocol that maximizes the potential for obtaining physical evidence for administrative proceedings and criminal prosecutions.

Preponderance of Evidence is defined as proof by evidence that, compared with evidence opposing it, leads to the conclusions that the fact at issue is more probably true than not. Documentation also

states that as a result of the preponderance of the evidence, the investigator may determine whether the allegation is substantiated, unsubstantiated or unfounded.

Interviews with the investigator confirmed the standard to determine whether an allegation is substantiated, unsubstantiated, or unfounded is the preponderance of the evidence.

The protocol is appropriate, and is 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. The facility does not house Youth/Adolescent victims of sexual assault.

The facility makes available to the victim a victim advocate. If not available to provide victim advocate services, the facility makes available (to provide services) a qualified staff member from a community-based organization, or a qualified facility staff member. The facility provided documentation that showed agreement with CONNSACS efforts to secure services.

The victim advocate, if used, will meet the requirements of qualified community-based organization staff that accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.

The facility defines a qualified community-based staff member as an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

3. The number of forensic medical exams conducted during the past 12 months reported was 0.
4. The number of exams performed by SANEs/SAFE during the past 12 months reported was 0.
5. The number of exams performed by a qualified medical practitioner during the past 12 months reported was 0.

**Interview Results:**

- Interviewed staff, including the Facility Director, was familiar with the evidence protocol and roles they would play as first responders. The staff stated they would "make sure the resident victim was stable", preserve the evidence and if, the mental health is on site, the mental health staff would conduct an assessment.
- Interview with the Agency PREA Coordinator indicated when outside agencies are responsible for investigating allegations of sexual abuse, the facility requests that the investigating agency follows



the requirements of PREA. This includes standard provision (g) 1 and 2. Policy requires the facility to request that outside investigative authorities conducts the investigation in accordance with PREA investigation standards.

- For victims of sexual assault, interviewed staff indicated that the facility will offer all victims access to forensic medical examinations without financial cost. Staff indicated that SANE/SAFE are provided by the local hospital.
- Seven (7) out of seven (7) interviewed staff indicated that the local police Department is responsible for conducting sexual abuse and sexual harassment investigations.

## 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

*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.*

### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
  1. Investigations Section 9
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- PREA Incident Check Sheet (Investigations)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Executive Director
  2. Agency PREA Coordinator (Executive Director)
  3. Random staff
  4. Investigator

According to interviews with the Agency PREA Coordinator, Facility Director, and the Investigator, the facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment reported on Resident-on-Resident or staff-on-Resident misconduct.

The initial investigation begins immediately by the local police Department. The Police Department uses a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. In accordance with Agency letter the Local Police Department to be notified immediately and assume control of the investigation when appropriate.

The PREA Coordinator explain that investigations are documented in a written report that contains a through description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence.

An additional interview with PREA Coordinator confirmed the process for receiving an allegation and for conducting the investigation if an alleged sexual abuse was reported. Interviewed staff stated, they have been trained to report everything for investigations, including reporting, knowledge, allegations and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports.

The Agency have in place a policy 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. Per policy substantiated allegations of conduct that appears to be criminal are referred for prosecution through the local Police Department. Investigations staff imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

If a separate entity is responsible for conducting criminal investigations, it is requested that the policy describe the responsibilities of both the agency and the investigating entity

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- The number of allegations of sexual abuse and sexual harassment receive during the past 12 months was 0.
- The number of allegations resulting in an administrative investigation during the past 12 months was three 0.
- The number of allegations referred for criminal investigation during the past months was 0.

**Interview Results:**

- Additional interviews with staff confirmed the process for receiving an alleged allegation of sexual abuse and sexual harassment. Interviewed staff stated, they have been trained to report or refer everything regarding sexual abuse and sexual harassment to be investigated, including having knowledge, allegations and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports.

## 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

*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.*

### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
  1. Training and Education Section 6
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- Resident Handbook
- PREA Training Power Points

- PREA Training Power Points for Staff
- Employee PREA Training Acknowledgement
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Agency PREA Coordinator
  2. Facility Director/Program Manager
  3. Random Staff

The Facility has trained staff that has contact with Residents on the requirements stated in this standard. According to staff interviews, sexual abuse and sexual harassment training is provided in pre-service orientation training, in-service and other additional training.

Training is tailored to the gender of the Residents at the employee's facility. Review of documentation revealed that staff receive additional training if the staff is reassigned from a facility that houses only male Residents to a facility that houses only female Residents, or vice versa. The staff will receive this training through additional FTO training. This facility housed only male Residents.

The facility documents, through employee signature verification, staff understanding of the training they have received. The IHC documents staff training using the Training roster, which requires the staff and instructor signature, date and staff acknowledgement forms.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- In the past 12 months, the number of staff employed by the facility, which may have contact with Residents, who were trained on the PREA requirements reported, was 14.
- In the past 12 months, the number of staff employed by the facility, who may have contact with Residents, who were trained or retrained on the PREA requirements since the last audit reported was 4.

**Interview Results:**

- Seven (7) out of seven (7) interviewed random staff consistently stated they receive PREA Training in a variety of ways. These include PREA Training as part of the training provided for newly hired during orientation.
- Staff indicated refresher training is given during meetings. Staffs were comfortable and confident during their interviews. They did not hesitate in responding to questions and their responses indicated that they have received a level of training in PREA, including the zero tolerance policy, reporting and the facility's response to allegations of sexual abuse and sexual harassment.

