

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

Date of report: July 22, 2016

Auditor Information			
Auditor name: Robert Lanier			
Address: P.O Box 452, Blackshear, GA 31516			
Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 912-281-1525			
Date of facility visit: June 29, 2016			
Facility Information			
Facility name: Waterbury Transitional Housing			
Facility physical address: 421 East Main Street Waterbury CT 06702			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 203-597-6540			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Beth Hines			
Number of staff assigned to the facility in the last 12 months: 30			
Designed facility capacity: 29			
Current population of facility: 20 as of July 5, 2016			
Facility security levels/inmate custody levels: Transitional Housing			
Age range of the population: 18+			
Name of PREA Compliance Manager: Beth Hines		Title: Program Operations Director	
Email address: bhines@cpa-ct.org		Telephone number: 860-566-0230	
Agency Information			
Name of agency: Community Partners in Action			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 110 Bartholomew Avenue Suite 3010 Hartford, CT 06106			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 860-566-2030			
Agency Chief Executive Officer			
Name: Maureen Price-Boreland, JD		Title: Executive Director	
Email address: mprice-boreland@cpa-ct.org		Telephone number: 860-566-2030	
Agency-Wide PREA Coordinator			
Name: Beth Hines		Title: Program Operations Director	
Email address: bhines@cpa-ct.org		Telephone number: 860-794-4353	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Waterbury Transitional House was conducted on June 29, 2016. Prior to the on-site audit the facility posted the Notice of PREA Audit instructing interested parties to contact the PREA Auditor (contact information provided). These notices were posted throughout the facility in areas accessible to residents, staff, visitors and contractors. The auditor did not receive any correspondence as a result of those notices. The Agency PREA Coordinator provided a flash drive 30 days prior to the on-site PREA Audit. The flash drive was very organized facilitating the review. The provided Pre-Audit Questionnaire contained detailed information. The flash drive contained Community Partners in Action (CPA) Policies and Procedures as well as any supporting documentation. The auditor reviewed the provided information and requested additional clarification and documentation. The PREA Coordinator was always very responsive to any request and continued to be responsive during the on-site audit and following the audit. The interactions before, during and after the audit confirmed that this PREA Coordinator is a true professional and takes sexual safety and PREA very seriously. The policies developed reflect attention to detail and these were comprehensive and detailed.

By prior agreement the auditor arrived at Waterbury Transitional House just prior to the overnight shift departing to interview those staff prior to their departure from the program after their shift. The auditor was met by the PREA Coordinator. Following introductions, the auditor began interviewing randomly selected staff from the overnight shift followed by interviewing residents of the facility. Residents were selected from all housing units. There were no residents who identified as either gay, bi-sexual or transgender. Nor were there any residents who had alleged prior sexual abuse or sexual abuse while in this program.

Following those interviews, the auditor randomly selected additional staff to be interviewed. Specialized staff, where applicable, were interviewed as well. When the Agency's PREA Coordinator was interviewed she also provided documentation that had been previously requested.

The tour of the facility confirmed that residents have access to PREA information throughout the program. Grievance boxes with grievance forms were observed in the living units. This facility is very well designed and it is obvious that considerations for the safety of residents and staff were foremost in the minds of those who had input into the design of the facility. Windows are located in multiple offices and rooms throughout the facility. At the entrance to the facility there is a camera in the foyer and multiple office doors with windows. A camera covers the entrance to the restrooms and dome mirrors are used to enhance viewing. Cameras are located in halls. A utility room is in view of a camera. A classroom has a large window and an additional two offices have windows. A classroom has large windows and the cafeteria entrance has a double door with two windows. and "wrap around windows". The food preparation area has a camera.

Residents have access to privacy while dressing, showering and using the restrooms. Restrooms and showers had doors on them preventing viewing. Rooms consisted of multiple occupancy with the exception of a couple of single rooms. Cameras were strategically located and positioned throughout the program. Several solid doors out of view of a camera were observed. It was recommended that signs restricting access be posted on these doors and that staff conducting unannounced rounds as well as other security rounds check these areas to deter sexual activity. A number of residents were observed with cell phones. These phones are allowed by the facility and just gives residents another way of reporting through an unimpeded and confidential manner outside the facility anytime they need to. Additionally, most of the residents are working or attending programming outside the facility and have yet another way to report.

Prior to the end of the day the PREA Coordinator/Operations Director had to depart the facility so the auditor shared with her briefly prior to her departure the initial findings. A follow-up email was sent later to request additional documentation and clarification.

Following interviews, reviews of additional documentation and records and a tour of the facility the auditor concluded the audit and departed the facility.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Waterbury Transitional Housing Program is located at 421 East Main Street in Waterbury, CT in an older mixed residential and business area. The program is operated by Community Partners in Action. There are numerous cameras throughout the facility and outside grounds which have recently been upgraded.

Twenty-nine beds are available to men who are referred by Court Support Services Division to the Alternative in the Community (AIC) network with a stipulation of transitional housing. Average stay at the program is approximately 90 days. Residents in the program participate in day programming at the Waterbury Alternative in the Community Program, housed on the first floor of the 421 East Main Street facility.

The Mission of Waterbury Transitional Housing is to provide men with a supervised structured residential environment that is safe and supportive; to provide a stable atmosphere that will enhance the efforts of the residents and staff to effect positive changes in resident behavior and decision making; to promote responsibility and accountability while reinforcing the values of tolerance, respect, cooperation, and concern during the men's stay, while meeting the needs of the referral source. The program mission is consistent with Community Partners in Action's mission, which is to provide services that promote accountability, dignity and restoration for people affected by the criminal justice system. The program is committed to the belief that people can change; prevention and intervention are preferable; program decisions must be knowledge based; community groups and citizen volunteers are crucial partners in this work and mutual respect must mark all our relationships. The program provides for a safe, supporting environment which helps ensure a successful transition to the community.

SUMMARY OF AUDIT FINDINGS

The audit process was designed to assess and determine compliance with the PREA Community Confinement Standards. Essentially the process consisted of reviewing policies and procedures provided by the company and other documentation related to specific standards, observations made during the tour and throughout the on-site audit process, interviewing staff from all shifts and residents from all living units, contractors, and company staff. Staff interviews included both specialized staff, as applicable, and randomly selected staff from all shifts. The process also included reviewing the program's Pre-Audit Questionnaire. The process also included reviewing additional documentation that was requested. The auditor reviewed each standard and applied the verbiage of the standard, no more and no less, to determine whether or not the programs were in compliance with a standard.

In addition to 9 randomly selected staff, specialized staff interviews were conducted. In this program staff perform additional duties therefore some of the interviews involved the same staff.

