

PREA AUDIT REPORT INTERIM FINAL

COMMUNITY CONFINEMENT FACILITIES



Auditor Information			
Auditor name: Kevin Maurer			
Address: P.O. Box 4068, Deerfield Beach, FL 33442			
Email: kevin.maurer@us.g4s.com			
Telephone number: 954-790-3735			
Date of facility visit: 01/16/2015 +			
Facility Information			
Facility name: Roger Sherman House			
Facility physical address: 48 Howe St, New Haven, CT 06511			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 203-776-9900			
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 type="checkbox"/> Community-based confinement facility	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center		
Name of facility's Chief Executive Officer: Gail Eureka			
Number of staff assigned to the facility in the last 12 months: 22			
Designed facility capacity: 61			
Current population of facility: 56			
Facility security levels/inmate custody levels: Work Release			
Age range of the population: Adult			
Name of PREA Compliance Manager:		Title:	
Email address:		Telephone number:	
Agency Information			
Name of agency: The Connection, Inc			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 100 Roscommon Dr, Suite 203, Middletown, CT 06457			
Mailing address: <i>(if different from above)</i>			
Telephone number: 860-343-5500			
Agency Chief Executive Officer			
Name: Peter Nucci, Jr.		Title:	CEO
Email address: pnucci@theconnectioninc.org		Telephone number:	860-343-5500 +
Agency-Wide PREA Coordinator			
Name: Jacob Hasson		Title:	QI Specialist
Email address: jhasson@theconnectioninc.org		Telephone number:	860-343-5500 +

AUDIT FINDINGS

NARRATIVE

Roger Sherman House was audited January 16, 2015 by DOJ PREA Auditor Kevin Maurer and assisted by Pete Zeegers. Prior to the on-site audit, a review of all pre-audit documents was completed. During the initial audit meeting, Jacob Hasson, PREA Coordinator, and Gail Eureka, Program Manager, were present. A facility tour was conducted, which included all rooms of the program's facility. During the tour, it was noted that the Notice of PREA Audit and other PREA related materials were posted in several locations.

Interviewees were identified from a list of staff and residents. The interviewees included 10 residents and 10 staff. Additionally, there were no residents who identified with being LGBTI.

It should be noted that the staff of The Connection, Inc, and Roger Sherman House were very well prepared and organized for the on-site audit, and all pre-audit materials were in order and well highlighted. This shows the dedication and concern for the PREA program from both a corporate as well as a program level.

DESCRIPTION OF FACILITY CHARACTERISTICS

Roger Sherman House is located in New Haven, CT in an older mixed residential and business area. Roger Sherman House is located on the 2nd and 3rd floors of a multi-program building run by The Connection, Inc. All programs are securely separated from each other, with no mixing of residents or staff.

Roger Sherman House is a transitional halfway house for men being discharged from the correctional system. The program helps clients achieve self-esteem with positive results by providing them the resources to break the cycle of criminal activity, substance abuse, or poverty.

Roger Sherman House provides clients being released from prison employment opportunities as well as educational opportunities. The 61-bed facility focuses on life skills and helps clients regain their independence in the community with a strong emphasis on responsibility. Program services include individual, group and family counseling; substance use education, financial management assistance; employment skills; reading and writing skills; educational opportunities; and community outreach activities. All referrals for this program come from the State of Connecticut Department of Correction.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 2

Number of standards met: 27

Number of standards not met: 0

Number of standards not applicable: 10

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

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

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

The agency and facility have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in the facility. This policy details the approaches it uses to prevent, detect and respond to sexual abuse and sexual harassment. The definitions of prohibited behaviors are clearly defined, as are the sanctions for those who violate policy.

The agency has designated a corporate manager as PREA Coordinator. He is very knowledgeable of PREA requirements, devotes sufficient time and effort in assisting facility staff with PREA-related issues, and has the authority to implement corrective actions. The facility Program Director serves as the PREA Compliance Manager (although this position is not required by standard) and reports that there is sufficient time and authority to coordinate the facility’s compliance with the PREA Standards.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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N/A - Roger Sherman House does not contract with other entities 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)

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The Staffing and Video Monitoring Policy for Roger Sherman House states that The Connection, Inc. will provide staffing and video monitoring at facilities in accordance with contractual and PREA obligations. These staffing and video monitoring plans will be evaluated at minimum annually. The staffing plan outlines the minimum number of staff required for the program during all 3 shifts, 7 days per week.

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)

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Policy GLS 11.02 Searches of Program Participants states that physical searches are to be performed by a same sex staff member. A second staff member of the same sex is to be present as a witness. Physical searches are to be conducted in a private and confidential area. A physical search may involve more than the superficial “pat down” to the extent that a client may be asked to remove articles of clothing such as shoes, sweater, shirt, etc., not to involve any nudity. Every precaution will be reasonably taken to avoid embarrassment and maintain confidentiality.