## 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.*

### Supporting Documents, Interviews and Observations

- PREA Policy for Isaiah 61.1, Inc.
  1. Training and Education Section 6
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual

- Employee Conduct Policy
- Volunteer, Intern & Professional Partners PREA Training
- Volunteers, Interns and Contractors PREA Handbook
- PREA Training Power Points
- Employee/Volunteer/Contractor Acknowledgement Statements
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Agency PREA Coordinator
  2. Volunteer (Interns)

The Agency/Facility trains all volunteers and interns who have contact with Residents on their responsibilities under the facility’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Interviews and documentation indicated that the level and type of training provided to volunteers and interns are based on the services they provide and the contact they have with Residents. All volunteers and contractors are notified of the facility’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report alleged incidents.

The facility maintains documentation confirming that volunteers and interns understand the training they received. The Agency/Facility documents volunteer and contractor training using the rosters, which requires the volunteers, contractors and instructor signature and date.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- In the past 12 months, the number of volunteers and interns who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response: 4

**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.*

### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
  1. Training and Education Section 6
  2. Reporting Section 7
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- Resident Handbook
- Resident PREA Notice (English)
- Resident PREA Notice (Spanish)
- Break the Silence! Poster (English)
- Break the Silence! Poster (Spanish)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Intake Staff
  2. Random Residents

Staff interviews and documentation review indicated that during the intake process, Residents receive information explaining the facility's zero- tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

During intake, Residents are given the Resident handbook. During orientation, additional PREA related information is provided. The staff conducting intake/orientation gives Residents the opportunity to ask questions to clarify anything they do not understand. Resident's acknowledgement statements were provided of receiving PREA information.

The facility provides comprehensive education to Residents in person and regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. This information is provided to the Residents within 30 days.

All Residents at the facility received and have been educated on PREA. Residents that transfer to the facility also receive the required PREA Education.

Resident interviews confirmed that the facility provides Resident education in formats accessible to all Residents, including limited English proficient, deaf, visually impaired, disabled, as well as to

Residents who have limited reading skills. Staff and Resident interviews reveal that the facility provides the PREA Education in English and Spanish, to include Resident handbooks and posters.

The facility maintains documentation of Resident participation in the education sessions by using the Resident Orientation check list. The check list requires the Resident to sign and date and is witnessed by staff signature.

In addition to providing PREA education, the facility ensures that key information is continuously and readily available and visible to Residents through posters, Resident handbooks, and other written formats.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- The number of Residents admitted during past 12 months who were given this information at intake reported was 138.
- The number of Residents transferred from a different community confinement facility, during the past 12 months who received refresher information was 7.

**Interview Results:**

- Interviewed staff indicated that during orientation all residents, to include transfers from other facilities are educated on the zero tolerance and how to report incidents or suspicion of sexual abuse or sexual harassment. In general this information is given during the intake process and is given within 30 days, usually the by the 2<sup>nd</sup> day.
- Nineteen (19) out of nineteen (19) residents interviewed stated when they first came to this facility they did received information regarding facility rules against sexual abuse and harassment.
- Nineteen (19) residents were interviewed using the following statement, “when you came to this facility, were you told about”:
  1. Your right to not be sexually abused or sexually harassed, eighteen (18) out of nineteen (19) answer yes and one (1) stated that he were not told or cannot remember.
  2. How to report sexual abuse or sexual harassment, nineteen (19) out of nineteen (19) answer yes, they were told.
  3. Your right not to be punished for reporting sexual abuse or sexual harassment, nineteen (19) out of nineteen (19) answer yes, they were told.

## 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.*

### **Supporting Documents, Interviews and Observations:**

- PREA Policy for Isaiah 61.1, Inc.
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- Employee Conduct Policy
- PREA Training Power Points for Staff
- Employee/Volunteer/Contractor Acknowledgement Statements
- PREA Incident Check Sheet (Investigations)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Agency PREA Coordinator
  2. Investigator

In addition to the general PREA training provided to all employees, the investigators received training in conducting investigations in confinement settings. Interviews and documentation reveal that specialized training was completed.

The Department of Correction PREA Unit investigators completed the NIC Specialized training. Specialized training includes 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 and prosecution referral.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities confirmed by staff interviews:

- The number of investigators currently employed who have completed the required training was two (2).

### **Interview Results:**

- Interview with the Agency Investigators indicated that they received NIC online training specific to conducting sexual abuse investigations in confinement settings.

- Interview with the Agency Investigators indicated that the policy requires all allegations of sexual abuse or sexual harassment be referred for investigation with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

## 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.*

### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
  1. Medical And Mental Health Care Section 11
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Agency PREA Coordinator
  2. Facility Director

The local hospital conducts all emergency care or treatment to include "Sexual Assault Forensic Examinations". The local hospital examiners are qualified SAFE and SANE practitioners that comply with the National Protocol for Sexual Assault Medical Forensic Examinations.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities confirmed by staff interviews:

- In the past 12 months, the number of mental health practitioners who works regularly at this facility who received required training was zero.