Interviews with staff confirmed that they have been trained in PREA. They were aware of the facility and agency's zero tolerance policy. They were also aware of the need to report every suspicion, allegation, knowledge and report of sexual abuse, sexual harassment and retaliation, including reports of residents being at substantial risk of imminent sexual abuse. Staff consistently reported they have been trained to take everything seriously and report it and let the investigators take it from there. Staff were also very articulate about their responsibilities as first responders.

Interviews with 10 residents, randomly selected, indicated they have been provided information on PREA including the facility's zero tolerance for all forms of sexual activity, sexual harassment and retaliation for reporting. Residents have multiple ways to report and were aware of them. They are allowed to have their own cell phones and most of the residents have phones enabling them to access the outside world for reporting at any time of the day or night. Too, most of the residents are out in the community on an almost daily basis either going to work, attending programs, looking for work and/or on passes. Residents indicated they would report to staff because they trust them and believe they would take appropriate action.

The auditor reviewed samples of documents that had been previously requested. The PREA Coordinator provided everything that was requested and the documentation that was provided prior to the audit and during the audit, as well as interviews and observations, were used to determine compliance with each standard.

The auditor reviewed 39 Standards from the Community Confinement Standards and all of the standards were determined to be in compliance.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

Community Partners in Action (CPA) has zero tolerance for all forms of resident on resident or staff on resident sexual abuse or sexual harassment. This is stated in the overreaching PREA Policy and is included in the resident handbook. The handbook advises residents that CPA has a zero tolerance for all forms of resident on resident or staff on resident sexual abuse or sexual harassment and a zero tolerance for retaliation for reporting.

The Agency has a designated unit-wide coordinator (PREA Coordinator) to develop, implement, and oversee CPA’s efforts to prevent, detect and respond to sexual abuse or sexual harassment.

The PREA Coordinator for the agency reports directly to the Agency Chief Executive Officer.

Interviews:

Interviews with the CPA PREA Coordinator confirmed that she is very knowledgeable of PREA and has been involved in it for years. She reiterated the agency’s zero tolerance for any form of sexual activity, sexual abuse, sexual harassment and retaliation for reporting it. Interviews with staff also indicated that they are knowledgeable, as well, of the zero tolerance policy. Residents consistently stated, in their interviews that they received information on the zero tolerance policy and that is also included in the resident handbook.

Standard 115.212 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA is a private, non-profit agency. CPA does not contract for the confinement of its Transitional House residents with other

private agencies or entities.

Interviews:

The PREA Coordinator confirmed that the agency nor this facility contract with any other agency or entity for the confinement of residents.

Standard 115.213 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

Community Partners in Action Transitional Housing Policy, Supervision and Monitoring, requires that the program develop and document a staffing plan and where applicable, video monitoring to protect residents against sexual abuse. The staffing plan must take into consideration the composition of the population, the physical layout of the facility, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and other relevant factors.

The staffing patterns at the Waterbury Transitional Program is predicated upon a rated capacity of 29. The staffing plan requires two residential monitors on first shift, three residential monitors on second shift and two residential monitors on third shift. Video cameras are strategically placed throughout the facility to aid supervision and monitoring. Deviations, according to agency policy, require written justification for the deviation and that this justification is sent to the PREA Coordinator.

Annually, or whenever necessary the PREA Team assesses the staffing plan and makes adjustments, if necessary.

The reviewed Staffing Plan Assessment for the center, dated May 24, 2016, documents the total numbers of FTEs. Additionally, it lists each staff position and total numbers of staff in those positions. It addresses the PREA standard requirements and more. Anytime there is a deviation from the minimum staffing, the reasons are documented and justification is provided. This information is sent to the PREA Coordinator. Reviewed emails documented deviations however the positions were covered either by part time staff or some other staffing to meet the requirements. A statement documents that all of the bullets listed in the staffing plan are reviewed during the staffing plan assessment.

Policy requires that unannounced visits are to occur consistently and are coordinated by Supervisors, Program Managers and Program Operations Directors. CPA Procedures for that policy require unannounced site visits conducted by the Program Manager and/or his/her designee and that these rounds are made a minimum of twice a month utilizing the Unannounced Site Visit Form. Quarterly rounds are required and can occur during any shift but will not be limited to first shift and must include off hour shifts. If activity is uncovered that is inconsistent with CPA and/or program policy, an investigation is required and all findings reviewed monthly with the Deputy Director.

Unannounced Site Visit Reports were provided for review documenting difference dates and times for conducting them. Forms documented visits in February, March and May of 2016.

Additionally, camera reviews are required as yet another means of monitoring supervision. Weekly camera reviews by the Program Director and monthly reviews by the Program Operations Director are required. Several examples of Camera Reviews were provided for review.

Interviews:

Interviews with higher level staff indicated that unannounced rounds are being conducted. Staff related that they make unannounced rounds after normal business hours for the purpose of deterring sexual misconduct and sexual abuse. They also stated they conduct camera reviews as frequently as once per week. Staff serving as Residential Monitors also related that they make unpredictable rounds at last hourly.

Standard 115.215 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

Community Partners in Action Policy prohibits cross gender strip and body cavity searches. The Pre-Audit Questionnaire documented that there have been no cross gender searches during the reporting period. Pat searches are conducted by male staff. Staff are also prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. Policy requires that residents are able to shower, perform bodily functions and change clothing without staff of the opposite gender viewing such activity. Observations made during the tour of both programs confirmed that residents in this facility have a high degree of privacy and are not in view of staff, either male or female. Doors are on the bathrooms and showers enabling the resident to shower and use the restroom in private. Policy requires female staff to announce their presence when entering the living units.

Interviews:

All of the interviewed staff related that females are not permitted to search a male resident, including pat searches. They related that there are always enough male staff available to do so and if one is not immediately available the female staff will stay with the resident until the male staff arrives. Female staff are allowed to ask the resident to turn his pockets inside out and to “wand” him for contraband but a prohibited from touching the resident. 100% of the interviewed residents related they had never been searched by a female staff nor had they ever seen a female staff search a male.

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

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA requires its programs to take appropriate steps to ensure residents who are LEP or have 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 agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Policy requires that the program 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.

Waterbury Transitional House will provide interpreters who can interpret effectively, accurately and impartially, both receptively and expressively. Written materials will be provided in formats or through methods that ensure effective communications with residents with disabilities.

CPA has a policy addressing Limited English Proficiency and requires that CPA employ Language Services to assist with LEP compliance and services will include oral language services and translation or written materials. In response to that Policy, CPA al has developed a “Protocol for Servicing LEP Participants (revised 6/25/14). The reviewed protocol provides a step by step process for accessing services. Language Line is identified as a resource for residents who are hearing impaired or are unable to communicate in English or Spanish. The telephone number is available to the appropriate staff. The PAQ documented that there were no instances where resident interpreters, readers or other types of resident assistants used during the past twelve months.

The program also has the ability to screen for appropriateness referrals to the program enabling them to know before the resident’s arrival if they need interpretive services.