During a physical search, there is no physical contact between staff and clients. If Staff discovers contraband on a client during a physical search, he/she will instruct the client to produce the item and turn it over to staff. However, staff performing the search may physically inspect the client’s clothing once it is removed (i.e.: check pockets, insides shoes, linings of coats, etc.).

Policy GLS 11.03 Searches of Program Participants further states that pat downs, body cavity, and strip searches are prohibited regardless of the gender of the staff or inmate, even in exigent circumstances. There have been no incidents of cross gender pat down searches in the past 12 months.

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

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

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

The Americans with Disabilities Act Policy states to ensure effective communication with residents who are deaf or hard of hearing, The Connection, Inc. will provide access to interpreters who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. The agency shall ensure that written materials are provided in formats or through methods that endure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

Additionally, Roger Sherman House provides The Client Guide to PREA and the Roger Sherman House Program Handbook in Spanish for those residents who are limited in English.

Staff interviews indicate that resident interpreters, resident readers, or other types of resident assistants shall not be utilized.

Standard 115.217 Hiring and promotion decisions

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

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New Hire Documentation Policy & Procedure as well as Hiring Contractual Services Policy and Procedure addresses that all applicants for employment, contracted services, will be appropriately screened for appropriateness for position and contact with residents. It further states that a criminal background record check will be conducted for staff who may have contact with residents prior to employment, and at least every 5 years thereafter for current staff. Additionally, The Connection, Inc. will make a best effort approach to contacting all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The policies also state that The Connection, Inc. will not hire or promote anyone who may have contact with residents who has engaged in sexual abuse any confinement or treatment setting; who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged those activities. Additionally, The Connection, Inc. shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

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.

N/A - Roger Sherman House has not had any upgrades to facilities and technologies.

Standard 115.221 Evidence protocol and forensic medical examinations

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

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N/A - During the onsite visit it was determined that the facility is not responsible for conducting investigations or performing forensic examinations. This part of the standard is N/A. The Connecticut State Police is responsible for investigations. Yale/New Haven Hospital in New Haven CT is responsible for SAFE/SANE forensic examinations.

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.

Facility policy ensures that an administrative/criminal investigation is completed as required. Allegations that are criminal in nature are reported to the Connecticut State Police.

Standard 115.231 Employee training

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

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

The Staff Training Curriculum provides for the initial and annual training on PREA regulations, which includes all 10 required items listed in the standard. Documentation shows that 100% of staff has received the required training within the last 12 months. Staff interviews confirm training and the training topics.

Standard 115.232 Volunteer and contractor training

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

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

The PREA Policy and Procedure addresses that all volunteers and contractors who enter the designated PREA facility have received PREA language and agree that they understand their role in upholding PREA standards of reporting and behavior. The training includes all 10 required items listed in the standard. Documentation shows that the volunteers have received the required training within the last 12 months.

Roger Sherman House has no contractors who have contact with residents.

Standard 115.233 Resident education

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

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

The PREA: Policy and Procedure addresses that during the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The Client Guide to PREA is available in both English and Spanish. Additional PREA information is contained in the Program Handbook, as well as posted throughout the facility.

Documentation shows that all residents have received the required PREA training upon their intake into the facility. Resident interviews confirm training and topics.

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.

N/A - Roger Sherman House / The Connection, Inc does not conduct investigations

Standard 115.235 Specialized training: Medical and mental health care

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

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

N/A - Roger Sherman House / The Connection, Inc. does not have in-house medical and mental health care

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

The PREA: Policy and Procedure requires that upon admission, the resident will be administered a Sexual Risk Victimization or Abusiveness Tool. This evaluation includes possible victim factors and possible predatory factors. The policy also requires that all residents will be reassessed every 30 days, or when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness. The 30 day requirement contained in the policy exceeds the standard. Roger Sherman House screens all residents for risk of being sexually abused or being sexually abusive.

The PREA Risk Assessment screening tool takes into account the 9 criteria identified in the standard. Additionally, the policy states that residents answer questions voluntarily, and no repercussions occur if a resident declines to answer a question, or declines to disclose all relevant information.

Standard 115.242 Use of screening information

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

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

The PREA: Policy and Procedure states that assignment to appropriate housing units will take into account the results of the resident’s PREA risk assessment, sexual orientation, gender identity, and any other relevant factors. If a transgender or intersex resident was assigned to the program, appropriate arrangements would be made to allow them the opportunity to shower separately from other residents. There are no dedicated facilities for the purpose placement of LGBTI residents.