### **Interview Results:**

- Interviewed with the Facility Director confirmed that the facility does not conducted forensic examinations, and do not have medical or mental health practitioners employed or contract at the facility.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

## Standard 115.241: Screening for risk of victimization and abusiveness

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

### 115.241 (a)

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

### 115.241 (b)

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

### 115.241 (c)

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

### 115.241 (d)

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



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

#### 115.241 (e)

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

#### 115.241 (f)

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

#### 115.241 (g)

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

### 115.241 (h)

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

### 115.241 (i)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- PREA Screening Checklist
- PREA within 30 Days Re-Assessments
- Memo: PREA Screening for All Residents
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Agency PREA Coordinator
  2. Facility Director
  3. Staff Screening for Risk of Victimization and Abusiveness
  4. Random Residents

The facility assesses all Residents during intake screening including Residents that transfer from other facilities for risk of being sexually abused.

Interviews and documentation revealed that intake screenings are taking place within 72 hours of arrival at the facility. In addition, during intake screening, procedures requires staff review available documentation (judgment and sentence, commitment orders, criminal records, investigation reports, field files, etc.) for any indication that a Resident has a history of sexually aggressive behavior. Housing assignments are made accordingly.

Staff interviews and documentation review reveal that the Screening for Risk of Victimization and Abusiveness include the following:

- Whether the Resident has a mental, physical, or developmental disability;
- The age of the Resident;
- The physical build of the Resident;
- Whether the Resident has previously been incarcerated;
- Whether the Residents' criminal history is exclusively nonviolent;
- Whether the Resident has prior convictions for sex offenses against an adult or child;
- Whether the Resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the Resident has previously experienced sexual victimization;
- The Resident's own perception of vulnerability.

Staff interviews for conducting Screening for Risk of Victimization and Abusiveness indicated that the facility uses an objective Screening Instrument to document this process. The PREA Intake Objective Screening Instrument has the required criteria. The results of the assessment are documented on the Intake Screening Form whether the Resident is vulnerable or sexually aggressive.

Interviews and documentation reviewed indicated that the cases managers reassesses the Residents' risk level for sexual victimization or sexual abusiveness whenever warranted and within the required timeframe of arrival at the institution if the Resident is identified at risk for victimization or for being at risk for being sexually abusive.

Interviewed staff indicated that Residents are not disciplined for refusing to answer, or for not disclosing complete information in response to any questions as stated in section (d).

The facility implements 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 as described above.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- The number of Residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexually victimization or risk of sexually abusing other Residents with 72 hours of their entry into the facility was 174.

**Interview Results:**

- Interview staff indicated that the Facility's Director, Agency PREA Coordinator, Case Manager have access to residents risk assessment in order to protect sensitive information from exploitation.
- Interview staff indicated that the initial risk screening assessment considers the requirements listed in this standard.
- Interview staff indicated that the process for conducting the initial screening is a checklist and a written format.
- Interview staff indicated that the staff does reassess resident's risk level as needed due to referrals, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.
- Nineteen (19) residents were asked, "when you first came to this facility, do you remember whether you were asked any questions like":
  - o Whether you been in jail or prison before, nineteen (19) out of nineteen (19) answer yes.
  - o Whether you have ever been sexually abused, nineteen (19) out of nineteen (19) answer yes.
  - o Whether you identify with being gay, lesbian, or bisexual, sixteen (16) out of nineteen (19) answer yes.
  - o Whether you think you might be in danger of sexual abuse at this facility, nineteen (19) out of nineteen (19) answer yes.

## 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

*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.*

## Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- PREA Screening Checklist
- PREA within 30 Days Re-Assessments
- Memo: PREA Screening for All Residents
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
  1. Agency PREA Coordinator
  2. Facility Director/ Program Manager
  3. Staff Screening for Risk of Victimization and Abusiveness
  4. Random Residents

The Agency/facility uses the information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those Residents at high risk for being sexually victimized from those at high risk of being sexually abusive. Individualized determinations about how to ensure the safety of each Resident will be made according to interviewed staff.

The facility did not have any transgender or intersex Residents during the audit period. However, if the facility receives a transgender and in deciding whether to assign a transgender or intersex Resident to which male living unit and in making other programming assignments, the facility will consider on a case-by-case basis whether a placement would ensure the Resident's health and safety, and whether the placement would present management or security problems.

Staff interviews indicated that when making placement and programming assignments for each transgender or intersex Resident the facility will reassess them at least twice each year to review any threats to safety experienced by the Resident.

Staff interviews also indicated if they were to have a transgender or intersex Resident, the Resident's own views with respect to his or her own safety will be given serious consideration.

Transgender and intersex Residents will be given the opportunity to shower separately from other Residents.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities confirmed by staff interviews:

- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation was 0.
- In the past 12 months, the number of residents at risk of sexual victimization who were placed in

isolation who have been denied daily access to large muscle exercise, and/or legally required education, treatment or special education services was 0.

- In the past 12 months, the average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization was 0.

**Interview Results:**

- Interview with the Facility Director indicated that the facility will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated houses, or wings solely based on identification status for protecting such residents.
- Interviewed staff indicated that the facility is not subject to a consent decree, legal settlement, or legal judgment. Staff indicated that the facility ensure against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated units, or wings solely on the basis of their sexual orientation, genital status, or gender identity. That the facility will house them in the general population unless requested by the resident for special housing for safety issues.