Interviews:

Interviews with randomly selected staff indicated that generally they would not allow a resident interpreter. They indicated the facility had bilingual staff who could translate Spanish. About half were not aware of the availability of interpretive services through Language Line or how to access it if they ever needed it. None of the residents who were interviewed presented any disabilities nor were there any who were Limited English Proficient or disabled, requiring the services of an interpreter. Staff reported that they have not had any disabled or LEP residents in the past 12 months.

Standard 115.217 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA Policy, HR Policy III.C.20, Hiring Procedures, states that vacancies shall be open to applicants from both outside and within the agency. The Agency ensures that PREA standards are met. The Agency will not knowingly hire anyone who may have contact with residents, and shall not enlist the 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 community based program;
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in the above.

CPA also considers any incidents of known sexual harassment or abuse in determining whether to hire or to enlist the services of any contractor who may have contact with residents and final offers are contingent on the information obtained from all disclosures, verifications and checks.

Policy requires that CPA perform background records checks before hiring new employees who may have contact with residents. The Agency shall perform a criminal records 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 sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The company also performs a criminal background records check before enlisting the services of any contractor who may have contact with residents. Background checks are required to be conducted at least every five years or have a system for otherwise capturing that information for current employees.

Interviews:

An HR Staff explained the hiring process from posting of a vacancy, through the application process, interview process and background check process. First of all, Connecticut has a “ban the box” law which essentially removes a box regarding a potential employee affirming they have been convicted of a crime. The PREA Questions are now placed in the new hire package. If someone responded in the affirmative, a red flag would be raised and the applicant would be asked about it but the process would be suspended until additional information could be secured. Staff related that a complete background check is conducted. This would include a computerized check of the State Judicial Website where pending charges, convictions etc. can be checked. Checks are made for previous convictions and the company conducts additional checks. The staff related that the sex abuse registry is checked annually.

Standard 115.218 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Summary:

The PREA Coordinator related that the facility was taken over in July 2011. At that time a major renovation of the facility was undertaken and included the addition of cameras. There have been no major modifications to either the physical plant or the camera/video recording system. During that renovation windows to facilitate viewing in a number of areas, including administrative offices were installed. Cameras are strategically located throughout the facility and mirrors are used to enhance viewing as well. The kitchen itself has windows and cameras.

CPA Policy requires PREA standards are considered when designing or acquiring or upgrading facilities and technologies. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CPA shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse.

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CPA shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse.

The PREA Coordinator or designee would be responsible for ensuring PREA is considered whenever CPA designs, acquires or requests specific upgrades to facilities and technologies. The recipient of such requests will depend on the nature of the request.

Interviews:

The PREA Coordinator, in an interview, described the major renovations to the facility when the company took it over in 2011. She also indicated that she and the company would definitely be involved in future renovations and technology to consider the effects of upgrades on sexual safety and PREA considerations would be a priority.

Standard 115.221 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA Policy requires that staff contact local authorities to investigate allegations of sexual abuse. CPA shall offer all victims of sexual abuse access to forensic medical examinations without financial cost. CPA entered into a Memorandum of

Agreement with Safe Haven in Waterbury to provide victim advocacy services and crisis intervention services.

CPA/Waterbury offers victims of sexual abuse access to forensic medical examinations via Saint Mary's Hospital or Waterbury Hospital, without financial cost where evidentiary or medically appropriate. Examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination will be performed by other qualified medical practitioners. CPA shall document its efforts to provide SAFEs or SANEs.

As requested by the victim, the victim advocate, qualified CPA staff member, or qualified staff from a community based agency shall accompany and support the victim through the forensic medical examination process and investigatory reviews and shall provide emotional support, crisis intervention, information, and referrals.

Waterbury Transitional House provided a Memorandum of Agreement (MOA) between the program and Safe Haven of Greater Waterbury. Safe Haven, in that MOA, agreed to provide supportive services to WTH residents. These services included: Providing a sexual assault crisis counselor who can visit the resident at WTH and accompany the resident to the hospital, court, probation or parole. CPA agreed to immediately refer a resident who has been sexually assaulted either at the facility or prior to admission.

Interviews:

Interviewed staff related that in the event of a sexual assault or sexual abuse incident the victim would immediately be taken to the emergency room of the local hospital to receive any treatment as a result of the assault and a forensic exam to collect evidence. Staff related that a victim advocate from Safe Haven would accompany the resident throughout the process providing emotional support as needed, if requested. An interview with a staff person from Safe Haven confirmed the services offered via the Memorandum of Agreement between Safe Haven and Connecticut Renaissance.

Standard 115.222 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA Policy, Policy to Ensure Referral for Investigations, requires that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

CPA maintains policies to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to local authorities to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. This policy is maintained on the CPA website (www.cpa-ct.org). CPA is required to document all such referrals.

Criminal investigations are conducted by local authorities. The Waterbury Police Department would be the agency with the authority to conduct criminal investigations at WTH.

The PREA Coordinator serves as the staff responsible for conducting PREA related administrative investigations. The PAQ reported one allegation of sexual harassment that was made during the past 12 months and no allegations of sexual abuse. The facility provided the investigation report for the incident alleging sexual harassment. The allegation was made on July 24, 2015 and resolved on July 24, 2015 culminating with an investigation report completed on July 28, 2016. The report, brought by a roommate, alleged that another resident was being intimidated by another resident and “grooming: activity was alleged. The alleged victim was interviewed as was the alleged perpetrator. The victim confirmed reports made by the roommate who reported the incidents to the staff of WTH. The staff member receiving the report took it seriously and immediately contacted the Program Manager. The PREA Coordinator was notified as well. Investigation confirmed the intimidation and the alleged perpetrator was immediately removed from the program.

Interviews:

Randomly selected staff related that they are required to make a report of any suspicion, allegation, report or knowledge of an incident of sexual abuse or sexual harassment. They also related that these incidents would be investigated. When asked who would be responsible for conducting investigations, most of the staff were aware that the investigations would be conducted by the Waterbury Police Department. They also identified the PREA Coordinator as a staff who would be responsible for conducting investigations.

Standard 115.231 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA’s Employee Training Policy and Procedures require CPA to train all staff who may have contact with TH residents. The training is tailored to the gender of the residents, which in this case is male. If staff are reassigned from a facility housing males to a facility that houses only females or vice versa they are required to receive additional training.

The facility has a Power Point addressing the following and following the training they are required to sign a statement that they understand the following:

- CPA’s zero tolerance for all forms of sexual abuse and sexual harassment;
- The resident’s right to be free from sexual abuse and sexual harassment;
- How to fulfill their responsibilities under CPA’s sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- The dynamics of sexual abuse and sexual harassment in residential settings, including determining which residents are most vulnerable;

- The right of residents and staff to be free from retaliation for reporting sexual abuse or sexual harassment;
- How to detect and respond to signs of threatened and actual abuse;
- The common reactions of sexual abuse and sexual harassment victims;
- How to maintain professional boundaries with residents at all times;
- How to communicate effectively and professionally with all residents;
- How to comply with relevant laws related to the mandatory reporting of sexual abuse to authorities.