Standard 115.251 Resident reporting

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

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

The PREA: Avenues of Reporting PREA Allegations Policy and Procedure addresses resident reporting. It states that residents can 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 by written notes, or verbal communication to clinical staff, the Program Director, a Parole Officer or the PREA coordinator. Residents also have access to a telephone and may contact the Sexual Assault Crisis Center or the police. The reporting of sexual abuse or sexual harassment may remain anonymous and may be reported by third parties. This information is made available to the residents upon intake, when they are provided a Client Guide to PREA Pamphlet, Program Handbook, and advised of the PREA related postings throughout the facility. Resident interviews confirm understanding of reporting procedures.

Staff is advised of their duty to report incidents of sexual abuse and sexual harassment and is provided contact information for reporting privately to the PREA Coordinator.

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.

N/A - According to PREA: Avenues of Reporting PREA Allegations Policy and Procedure, sexual assaults and/or sexual harassment are not grievable offenses. All alleged incidents of sexual abuse and sexual harassment must be reported to staff.

Standard 115.253 Resident access to outside confidential support services

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

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The PREA: Policy and Procedure states that upon intake, the resident will be provided with information that an outside victim advocate for emotional support and treatment services not provided by Roger Sherman House. The Connecticut Sexual Assault Crisis Center (CONNSACS) provides this service. This information is provided to the residents in writing through the Client Guide to PREA given to them during their intake. Additionally, the residents are informed that the communications with the outside service will be kept strictly confidential, however, they are made aware of CONNSACS mandatory reporting requirement.

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)

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Roger Sherman House / The Connection, Inc. offers two ways of third-party reporting sexual abuse and sexual harassment of residents. The Connection, Inc. website, www.theconnectioninc.org, provides contact information to receive third-party reports of sexual abuse and sexual harassment on behalf of residents either by phone or in writing. Additionally, the Visitor's Guide to PREA pamphlet provides this information as well. Interviews with residents and staff verify that they are aware of third-party reporting.

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)

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The PREA: First Responders to a PREA Incident Policy and Procedure addresses that all staff will immediately report to the Program Manager, Director of Community Justice, and PREA Coordinator any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the program, retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment, and any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation. The policy further states that staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Additionally, The Connection, Inc. will report all allegations of sexual abuse, including third party and anonymous reports, to the supervising Parole / Probation Officer and the local authorities for further investigation. During the PREA screening, residents are made aware of their duty to report sexual abuse.

Interviews with staff confirm their understanding of their duty to report.

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)

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The PREA: Protection and Retaliation Policy and Procedure addresses agency protection duties, and states that the agency shall take appropriate measures to keep the residents safe. This may include keeping potential victim and abuser separated, changing housing assignments, and emotional support.

Interviews with staff confirm their understanding of protection duties.

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)

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The PREA: First Responder to a PREA Incident Policy and Procedure states that if an alleged PREA incident occurred while the client resided in another facility not run by The Connection, Inc., the PREA Coordinator will immediately notify that facility and document that notification of the alleged incident has been communicated.

This communication will occur no longer than 72 hours after the PREA Coordinator was made aware of the alleged incident.

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)

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The PREA: First Responder to a PREA Incident Policy and Procedure addresses the requirements for staff response to a PREA Incident. It states that the first responding staff members are responsible for the following: separate the victim and the alleged abuser; determine the safety of the client and, if need be, contact emergency medical services; preserve and protect any crime scene until appropriate steps can be taken to collect evidence; if the abuse occurred within a time period that allows for the collection of physical evidence, staff will request that the alleged victim(s) and/or abuser(s) not take any actions that could destroy physical evidence. This includes, but is not limited to washing; brushing teeth; changing clothes; urinating; defecating; smoking; drinking; and eating.

Interviews with staff indicated that they had been provided with this training.

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)

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Roger Sherman House / The Connection, Inc. has a written PREA Coordinated Response Plan which outlines the duties of first responders, Program Manager, Staff, PREA Coordinator, Dept. of Corrections / Court Services, Human Resources, Director of Community Justice Programs, and Risk Management Team. It provides for the immediate notification of law enforcement, emergency medical transport if needed, and notification to the Sexual Assault Crisis Service, if needed.

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)

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N/A - Roger Sherman House is Non-Unionized, Non-Profit facility and does not enter into collective bargaining agreements.

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)

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The PREA: Protection and Retaliation Policy and Procedure provides for the response to retaliation for reporting a PREA Incident. In the event that a client or staff member a fear of retaliation, the agency shall take appropriate measures to protect that individual.