## REPORTING

### Standard 115.251: Resident reporting

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

#### 115.251 (a)

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

#### 115.251 (b)

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



### 115.251 (c)

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

### 115.251 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
  1. Reporting Section 7
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- Resident Handbook
- Resident PREA Notice (English)
- Resident PREA Notice (Spanish)
- Break the Silence! Poster (English)
- Break the Silence! Poster (Spanish)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:

1. PREA Coordinator
2. Facility Director
3. Random Staff
4. Random Residents

Interviewed with staff and documentation review indicated that the facility has established procedures allowing for multiple internal ways for Residents to report privately to agency/facility officials regarding sexual abuse and sexual harassment, retaliation by other Residents or staff, to include staff neglect or violation of responsibilities that may contributed to PREA incidents. The follow are internal reporting ways:

- Reporting from their Job (using the phone off facility site)
- Using their Personal Cell Phone
- Report Directly to Local Law Enforcement
- Tell the Case Manager
- Reporting to any staff member either verbally or in writing
- Hotline
- Writing a Resident request
- Writing an anonymous note

Interviewed staff and documentation indicated that the facility has established at least one way for Residents to report abuse or harassment to a public or private entity that is not part the agency, and that can receive and immediately forward Resident reports of sexual abuse and sexual harassment to agency officials, allowing the Resident to remain anonymous upon request. The following are external reporting ways:

- Reporting from their Job (using the phone off facility site)
- Using their Personal Cell Phone
- Report Directly to Local Law Enforcement
- Reporting through the Hotline

**Interview Results:**

- An interview with the Agency PREA Coordinator indicated that Isaiah House is tasked with the obligation to house adult male residents. The facility does not detain residents solely for civil immigration purposes. However, if they receive and resident solely for civil immigration purposes the facility will provide the resident with information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.
- Seven (7) out of seven (7) interviewed staff indicated that they can privately report sexual abuse and sexual harassment of residents to their supervisor.

- Seven (7) out of seven (7) interviewed staff indicated that residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by using the personal cell phone, completing a grievance or telling a trusted staff. They also indicated that residents can report verbally, in writing, anonymously, and from third parties.
- Interviewed residents were asked, how would you report any sexual abuse or sexual harassment that happened to you or someone else? Nineteen (19) out of nineteen (19) residents stated several ways they would report, including telling a staff, using their personal cell phone, passing a note, or filing a grievance, call local 911 or a telling a family member for third party reporting.
- Interviewed residents were asked can you make reports of sexual abuse or sexual harassment either in person or in writing. Nineteen (19) out of nineteen (19) said yes.

## 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 files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

#### 115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.252 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- Interviews:

1. PREA Coordinator
2. Facility Director

Isaiah House has an administrative process to address Resident grievances. However, if a PREA case is file through the grievance process, the grievance is report to the local police Department and the DOC PREA Unit immediately, which ends the grievance process and starts the investigations process.

The facility does not impose a time limit on when a Resident may submit a grievance regarding an allegation of sexual abuse. A Resident can submit a grievance any time regardless of when the incident is alleged to have occurred.

#### Third Parties:

1. Third parties, including fellow Residents, staff members, family members, attorneys, and outside advocates, are permitted to assist Resident in filing requests for administrative remedies relating to allegations of sexual abuse, and also permitted to file requests on behalf of Resident.
2. If a third party files a request on behalf of a Resident, the facility will 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.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- In the past 12 months, the number of grievances filed that alleged sexual abuse reported was 0.
- In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed reported was 0
- The number of grievances alleging sexual abuse filed by Residents in the past 12 months in which the Resident declined third-party assistance, containing documentation of the Resident's decision to decline reported was 0.
- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was 0.
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was 0.
- In the past 12 months, the number of Resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the Resident for having filed the grievance in bad faith reported was 0.

## Interview Results:

According to staff interviews, the facility does not require a Resident to use any informal grievance process as it relates to PREA, or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse.

According to Staff Interviews, the facility ensures that:

1. Residents who allege sexual abuse submit the grievance without submitting it to a staff member who is involved in the allegation. Grievance forms can be obtained from the case manager or ask any staff members; they may return the grievance using the lock grievance box.
2. The grievance is not referred to a staff member who is involved in the allegation.

## Standard 115.253: Resident access to outside confidential support services

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

#### 115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.253 (b)

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

#### 115.253 (c)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- MOU between Isaiah 61:1, Inc. and The Center for Family Justice
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
  1. PREA Coordinator
  2. Facility Director
  3. Random Residents

The facility provides Residents with access to outside victim advocates for emotional support services related to sexual abuse by giving Residents the mailing address to the Rape Crisis Center.

The facility informs Residents prior to them communicating with outside organizations that phone calls may be monitored and that reports of sexual abuse or sexual violence will be forwarded to authorities in accordance with mandatory reporting laws. Residents receive this information in their Orientation.

A review of the PREA Accountability Statement and confirmed by staff interviews:

- The facility provides residents with access to the list of outside victim advocates for emotional support services to sexual abuse: Sexual Assault Crisis Center of Eastern Connecticut.



**Interview Results:**

- Seventeen (17) out of nineteen (19) residents interviewed stated that they did know that there are services available outside of Isaiah House for dealing with sexual abuse, if they needed it.
- Nineteen (19) out of nineteen (19) residents interviewed stated that they can use their personal phone as to call the PREA hotline numbers or the facility phone if needed.