New staff are required to be trained in PREA as part of their new hire orientation and this training will occur within 30 days of the employees start date with WTH. In addition, CPA shall provide each staff with refresher training every two years to ensure they understand the agency's current sexual abuse and sexual harassment policies and procedures. In years in which a staff does not receive refresher training, CPA shall provide refresher information on current sexual abuse and sexual harassment policies.

CPA will utilize the National PREA Resource Center to identify the trainings needed to ensure all PREA Standards are reviewed with staff. Publications and webinars will be the primary resources used from the Center's web site. CPA will also utilize a PREA power point to assist with training staff to understand all PREA Standards.

A sample of 25 PREA Acknowledgement Statements were provided for review. Staff signed the acknowledgment indicating they understand CPA's Policies addressing PREA and their responsibilities under PREA.

Interviews:

Interviewed staff consistently reported they have received training in PREA. Most described the process as either a class with the power point slides or review of the power point slides with a questions and answer following. Staff were knowledgeable of the zero tolerance for any form of sexual activity. They also consistently were able to discuss the agency's expectations for reporting any suspicion, allegation, report or knowledge of sexual misconduct, sexual abuse, sexual harassment and retaliation. Lastly they were consistent with understanding and describing their roles as first responders.

Standard 115.232 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA policy requires 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.

All volunteers and contractors who have contact with residents will be notified and provided a copy of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report sexual abuse. This information is communicated in a brochure for contractors and volunteers entitled, "A Guide to the Prevention and Reporting of Sexual Misconduct with Clients". This brochure tells volunteers and contractors how to maintain appropriate boundaries. It also advises them of their duty to report and how to report, including via the hotline. Red Flags are also discussed to encourage volunteers and contractors to report suspicions.

CPA will utilize the National PREA Resource Center to assist with Volunteer and Contractor training. Publications and webinars will be the primary resources used from the Center's web site.

CPA will also utilize a PREA power point to assist with volunteer and contractor training. In addition, CPA has developed an information pamphlet specifically for volunteers and contractors pertinent to PREA.

Interviews:

There were no volunteers or contractors who were accessible during the audit.

Standard 115.233 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA policy requires that WTH residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

This information is provided to residents during the intake process and staff are required to notify all WTH residents that CPA:

- Has zero tolerance for all forms of sexual abuse and sexual harassment;
- Has multiple ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents; and
- Has a way to report sexual abuse or sexual harassment to authorities, allowing the reporting resident to remain anonymous.

During intake, staff are required to complete the required form for each resident which indicates the resident has received the required notices. This form will be signed by the resident, along with the staff conducting the intake, and retained in the resident's file.

During intake, the resident must also be referred to signage posted in the facility stating the zero tolerance policy.

CPA also requires that WTH provide refresher information whenever a resident is transferred to a different facility and provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills. The programs must maintain documentation of resident participation in these education sessions.

In addition to providing such education, WTH must ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

Residents receive a copy of the Resident Handbook that contains valuable PREA Related information including Zero Tolerance once again and multiple ways to report, both internally and externally. Residents sign an acknowledgment that they have received the handbook with the PREA related information.

Notices are posted prominently throughout the facility. The notices state that CPA has a Zero Tolerance for all forms of sexual abuse, sexual harassment and retaliation in its facilities. Information related to how residents can report is provided in the notice as well.

The facility uses a "PREA Script" for new intakes. This script covers Zero Tolerance for sexual abuse, sexual harassment and retaliation. It then talks about six ways residents can report. These included reporting to the case manager or any program staff, making an anonymous report via the grievance/incident box, report to the Program Manager, the Program Operations Director (phone numbers are provided), reporting via the Statewide toll free hotline (number provided) and to report the incident to local authorities. The numbers are provided for the State Police.

At the conclusion of the information provided using the PREA Script the resident receives a copy of the PREA Contact Numbers to keep with them.

Resident PREA Training Rosters were also provided to document "on-going" PREA training. The sampled rosters contained the names of 40 residents. The training was given to the residents during Community Meetings.

Interviews:

An intake staff who was interviewed related that residents, during the admissions and orientation process (same day most often and not later than 48 hours after admission), are given information on the Zero Tolerance Policy and other PREA related information verbally, through the PREA Pamphlet they receive and through the resident handbook. Nine of 10 interviewed residents related that they received information on Zero Tolerance, the rules against sexual abuse and sexual harassment, as well as their rights related to PREA and how to report allegations of sexual abuse or sexual harassment. Again 9 of 10 interviewed residents recalled that they had received the information either the same or next day. Several stated they have received PREA information every couple of days since then. They all related that Posters located throughout the facility also gave them vital information related to zero tolerance and reporting.

Standard 115.234 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA will rely on local and/or state authorities to investigate sexual abuse. CPA does not conduct administrative or criminal investigations. Although the CPA staff do not conduct criminal investigations, a document dated March 21, 2014 documented that three CPA staff participated in the Investigating Sexual Abuse in Confinement Setting webinar.

Interviews:

The Waterbury Policy Department investigates allegations of sexual abuse and sexual harassment, as needed. The PREA Coordinator completed an administrative investigation of one allegation of sexual harassment at WTH. The Investigation Report documented the facts of the case and the staff's responses to the allegation. The investigation culminated in a written report.

Standard 115.235 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

There are no medical or mental health staff in this program. Mental health and medical services would be provided in the community or in a DOC Facility. CPA Policy confirms that WTH does not employ medical or mental health providers/professionals.

Standard 115.241 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA Policy requires that all residents are screened to assess their risk of being sexually abused or being sexually abusive toward other residents using an objective assessment/screening instrument. Staff follow the instructions on the assessment form for making this assessment by asking each resident questions about their perceived risk of being abused. Staff may also consider their own assessment of risk factors. Completed assessments must be retained with the program's daily paperwork as well as in the resident's file.

Residents are assessed during intake or upon transfer to another facility. The assessment must take place within 72 hours of arrival at the facility.

The screening considers, at a minimum, the following criteria to assess residents for risk of sexual victimization:

- 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 resident's 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; and
- The resident's own perception of vulnerability.

The assessment screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.

Reassessments are conducted within a set time period, not to exceed 30 days from the resident's arrival at the facility. The facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

A resident's risk level is required to be reassessed when warranted due to a referral request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

The Transitional House does not discipline residents for refusing to answer, or for not disclosing complete information in response to assessment questions.