The PREA Coordinator will ensure that the alleged victim, witness, and/or staff member will feel safe during and after the conclusion of the PREA investigation. The Connection, Inc., as an agency, reserves the right to employ measures, in case of retaliations, as it sees fit. These may include housing Changes; removal of alleged abusers from contact with victims; and emotional support services. The Program Director of the facility under investigation will monitor the conduct and treatment of residents and staff who have reported the sexual abuse and of the victim for no less than 90 days after the report of sexual abuse.

Staff will ensure that no changes, that may indicate potential retaliation, have transpired. This includes, but is not limited to disciplinary reports; housing status; program changes; negative performance reviews; or staff reassignments. On site staff members will perform periodic status checks on the alleged victim.

The agency's obligation to monitor shall terminate if the agency determines that the alleged allegation is unfounded.

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.

N/A - Roger Sherman House / The Connection, Inc. does not conduct investigations.

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.

N/A - Roger Sherman House / The Connection, Inc. does not conduct investigations.

Standard 115.273 Reporting to residents

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

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

The PREA: Reporting to Victims Policy and Procedure states that At the conclusion of a PREA investigation, the PREA Coordinator provide a written notification to the alleged victim stating whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. In the event of a staff on client PREA allegation, the PREA Coordinator will inform the alleged victim whenever the staff member is no longer posted within the unit; the staff member is no longer employed with the agency; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

In the event of a client on client PREA allegation, the PREA Coordinator will inform the client whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All notifications to alleged victims will be documented by the PREA Coordinator. The Connection Inc.’s, obligation to report under this standard will terminate if the resident is released from the agency’s custody.

Standard 115.276 Disciplinary sanctions for staff

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

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

The PREA: Policy and Procedure states that . The PREA Coordinator is responsible for overseeing the prevention, detection, and response to all alleged PREA allegations. All substantiated allegations will result in sanctions, including but not limited to, termination and referral to criminal prosecution.

Standard 115.277 Corrective action for contractors and volunteers

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

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

The PREA Policy and Procedure addresses corrective action and states all substantiated allegations will result in sanctions, including but not limited to, termination and referral to criminal prosecution.

Standard 115.278 Disciplinary sanctions for residents

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

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

The PREA Policy and Procedure addresses disciplinary sanctions for residents. It states that the PREA Coordinator will conduct an administrative review of any and all allegations of sexual abuse and sexual harassment, regardless of the origin of the allegation, at all designated PREA programs. This information will be forwarded to pertinent parties, including but not limited to, State of Connection Department of Correction (DOC), Court Support Services Division (CSSD), Probation, and/or Parole for review and potential sanctions for alleged perpetrators.

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.

The PREA: First Responders to a PREA Incident Policy and Procedure states that if agreed to by the client, the PREA Coordinator contacts CONNSACS so that the victim(s) of sexual abuse shall receive timely and unimpeded access to emergency medical treatment services. These services will be provided to the victim at no cost, regardless of cooperation with the investigation. These services will be available on an on-going basis, until the client is released from The Connection, Inc. run facility.

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.

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Standard 115.286 Sexual abuse incident reviews

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

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

The PREA: Policy and Procedure states that Within 30 days of receiving a PREA investigative report, the PREA Coordinator will conduct a PREA incident review. The Incident Review Form outlines what considerations the PREA Incident Review Team will assess, including was the incident motivated by race, ethnicity, gender identity, gang affiliation, other group dynamics; does the area contain physical barriers that may enable further abuse; is the staffing adequate for the time period and activities at the time of the incident; and is additional video monitoring or staff deployment to that area needed in the area or during the activity. The incident review report contains recommendations based on the findings from the above considerations, recommendations of DOC, and recommendations of the CSSD report, if applicable.

Standard 115.287 Data collection

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

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

The Connection, Inc. collects accurate uniform data for every allegation of sexual abuse in its programs using a standard instrument and set of definitions. The BJS Survey of Sexual Violence adult incident form is utilized as well as an internal The Connection, Inc. incident form.

The Connection, Inc. aggregates the incident-based sexual abuse data at least annually. The incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The Connection, Inc. maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.

Standard 115.288 Data review for corrective action

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

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

The Connection, Inc. reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This includes identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse. The report shall be approved by the agency head and made readily available to the public through its website.

Standard 115.289 Data storage, publication, and destruction

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

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

The Acceptable Use of Computing Resources Policy and Procedure addresses data storage, publication, and destruction. It requires that all Incident information and aggregate PREA data is securely retained electronically. Aggregated sexual abuse data shall be made available to the public annually through The Connection, Inc. website after the removal of any personal identifiers. All data will be maintained for a minimum of 10 years after collection.

AUDITOR CERTIFICATION

I certify that:

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

Kevin M. Maurer

2/15/15

Auditor Signature

Date