**Standard 115.254: Third-party reporting**

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

**115.254 (a)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Supporting Documents, Interviews and Observations:**

- PREA Policy for Isaiah 61.1, Inc.
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:

1. Agency PREA Coordinator
2. Facility Director

The facility uses the DOC website page as their method of third-party reporting of sexual abuse and sexual harassment. The public is made aware through a visitor's information.

Third party information is being provided to all visitors regarding their family members that are incarcerated at The Isaiah House by a DOC agency website. If at any time a Resident makes an allegation of being a victim of a sexual assault or sexual harassment and does not feel comfortable telling, writing, or using the posted hotline, the family member can make an official report on the Resident's behalf by contracting assigned staff. All sexual abuse or sexual harassment reports are done in a discreet manner to not compromise the resident.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

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

#### 115.261 (a)

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

#### 115.261 (b)

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

#### 115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No

- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.261 (d)

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

#### 115.261 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
  1. Reporting Section 7
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- Isaiah 61:1, Inc. Program Descriptions
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Agency PREA Coordinator
  2. Facility Director
  3. Random Officers

Agency policy requires staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency; retaliation against Residents or staff who reported the incident; as well as staff neglect or violation of responsibilities that contributed to the incident or retaliation. This policy information was confirmed by staff interviews.

Facility policy requires, apart from reporting to the designated supervisors or officials and designated state or local services; staff is prohibited from revealing any information related to a sexual abuse incident to anyone other than to make treatment, investigation, and other security and management decisions.

When sexual abuse incidents occur at the facility, staff interviews indicated that the facility will report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to be investigated.

#### **Interview Results:**

- Seven (7) out of seven (7) interviewed staff indicated that the facility management required all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at the facility; retaliation against residents or staff who reported the incident, and any staff neglect or violation of responsibilities that may have contribute to an incident or retaliation.
- Interview with the PREA Coordinator indicated that all allegations of sexual abuse and sexual harassment to include third party and anonymous sources are reported for investigations.

### **Standard 115.262: Agency protection duties**

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

##### **115.262 (a)**

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

#### **Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Supporting Documents, Interviews and Observations:

- IHC First Responders to a PREA Incident
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
  1. Agency PREA Coordinator
  2. Facility Director / Manager
  3. Random Officers

When facility learns that a Resident is at substantial risk of imminent sexual abuse, it takes immediate action by offering the Resident to move to special housing or protection custody until the matter is resolved.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- In the past 12 months, the number of times the agency or facility determined that a Resident was subject to a substantial risk of imminent sexual abuse reported was 0.

### Interview Results:

- Interview with the PREA Coordinator indicated that when they learn that and resident is subject to a substantial risk of imminent sexual abuse, the resident maybe protected by moving to another housing unit or transferring the abuser.

## Standard 115.263: Reporting to other confinement facilities

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

#### 115.263 (a)

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

#### 115.263 (b)

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

### 115.263 (c)

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

### 115.263 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
  1. Official Response Following Resident Report Section 8
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Facility Director
  2. PREA Coordinator

If the facility received allegation that and Resident was sexually abused while confined at another facility. Per staff interviews, the facility notified the head of the facility or appropriate office of the agency where the alleged abuse occurred.

The facility provided a process that they used when a Resident alleged sexual assault or sexual harassment at another facility.

Staff interviews indicated that when receiving allegations reported from other facilities, they would complete an incident report and send for investigations.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- During the past 12 months, the number of allegations the facility received that a Resident was abused while confined at another facility was 0.
- During the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was 0.

**Interview Results:**

- Interview with the Facility Director indicated when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at their facility involving staff, they would put that staff on no-contact. If it involves a resident they would monitor that resident until investigation is completed.

**Standard 115.264: Staff first responder duties**

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

**115.264 (a)**

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

**115.264 (b)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
  1. Training and Education Section 6
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- Isaiah 61:1, Inc. Program Descriptions
- Employee Conduct Policy
- PREA Training Power Points
- PREA Training Power Points for Staff
- Employee/Volunteer/Contractor Acknowledgement Statements
- PREA Coordinator and Team (coordinated)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Facility Director / Program Manager
  2. Random Staff
  3. Security Staff First Response
  4. Non-Security Staff First Response

Interviews with staff and staff training indicated when staff learn of an allegation that a Resident is sexually abused, the first security staff to respond separates the victim and abuser; preserves and protects the crime scene; and if the incident occurred within the appropriate time period for the collection of physical evidence, they will request that the alleged victim not take actions that could destroy physical evidence, to include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.



According to non-security staff, if they are the first responder they will request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- In the past 12 months, the number of allegations that a Resident was sexually abused was 0.
- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was 0.
- In the past 12 months, the number of allegations where staff was notified within a time period that still allowed for the collection of physical evidence was 0.
- Of the allegations that a Resident was sexually abused made in the past 12 months, the number of times non-security staff member was the first responder was 0.

#### **Interview Results:**

- Non-Security staff that were interviewed as a First Responders describe the actions taken to an allegation of sexual abuse is to:
  1. Separate the alleged victim and abuser,
  2. Contact the supervisor,
  3. Preserve and protect the crime scene,
  4. Request that the alleged victim not to wash, brush teeth, change clothes or use the bathroom,
  5. Request the same for the alleged abuser.
- Interview with Direct Care Staff indicated that as First Responders describe the actions taken to an allegation of sexual abuse is to:
  1. Separate the alleged victim and abuser,
  2. They would immediately security or contact the supervisor,
  3. Preserve and protect the crime scene,
  4. Request that the alleged victim not to wash, brush their teeth, change clothes or use the bathroom.
  5. Request the same for the alleged abuser.