Staff are very conscious and aware of protecting the privacy of the resident and appropriate controls are placed on the dissemination within the facility of responses to questions asked pursuant to this PREA Standard to ensure sensitive information is not exploited to the resident's detriment by staff or other residents.

Reviewed samples of risk for vulnerability to victimization and sexually aggressive behavior were consistent with the policy.

Interviews:

Interviews with two staff who conduct victimization/abusiveness screening indicated that residents are screened during the intake process. Screening, they stated, always takes place within 72 hours.

Staff related they use the PREA Script to inform the resident about the screening process. That script states the following: “CPA is responsible for ensuring the safety of each resident in the TH. That said, we will now implement our PREA Screening Tool. The program will use information from the screening to make informed decisions regarding housing, bed, work, education, and program assignments with the goal of keeping those residents at risk of being sexually victimized safe during the duration of their stay. If at any time you do not feel comfortable answering a particular question on the screening tool, it is your right to politely request that the question be skipped. Please note, to best ensure your safety and the safety of all TH residents, it is important to fully complete the screening tool answering all questions.”

Staff also stated that they utilize a standard instrument for conducting the assessment that is conducted in private. The screening process considers information provided prior to the resident’s admission into the facility as well as the assessment tool and observations made during the intake process. The interviewed staff screening the residents, when asked about any other information they would consider in the screening process, stated they would review any historical information available and prior issues as a victim or perpetrator. Probation staff, they stated, will send comprehensive information on the resident and that this information will be reviewed as well. Both related that reassessments are conducted every 30 days.

Standard 115.242 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

After conducting the screening, the facility uses this information to inform housing, bed, work, education, and program assignments with the goal of keeping all offenders safe and free from sexual abuse.

CPA Policy, Use of Screening Information, requires that screening information is to be used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

CPA, WTH, uses the information provided by the referral source and the screening results to make individualized determinations about how to ensure the safety of each resident.

In deciding whether to assign a transgender or intersex resident to the WTH and in making other housing and programmatic assignments, CPA shall consider on a case – by – case basis whether the placement would ensure the resident’s health and safety, and whether the placement would present management or security problems. A transgender or intersex resident’s own views with respect to his safety will be given serious consideration.

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Policy also requires that WTH not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such residents.

Interviews:

An interview with staff who perform screening for victimization and abusiveness stated they would use the information from the risk screening to make the best decisions for housing the resident. They indicated that staff access to information about the resident derived from the screening would be provided on a need to know basis. They also stated that if a resident reported prior victimization the resident would be referred for a follow up with mental health. Staff related that there have been no residents who disclosed prior victimization or prior abusiveness.

Standard 115.251 Resident reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

Residents at WTH have multiple internal ways for residents and staff to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Residents are informed during intake about the multiple ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such behavior and staff neglect or violation of responsibilities that may have contributed to such incidents. How to report an incident of sexual abuse and/or sexual harassment is also outlined in the resident handbook given at intake. All residents sign an acknowledgement form that they have received the handbook.

Residents are provided with the PREA Information Card containing phone numbers for reporting. Residents are also informed of at least one way to report abuse or harassment to an office that is not part of the WTH Program and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to CPA senior management, allowing the resident to remain anonymous upon request.

Interviews:

Residents were able to articulate multiple ways for reporting sexual abuse, sexual harassment or retaliation if it occurred.

The most common response, when asked how they would report, was that they would tell a staff member. They also stated they could tell a family member. When prompted they could recall more ways to report. They all were aware of the hotline number. Most of the residents in the program have their own cell phones or have access to them to use to report an incident of sexual abuse or sexual harassment.

Standard 115.252 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

Waterbury Transitional House/CPA has a grievance process however the agency and program explain to residents that they should not use the grievance process to report allegations of sexual abuse or sexual harassment. They believe they need to know that information prior to opening up a grievance box even though that box is checked daily. There is a process for emergency grievances in the event a resident does write an allegation on a grievance form. Policy provides for Emergency Grievances to be sealed in a plain white envelope labeled, “emergency” and given to a staff member for processing. This policy also reiterates that unless it is an emergency, residents should first try to resolve the issue with the staff using the case manager to assist. This is not required in reporting allegations of sexual abuse or sexual harassment. CPA/Waterbury Transitional House prohibits informal processes or attempts to resolve with staff an alleged incident of sexual abuse or sexual harassment.

Interviews:

Interviews with residents indicated they could use the grievance process if they needed to report an incident of sexual abuse. They related this would not be the first way they would report but it was one way they could should they decide to use it. They stated they could give the grievance to any staff member or put it in a grievance box. They also believed that staff would respond to the grievance and take it seriously.

Standard 115.253 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CPA Policy, Resident Access to Outside Confidential Support Services, requires that residents have access to outside victim advocates for emotional support services related to sexual abuse.

The Waterbury Transitional House (WTH) informs residents, prior to giving them access, of the extent to which their communications with outside victim advocates will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Waterbury provides all residents with information about the outside advocacy/support organization, Safe Haven, including providing them with mailing addresses and telephone numbers, including their toll free hotline number. CPA shall enable reasonable communication between residents and these organizations in as confidential a manner as possible. Confidentiality is easily provided inasmuch as most of the residents at this program have cell phones or access to cell phones. Too they have access to the outside world through passes, work, appointments and through their community case managers.

CPA has a Memorandum of Agreement with Safe Haven of Greater Waterbury. This agency makes available counselors/advocates and community based services. These services include allowing a sexual assault crisis counselor/advocate to accompany and support the victim throughout the forensic exam process and investigatory interviews and provide emotional support, crisis intervention, information and referrals as requested by the victim. Information related to accessing these services is posted throughout the facility and easily accessible to residents. Residents are provided information on how to access Safe Haven Advocacy Services. That information is located on the brochure provided to the residents at intake. Residents were not knowledgeable of the services that would be provided through Safe Haven but when asked if they received information about the organization and how to access it they said they did.

Interviewed residents stated that if they had a legal representative they would be able to have the attorney visit the facility or they could make telephone contact with them as needed.

Interviews:

Interviews with the PREA Coordinator and staff at Safe Haven indicated that they are aware of the WTH program. They related that they would provide advocacy services in the event a resident had to go for a forensic exam or to provide advocacy services as needed. Interviewed residents related that they had not needed any outside advocacy services but were sure there was an agency or organization they could call to access it. Residents were generally not aware of the services of outside agencies who deal with sexual abuse other than to state they knew they were out there but were not sure what services they provided. They did say they had received the brochures with the information about the program.

Standard 115.254 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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

Summary:

CPA Policy addresses third party reporting by requiring that all reports of sexual abuse and sexual harassment that are received from third parties must be received and responded to according to policy by all staff.