### **Standard 115.265: Coordinated response**

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

## 115.265 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- PREA Coordinator and Team (coordinated)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. PREA Coordinator
  2. Facility Director

The facility policy response protocol provided guidelines for staff a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff were first responders, medical and mental health practitioners, investigators, and facility leadership.

### Interview Results:

- Interview with the Executive Director and the Facility Director indicated that the coordinated plan involved all the Management Team. Medical and Mental Health are not including in the process because the facility uses the local community services.

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

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

### 115.266 (a)

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

### 115.266 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. PREA Coordinator
  2. Facility Director / Manager

Staff interviews and documentation indicated that the facility's current relationship with union or collective bargaining agreements does not limit the facility ability to remove alleged staff sexual abusers from contract with Residents

**Interview Results:**

- Interview with the Executive Director indicated that the Isaiah House does not belong to a union.

**Standard 115.267: Agency protection against retaliation**

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

**115.267 (a)**

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

**115.267 (b)**

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

**115.267 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.267 (d)

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

#### 115.267 (e)

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

#### 115.267 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **Supporting Documents, Interviews and Observations:**

- PREA Policy for Isaiah 61.1, Inc.
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. PREA Coordinator
  2. Facility Director
  3. Monitoring Retaliation

The facility prohibits retaliatory behavior by Residents or staff in regards to the reporting of sexual abuse, sexual harassment, or cooperation with investigators as it relates PREA related incidents and allegations. Resident rights documentation and staff policy establishes expected conduct. The Facility Director is responsible for monitoring retaliation along with supervisor's to monitor Residents as it relates to PREA allegations and incidents.

The facility has several protection and reporting measures, for Residents. They can utilize the "Grievance Program" to document retaliatory acts or other PREA related concerns and issues. The process is over seen by the facility Grievance staff who works in concert with the facility Director and local Police Department to ensure privacy and policy compliance. The facility has the option to change Resident housing or transfer 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.

The facility reported that there is no retaliation for this audit reporting period. However, if the facility were to have issues with retaliation the policy will guide them on this standard. For example, for at least 90 days following a report of sexual abuse, the facility monitors the conduct and treatment of Residents or staff who reported the sexual abuse and 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, and act promptly to remedy any retaliation. Items the facility should monitor include Resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility continues monitoring beyond 90 days if the initial monitoring indicates a continuing need.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- The number of times an incident of retaliation occurred in the past 12 months was 0.

### **Interview Results**

- Interviewed staff indicated that when preventing retaliation against residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual

harassment investigations would change resident housing or transfers a resident, removal of alleged abusers, refer resident to counseling for services. When preventing retaliation against staff, they would change the staff shift or change the staff work details.

- Interviewed staff indicated that they will monitor the resident at least weekly. However, this process would end around 90 days.

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

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

#### 115.271 (a)

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

#### 115.271 (b)

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

#### 115.271 (c)

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

#### 115.271 (d)

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

#### 115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.271 (f)

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

#### 115.271 (g)

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

#### 115.271 (h)

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

#### 115.271 (i)

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

#### 115.271 (j)

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

#### 115.271 (k)

- Auditor is not required to audit this provision.



## 115.271 (l)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
  1. Investigations Section 9
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- PREA Incident Check Sheet (Investigations)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Facility Director
  2. DOC PREA Coordinator
  3. Agency PREA Coordinator

Interviews with the PREA Coordinator indicated that when they conduct investigations into allegations of sexual abuse and sexual harassment, they do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

The facility uses investigators who have received specialized training in sexual abuse investigations. The facility/agency investigators have completed the online NIC training and the local police officers who are investigators have received the required law enforcement training for police investigations.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and documented description of the physical and testimonial evidence, and investigative facts and findings.

When the external investigators investigate sexual abuse, the facility cooperates with the investigators and endeavors to remain informed about the progress of the investigation.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

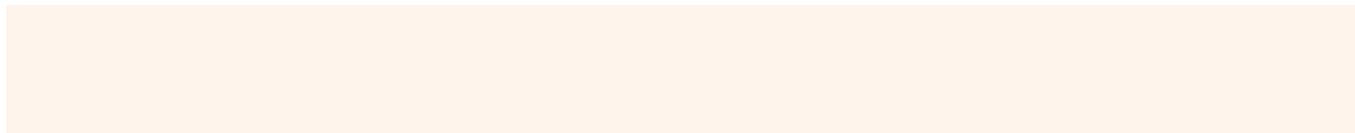
- The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit was 0.

**Interview Results:**

- Interviewed staff indicated that the outside agency that investigates criminal sexual abuse keeps the facility informed of the progress of the investigation thru emails and the release of the final investigation report.
- Interviewed Agency PREA Coordinator indicated when discovers evidence that a prosecutable crime may have taken place; it is turned in to the local Police Department for review than the prosecutor is consulted. According to the investigator cases for prosecution is refer when there are substantiated allegations of conduct that appear to be criminal.
- Interviewed PREA Coordinator and the Facility Director indicated when a staff alleged to have committed sexual abuse terminates employment prior to a completed investigation into the conduct; the investigator continues the investigation until completion.
- Interviewed DOC investigator indicated all investigations are documented. The documentation includes descriptions of physical, testimonial, and documentary evidence, as well as attached copies of documentary evidence.

**Standard 115.272: Evidentiary standard for administrative investigations**

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



## 115.272 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
  1. Investigations Section 9
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- PREA Incident Check Sheet (Investigations)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Facility Director
  2. Investigator

The investigators impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

### Interview Results:

Interviews with the DOC PREA Investigator confirmed the standard to determine whether an allegation is substantiated, unsubstantiated, or unfounded is the preponderance of the evidence.

## 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

*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.*

### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
  1. Reporting Section 7
  2. Official Response Following Resident Report Section 8
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Facility Director
  2. Investigator

Following a Resident’s allegation that a staff member has committed sexual abuse against the Resident, the facility will subsequently notify the Resident (unless the allegation has been determined to be unfounded or unsubstantiated) when 1) the staff member is no longer in the Resident’s unit; 2) the

staff member is no longer employed at the facility; 3) the facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4) the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility. All notifications are documented. The facility's obligation to report under this standard terminates if the alleged victim is released from the Department's custody.

When the facility notifies Residents, it is done verbally and documented.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- The number of criminal and/or administrative investigations of alleged Resident sexual abuse that were completed by the agency/facility in the past 12 months was 0.
- Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of Residents who were notified, verbally or in writing, of the results of the investigation were 0.
- The number of investigations of alleged Resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was 0.
- Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of Residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was 0.
- In the past 12 months, the number of notifications to Residents that were provided pursuant to this standard was 0.

### **Interview Results**

- Interview with the Facility Director indicated that the facility notifies residents who make an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.
- Interviewed PREA Coordinator indicated that a resident who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The information is shared with the facility to inform the resident.

# DISCIPLINE

## Standard 115.276: Disciplinary sanctions for staff

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

### 115.276 (a)

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

### 115.276 (b)

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

### 115.276 (c)

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

### 115.276 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

**Supporting Documents, Interviews and Observations:**

- PREA Policy for Isaiah 61.1, Inc.
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Facility Director
  2. PREA Coordinator

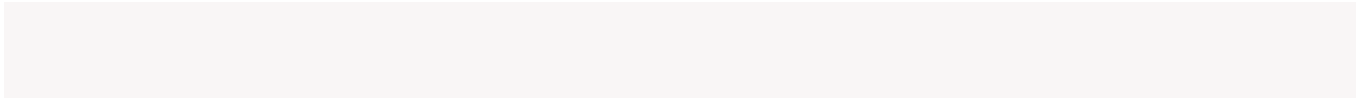
IHC policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency Resident sexual abuse and/or harassment policies. The Directive indicates that termination is the presumptive disciplinary sanction for staff that has been found to have engaged in sexual abuse. All terminations for violations of agency Resident sexual abuse or harassment policies or resignations by staff who would have been terminated but for their resignation will be reported to law enforcement agencies, unless the activity was clearly not criminal and to any relevant licensing bodies.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- In the past 12 months, the number of staff from the facility who has violated agency sexual abuse or sexual harassment policies was 0.
- In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was 0.
- In the past 12 months, the number of staff from the facility who has been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported were 0.
- In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies reported was 0.

**Interview Results**

- Interviews with the Executive Director confirmed staff violating agency sexual abuse policies with be disciplined and that termination is the presumptive action and referral for prosecution where indicated.





## Standard 115.277: Corrective action for contractors and volunteers

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

### 115.277 (a)

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

### 115.277 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
  1. Discipline Section 10
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- Volunteer, Intern & Professional Partners PREA Training
- Volunteers, Interns and Contractors PREA Handbook

- PREA Training Power Points
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. PREA Coordinator
  2. Facility Director

The Agency/Facility identifies sanctions for contractors, vendors and volunteers who engage in sexual abuse will be prohibited from contact with Residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. The facility will take appropriate remedial measures and will consider whether to prohibit further contract with Residents, in the case of any other violation of agency Resident sexual abuse or sexual harassment policies by a contractor or volunteer.

Volunteers and contractors are advised during their orientation that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with Residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. This information is provided in the Handbook provided to all contractors and volunteers.

There have been no violations of agency sexual abuse policies by any contractor or volunteer during the past twelve months.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- In the past 12 months, the number of volunteer who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was 0.
- In the past 12 months, the number of contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was 0.

## **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

*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.*

### **Supporting Documents, Interviews and Observations:**

- PREA Policy for Isaiah 61.1, Inc.
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- Resident Handbook
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. PREA Coordinator
  2. Facility Director

The Agency/Facility has a formal Resident disciplinary process when a Resident is subject to a disciplinary sanction following an administrative finding that the Resident engaged in Resident-on-Resident sexual abuse or following a criminal finding of guilt for Resident-on-Resident sexual abuse.

The disciplinary process allows sanctions to 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 within the facility.

In the Resident Discipline Process considers whether a Resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. The facility offers counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility consider whether to require the offending Resident to participate in such interventions as a condition of access to programming or other benefits.

Staff interviews indicated for the purpose of disciplinary action, 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, if an investigation does not establish evidence sufficient to substantiate the allegation.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- In the 12 months, the number of administrative findings of Resident-on-Resident sexual abuse that have occurred at the facility was 0.
- In the past 12 months, the number of criminal findings of guilt for Resident-on-Resident sexual abuse that have occurred at the facility was 0.