The agency's webpage provides ways to report a PREA incident on behalf of a current or former resident. The names and email addresses for the PREA Coordinator/Programs Operation Director for AICs, Programs Operations Director for Re-Entry and Program Operations Director for Juvenile Programs are provided on the website as well. Additionally, the toll free number for the statewide hotline is provided with numbers for reporting in Spanish and in English.

Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are allowed to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents however the alleged victim must agree to have the request filed. If the resident declines to have the request processed on his or her behalf, CPA requires the program to document the resident's decision.

If a staff receives a third party report of sexual abuse or sexual harassment they are required to forward the report to their immediate supervisor who will in turn forward to the Program Manager and/or PREA Coordinator who will follow the proper PREA reporting guidelines.

Interviews:

Interviewed staff, randomly selected and specialized, indicated that they would accept reports from any source, including third parties. Residents also consistently identified family and friends as a method for reporting sexual abuse or sexual harassment.

Standard 115.261 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA/Waterbury TH requires 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Staff are made aware of their requirements for reporting through in-service training, in the staff brochure entitled "Sexual Safety Awareness brochure for staff" and through reviewing the agency's policy as well as through posters located throughout the facility.

Staff are required to immediately report to the PREA Coordinator, the Program Manager/supervisory designee, the HR Director, or any supervisor or manager or senior management staff any knowledge, suspicion, or information regarding:

- An incident of sexual abuse or sexual harassment that occurred in the program;
- Retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment;
- Any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation.

As soon as practical, the Waterbury Transitional House must report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation. Instructions provided for staff include the following:

- Call 911 to obtain transportation for the resident to Waterbury Hospital or Saint Mary's Hospital, both of which are PREA compliant;
- When a resident states that they have been sexually abused, staff must request that the resident not take any action that could destroy physical evidence, including washing, drinking or eating, unless medically indicated; If toileting needs to take place, the resident should be instructed to not wipe;
- The Program Manager/supervisory designee must contact Connecticut Sexual Assault Crisis Services to arrange for a sexual assault advocate to go to the hospital where the resident is being transported.

All allegations of sexual harassment must also be reported for investigation to the PREA Coordinator.

Upon receiving an allegation that a resident was sexually abused while residing at the TH, the staff receiving this information must immediately notify the PREA Coordinator, the Program Manager or supervisory designee, the HR Director, or a supervisor, manager, or senior management staff. Upon receiving an allegation that a resident was sexually abused the Supervisor/Manager receiving this information must immediately notify the PREA Coordinator and document such report and notification in the facility log and the PREA Coordinator will notify the Administration of CPA as soon as possible, but not later than by the end of the business day of the day the report of the allegation was received.

Apart from reporting to designated supervisors or agency officials, staff are not to reveal 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.

WTH has had no allegations of sexual abuse reported in the past 12 months.

Interviews:

100% of the interviewed staff, both randomly selected and specialized, stated that they are trained and expected to report everything, including suspicions, knowledge, allegations or reports of sexual abuse or sexual harassment. They all stated they will make an immediate verbal report to their supervisor and follow that up with a written report as soon as possible while the information is "fresh" on their minds and not later than the end of the shift. Supervisory staff were able to articulate the notification process as well.

Standard 115.262 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA Policy, Agency Protection Duties, requires Waterbury staff to conduct due diligence in ensuring all reasonable efforts to keep residents safe are consistently maintained.

All residents are screened to assess their risk of being sexually abused. The assessment process involves reviewing information provided to the facility by the probation staff as well as observations and an assessment of the scores of responses to questions asked on the vulnerability screening instrument. In addition to the quantitative scores, staff also consider their own assessment of risk factors.

Reassessments are conducted at a time not to exceed 30 days from the resident's arrival at the facility and when warranted due to a referral request, an incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

When the program learns by any means of notice that a resident is subject to a substantial risk of imminent sexual abuse, staff must take immediate action to protect the resident which may include:

- Consultation with Referral Source;
- Direct sight and sound supervision;
- Single room housing if available;
- Placement in a room with a staff member close enough to intervene quickly.

There have been no allegations or knowledge or suspicions that a resident was subject to a substantial risk of imminent sexual abuse during the past 12 months.

Interviews:

Staff consistently reported that they would take a report that a resident who was at substantial risk of imminent sexual abuse seriously. Consistently they also stated they would separate the alleged potential victim from the alleged potential perpetrator and make an immediate report to their supervisor. Staff responses always included separate the victim from the perpetrator and report it immediately to the supervisor. Responses then included, take the victim out of the situation; evaluate the environment to find a safe place for the victim; keep the victim safe; keep the victim with me; and keep the resident safe until a resolution could be achieved. The alleged perpetrator could be moved to another program or referred back to the referral source for placement.

Standard 115.263 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

Waterbury Transitional Center staff respond to allegations that a resident was sexually abused while confined at another facility and report it to the head of the facility or appropriate office of the agency where the alleged sexual abuse occurred. Agency Policy requires the Program Manager/PREA Coordinator to report those allegations as soon as possible but not later than 72 hours after receiving the allegation.

There were no allegations received alleging sexual abuse that an incident of sexual abuse occurred at another facility. There were also no allegations received from another facility that a resident was sexually abused at the WTH.

Interviews:

An interview with the Agency’s PREA Coordinator confirmed that she would contact the sending facility/program’s director and report the allegation. She would also ensure that the incident was reported and investigated like all other allegations of sexual abuse. She related that there have been no allegations of sexual abuse that have been received from any sending facility.

Standard 115.264 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

First responder duties identified in the agency’s policy require that upon learning of an allegation that a resident was sexually abused, the first staff person to receive the information does not leave the resident alone, notifies the Program Manager or senior management staff, calls 911 to obtain transportation for the resident to Waterbury Hospital or Saint Mary’s Hospital, separates the alleged victim and abuser, preserves and protects the crime scene and as soon as practical contacts the CT Sexual Assault Crisis Center to arrange for a sexual assault advocate to go to the hospital to meet the resident. Specific information is provided for preserving the crime scene. First Responding is documented on the “PREA Incident Check Sheet” to ensure that first responder duties are fulfilled in the required manner.

Interviews:

Staff were knowledgeable of their responsibilities as first responders and could articulate the steps they would take on being informed of an allegation of sexual abuse. Every staff member said they would notify their supervisor and immediately remove the victim to a safe place away from the victim. Some of the interviewed staff did not mention preserving the evidence without prompting but when prompted did remember it and articulated their responsibilities relative to preserving the evidence, including treating the room/area as a crime scene, telling the victim and perpetrator not to shower, change clothes, eat, drink, brush their teeth or use the restroom.

Standard 115.265 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA and Waterbury has a policy governing “Coordinated Response”. This includes procedures for first responders, investigative responsibilities and the responsibilities of the agency’s/program’s leadership.