## 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.*

### **Supporting Documents, Interviews and Observations:**

- PREA Policy for Isaiah 61.1, Inc.
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- MOU between Isaiah 61:1, Inc. and The Center for Family Justice
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. PREA Coordinator
  2. Facility Director
  3. Staff

The Agency/Facility does not hire medical or mental health staff; however, they make referrals to community resources. The Agency/Facility 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 outside medical or mental health staff.

Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

### **Interview Results**

- Interviewed staff describes the following actions they would take as a first responder: Separate the alleged victim and abuser, Preserving and protecting evidence on the victim, abuser, and the location where the incident occurred.
- Interviewed staff indicated that they would ask the alleged victim and abuser not to take any actions that could destroy physical evidence; washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating, etc.
- Interviewed staff indicated that they would immediately notify their supervisor and the local Police Department.

## **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.*

### **Supporting Documents, Interviews and Observations:**

- PREA Policy for Isaiah 61.1, Inc.
  1. Medical And Mental Health Care Section 11
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- MOU between Isaiah 61:1, Inc. and The Center for Family Justice
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. PREA Coordinator
  2. Facility Director

The Agency/Facility offers services to all Residents who have been victimized by sexual abuse through outside services.

Staff interviews indicated that evaluations and services of victims include follow-up services, referrals for continued care following Residents transfer to, or placement in, other facilities, or their release from custody. The facility also provides victims with mental health services through local community programs.

Staff interviews indicated that Resident victims of sexual abuse while at the Halfway House is offered tests for sexually transmitted infections as medically appropriate through outside services.

The Agency/Facility requires treatment services to be provided to victims without financial cost.

The facility through outside services conducts a mental health evaluation of Resident-on-Resident abusers of learning of abuse history and offer treatment. If the Resident reports history of sexual abuse or abusiveness appears at risk for victimization, security and case management are notified.



## 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.*

### **Supporting Documents, Interviews and Observations:**

- PREA Policy for Isaiah 61.1, Inc.
  1. Data Collection and Review Section 12
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. PREA Coordinator
  2. Facility Director
  3. Incident Review Team Member

The Agency requires each facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded. The review will ordinarily occur within 30 days of the conclusions of the investigation when they received the Investigation Report. The review team will include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners. The review team is required to consider and complete the following:

- 1) Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;

- 2) Whether the incident or allegation was motivated by race, ethnicity, gang affiliation, gender identity, status or perceived status as lesbian, gay, bisexual or intersex, or was motivated or caused by other group dynamics at the facility;
- 3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- 4) Assess the adequacy of staffing levels in that area during different shifts;
- 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents was 0.
- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents was 0.

## 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.*

#### Supporting Documents, Interviews and Observations

- PREA Policy for Isaiah 61.1, Inc.
  1. Data Collection and Review Section 12
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Facility Director
  2. PREA Coordinator

The Agency/Facility collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions as required by Facility policy. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. Agency aggregates the incident-based sexual abuse data at least annually and generates a comprehensive and informative annual report. Each Agency facility is required by policy to maintain, review and collect data as

needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews.

The reviewed 2017 Annual Report which included PREA information. The agency aggregated incident-based sexual abuse data at least annually.

The incident-based data collected shall 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.

Upon request, the agency will provide all such data from the previous calendar year to the Department of Justice no later than June 30.

## **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.*

### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
  1. Data Collection and Review Section 12
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. PREA Coordinator
  2. Facility Director

The Agency and the Facility review data collected and aggregated pursuant to § 115.87 to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis. Interviews reveal that the Agency prepares an annual report of its findings and corrective action that includes the facility and the agency.

The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

The report is approved by the agency head and made readily available to the public.

The Agency redacts specific material from the reports that would present a clear and specific threat to the safety and security of a facility.

## 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.*

## Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
  1. Data Collection and Review Section 12
- Connecticut Department of Correction Administrative Directives
- Parole and Community Services Policy and Procedure Manual
- Isaiah 61:1, Inc. Policy and Procedure Manual
- REA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. PREA Coordinator
  2. Facility Director

The parent company aggregated sexual abuse data from the facility under its direct control is made readily available to the public at least annually. Before making aggregates sexual abuse data publicly available the Agency removes all personal identifiers

The agency maintains sexual abuse data collected for at least 10 years after the date of initial collection.

## 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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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.? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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?  Yes  No

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No



### 115.401 (m)

- Was the auditor permitted to conduct private interviews with residents, 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.*

### Supporting Documents, Interviews and Observations:

- PREA Policy for Isaiah 61.1, Inc.
  1. Audits Section 13
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Executive Director

### Interview Results:

- Interview with Executive Director and a review of the DOC website reveal that the company has conducted the required PREA Audits every year. The agency has ensured that at least one-third of each type is audited.

## 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 appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Supporting Documents, Interviews and Observations:**

- PREA Policy for Isaiah 61.1, Inc.
  1. Audits Section 13
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  1. Executive Director

**Interview Results:**

Interview with Executive Director and a review of DOC website indicated that the company has made publicly available all PREA audits as required by standard.

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.

- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Adam T. Barnett, Sr.

June 15, 2018

**Auditor Signature**

**Date**

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<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

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