A PREA Incident Check Sheet has been developed that enables a staff person to refer to for step by step guidance on what to do if an incident of sexual abuse occurs. The form is to be completed by the staff who received the PREA allegations of abuse at MTH.

Interviews:

Interviews indicated that staff are aware of their duties as first responders. They also understand the roles of each of the responders identified in the CPA Policy.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CPA Policy, Preservation of Ability to Protect Residents from Contact with Abusers, states that CPA is a private, non-profit agency. CPA staff are not unionized. CPA does not enter into collective bargaining agreements pertinent to staffing.

Interviews:

The PREA Coordinator confirmed that the agency has the capacity to take appropriate action in compliance with agency personnel policies including removing the staff member from the facility during an investigation.

Standard 115.267 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA requires that the WTH ensure the protection of 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. To that end, the agency has designated the PREA Coordinator as the staff person who is responsible for monitoring retaliation.

CPA and WTH will employ all available measures to protect vulnerable residents from abuse or prevent abusers from having the opportunity to abuse by:

- Consulting with Referral Source;
- Removing alleged resident abusers from contact with victims;
- Removing alleged staff abusers from contact with victims;
- Monitoring resident rooms, including by direct observation, if necessary;
- Transferring potential victims/abusers to other facilities, if operationally possible;
- Segregation during transportation in transport vehicles;
- Actively monitoring the conduct and treatment of residents or staff who have reported abuse and of residents who have reported to have suffered abuse for signs of retaliation;
- Protecting individuals who cooperate in investigations who express fear of retaliation.

For at least 90 days following a report of sexual abuse, the PREA Coordinator 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 shall act promptly to remedy any such retaliation.

Items CPA will monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. CPA shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring shall also include periodic status checks.

According to the PREA Coordinator there have been no allegations or reports of retaliation for reporting an allegation of sexual abuse or sexual harassment.

Interviews:

An interview with the PREA Coordinator indicated that staff would be instructed to be vigilant, to ask questions to see if the resident were being retaliated against, observe staff behavior etc. from the moment an allegation is made. She indicated that she would monitor for retaliation for at least 90 days and longer if needed.

Standard 115.271 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA Policy, Criminal and Administrative Investigations, states that CPA does not conduct criminal or administrative investigations. CPA will contact local authorities to conduct investigations. CPA will request that local authorities use investigators who have received special training in sexual abuse investigations pursuant to PREA Standard 115.234. It will be at the discretion of the local authorities as to whether allegations of conduct that appears to be criminal be referred for prosecution.

Policy requires that upon learning of alleged sexual abuse or sexual harassment, CPA shall:

- Include an effort to determine whether staff actions or failures to act contributed to the abuse;
- Document in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings, if provided to the agency by investigator.

CPA shall retain all written reports referenced above for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The departure of the alleged abuser or victim from the employment or control of the program/agency shall not provide a basis for terminating an investigation.

The PREA Coordinator provided the auditor an incident report documenting staff receiving or becoming aware of an allegation of sexual harassment. The report dated 7/28/15 alleges sexual harassment by one resident toward another resident. A roommate of the alleged victim and the alleged perpetrator reported to the Residential Supervisor that one roommate was trying to intimidate the alleged victim. The Residential Supervisor reported immediately to the Program

Manager and the Probation Officer. The alleged perpetrator was removed from the program by the Probation Officer. The report was documented.

The Survey of Sexual Victimization for 2015, Adult Residential Facilities, documented that there was one case of sexual harassment during the reporting period. It also documented that there were no allegations or incidents of sexual abuse or sexual misconduct.

Interviews:

Interviews confirmed that the Waterbury Police is responsible for conducting investigations for the facility. There are some administrative investigations that would be conducted by the PREA Coordinator.

Standard 115.272 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

The CPA, when conducting an administrative investigation, will not make a determination as to whether allegations of sexual abuse are substantiated. The determination will be at the discretion of the local authorities conducting the investigation.

The PREA Coordinator conducts some administrative investigations for WTH.

Standard 115.273 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA policies require that residents who report sexual abuse are kept informed as to the status of the allegation. Following an PREA Audit Report

investigation into a resident's allegation of sexual abuse suffered in the Waterbury Transitional House, CPA shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Since the local authorities are responsible for conducting investigations, Waterbury Staff and CPA will request the relevant information from them in order to properly inform the resident.

Following a resident's allegation that a staff member has committed sexual abuse against the resident, Waterbury/CPA staff subsequently inform the resident (unless it was determined the allegation is unfounded) whenever:

- The staff member is no longer posted within the resident's unit;
- The staff member is no longer employed at the facility;
- The agency learns the staff member has been indicted on a charge related to sexual abuse within the program; or
- The agency learns the staff member has been convicted on a charge related to sexual abuse within the program.

Following a resident's allegation that he has been sexually abused by another resident, Waterbury Staff/CPA shall subsequently inform the alleged victim whenever:

- The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All notifications or attempted notifications shall be documented and maintained by the PREA Coordinator. There was one incident of sexual harassment reported during the past 12 months. The resident was notified of the results and indicated that he felt safer now that the perpetrator had been removed from the program.

Interviews:

An interview with the Agency PREA Coordinator confirmed that residents will be informed of the results of the investigation at the conclusion of the investigation.

Standard 115.276 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA shall ensure prompt disciplinary action for staff who violate the agency's sexual abuse or sexual harassment policies. Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

There have been no allegations of sexual abuse during the past 12 months.

Interviews:

An interview with the PREA Coordinator who was also the CPA Chief Executive Officer's designee indicated that any employee who had a substantiated case of sexual abuse would be terminated. Other violations would be handled in compliance with the agency's personnel policies.

Standard 115.277 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

The program provided two volunteer and contractor sign-off sheets documenting that 28 contractors/volunteers had acknowledged that they have been notified about the agency's zero tolerance policy and how to report such incidents. This information is also provided in the "Guide to the Prevention and Reporting of Sexual Misconduct with Clients". CPA ensures a prompt response to any allegation of sexual abuse or sexual harassment by a contractor or volunteer. Any substantiated allegation of sexual abuse or sexual harassment by a contractor or volunteer is considered immediate grounds for removal from the program/agency.

Any contractor or volunteer who engages in sexual abuse shall be immediately prohibited from contact with residents and that conduct will be reported to local authorities and relevant licensing bodies as applicable.

CPA will take appropriate remedial measures and consider whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or vendor.

There have been no volunteers or contractors who have been alleged to have committed any violations of agency policies related to sexual abuse, sexual harassment or sexual misconduct.

Standard 115.278 Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA prohibits all sexual activity between residents and may discipline residents for such activity. CPA will not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Waterbury Transitional House residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following a finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed and the WTH may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

The following is a summary of potential disciplinary sanctions that may be taken by the program:

Level 1 – Infraction: This type of action does not rise to the level of a Program Violation.

Level 2 – Violation: This type of action is more severe than an infraction, and will be reported to the referral source on the next monthly status report or court report.

Level 3 – Violation: This type of action is considered severe and the referral source will be notified as soon as possible with a recommendation or request for termination from the program.

Level 4 – Violation: This is based on criminal behavior and will result in a telephone call to police and an immediate notification to the referral source requesting termination from the program.

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, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The Waterbury Transitional House Resident Handbook advises residents that any violation of these rules can result in a removal from the program, and the referral source may take additional action which may include, but is not limited to: reinstatement of bond, a Violation of Probation warrant and/or remand back to incarceration. Violation of any rule or regulation may prevent the resident from entering into the program on a future date. In-house sanctions will also occur with infractions/violations. Passes for that day can also be denied due to non-compliance.

There was only one allegation that was made during the past 12 months related to sexual harassment. The sanction was that

the resident was removed from the program.

Interviews:

Staff related that there have been no allegations of sexual abuse involving a resident. There was one allegation of sexual harassment involving a resident. The alleged perpetrator admitted saying some of the things he was accused of saying and was removed from the program expeditiously by the Probation Officer. Staff were aware of the disciplinary process however they indicated that the most likely result of a substantiated case of either sexual abuse or sexual harassment will be removal from the program.

Standard 115.282 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

The facility has not had any victims of sexual abuse however Waterbury will ensure that resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical health practitioners according to their professional judgment.

Waterbury Transitional House does not employ medical and mental health staff and will therefore rely on the services of qualified outside providers for these services for residents as necessary.

Waterbury procedures require the following:

Staff first responders take preliminary steps to protect the resident victim and immediately notify the appropriate medical and mental health providers.

Resident victims of sexual abuse shall be offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. This information will be provided at the Hospital where the resident is taken for a forensic examination.

Treatment services will be 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.

The facility provided a PREA Incident Check Sheet identifying required actions for responding to a report or allegation of sexual abuse. This document provides a step by step guide to direct the actions to take in these emergencies. The Memorandum of Agreement between Community Partners in Action and Safe Haven of Greater Waterbury states that any victim of alleged sexual assault who is a resident/client of a CPA facility (Waterbury), will immediately be referred for treatment regardless of whether the assault occurred in the facility or prior to admission.

Forensic nurse examiners are provided at the local hospitals in Waterbury. The hospital will notify Safe Haven, who provides services 24/7, and Safe Haven will provide a sexual assault crisis counselor and/or an advocate, who is certified to provide those services.

Interviews:

Interviews with the PREA Coordinator and staff at Waterbury confirmed that victims of sexual assault would immediately be transported to the local hospital for a forensic exam. The exam is provided by either a SAFE/SANE or a qualified medical professional in the absence of a SAFE or SANE. Safe Haven, the local advocacy organization, will respond to the hospital to provide support services, including crisis intervention counseling as well as advocacy support.

Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA’s Waterbury Transitional House (WTH) does not employ or have contracted medical or mental health care staff. All residents in need of such care will be referred to local providers for assistance.

The WTH will refer residents in need of medical and mental health care, pertinent to sexual abuse, to local providers who are PREA compliant such as Waterbury Hospital and Saint Mary’s Hospital.

Interviews:

Interviews confirmed that resident victims of sexual abuse would be referred to either Waterbury or St. Mary’s Hospitals. Forensic exams would be conducted there. Advocates and crisis intervention services are provided through a Memorandum of Agreement between Community Partners in Action and Safe Haven.

Standard 115.286 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

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

Summary:

CPA and Waterbury Transitional House will ensure a sexual abuse incident review is conducted 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. These reviews will take place within 30 days of the conclusion of the investigation.

The review team consists of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners if available and applicable. The Team at Waterbury consists of the PREA Coordinator/Program Operations Director, Program Operations Director for Adult Services, Supervising Case Manager and Residential Supervisor. The review team will consider the following and document the review on the Agency Incident Review Form:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings and recommendations for improvement and submit a report to CPA’s Executive Director and PREA Compliance Manager.

The program will implement the recommendations for improvement, provided adequate resources are available, or shall document its reasons for not doing so.

Interviews:

Interviews indicated that the team would pull the CPA Policies to determine if policies and procedures were followed. Video, if available would be reviewed. The entire purpose of the review is to look at the incident objectively to determine if there is anything that can be learned from it.

Standard 115.287 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Summary:

CPA collects accurate, uniform data for every allegation of sexual abuse at its programs using a standardized instrument and set of definitions and the CPA’s PREA Team aggregates the incident based sexual abuse data annually.

The incident based data collected shall include, at minimum:

- data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

CPA also maintains, reviews, and collects data as needed from all available incident based documents including reports, investigation files, and sexual abuse incident reviews

The data specified is required to be entered into CPA’s computer network by a member of the PREA Team. This system is password protected, housed within a secure network, and closely monitored by the agency’s IT Department

Upon request, CPA shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th of each year.

The PREA Coordinator provided the Waterbury Transitional House Survey of Sexual Victimization, 2015, Adult Residential Facilities for review. There were no allegations or incidents of sexual abuse or sexual misconduct. There was one incident of reported sexual harassment reported by a third party. PREA Related information is provided on the agency’s website.

Interviews:

The PREA Coordinator related that the agency collects uniform data for every program she is responsible for. She related she collects and reports data on an annual basis in the SSV.

Standard 115.288 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA’s PREA Team reviews data collected and aggregated pursuant to Standard 115.287.

PREA data is to be entered into CPA's computer network by a member of the PREA Team. This system is password protected, housed within a secure network, and closely monitored by the agency's IT Department.

CPA uses all available data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by:

- Identifying problem areas;
- Taking corrective action on an ongoing basis.

CPA prepares an annual report of its findings and any associated corrective action for its programs as well as the agency as a whole. The report includes a comparison of the current year's data and corrective actions with those from prior years (as available) and provides an assessment of CPA's progress in addressing sexual abuse.

The report is submitted to the CPA Executive Director to be approved and made readily available to the public through the CPA website.

CPA redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of its programs, but will include the nature of the material redacted.

Standard 115.289 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Summary:

CPA ensures data collected pursuant to Standard 115.287 is securely retained.

PREA data is entered into CPA's computer network by a member of the PREA Team. The system is password protected, housed within a secure network, and closely monitored by the agency's IT Department.

CPA provides all aggregated sexual abuse data from its programs readily available to the public at least annually via its website.

Before making aggregated sexual abuse data publically available, CPA shall remove all personal identifiers.

CPA maintains sexual abuse data collected pursuant to Standard 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. CPA's IT Director will securely dispose of the PREA data once it exceeds the 10-year mark. The IT Director will ensure such data is wiped clean from the network and is no longer available internally and/or externally.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Robert Lanier

July 22, 2016

Auditor Signature

Date