

PREA AUDIT: AUDITOR'S SUMMARY REPORT

COMMUNITY CONFINEMENT FACILITIES



Name of facility: Cochegan House			
Physical address: 976 Norwich New London Turnpike, Uncasville, Ct. 06382			
Date report submitted:			
Auditor Information: Peter Plant			
Address: 6302 Benjamin Rd. Tampa, Fl. 33632			
Email: peter.plant@us.g4s.com			
Tel. no.: 813-784-4478			
Date of facility visit: 1-12-15			
Facility Information			
Facility mailing address: <i>(if different from above)</i> Same as above			
Telephone number: 860-848-5500			
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
Facility Type:	<input type="checkbox"/> Non-Profit	<input checked="" type="checkbox"/> Community Confinement Facility	
Name of PREA Compliance Manager: Jacob L. Hasson		Title: Quality Improvement Specialist	
Email address: jhasson@theconnectioninc.org		Telephone number: 860-343-5500 ext. 1144	
Agency Information			
Name of agency: The Connection			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 100 Roscommon Drive, Suite 203 Middletown, Ct. 06457			
Mailing address: <i>(if different from above)</i> Same as above			
Telephone number: 860-343-5500			
Agency Chief Executive Officer			
Name: Peter Nucci, Jr.		Title: President and CEO	
Email address: pnucci@theconnectioninc.org			
Telephone: 860-343-5500			
Agency-Wide PREA Coordinator			
Name: Jacob L. Hasson		Title: Quality Improvement Specialist	
Email address: jhasson@theconnectioninc.org			
Telephone: 860-343-5500 ext. 1144			

AUDIT FINDINGS

NARRATIVE:

Cochegan House is a 16-bed staff secure residential adult work release program operated by The Connection, located in Uncasville, Connecticut. The facility serves adult males who are transitioning back into the community and are still on inmate status. Some are coming from prison and some off the street. The length of stay is 3-12 months. The facility employs 7 full-time staff.

Prior to the on-site audit, the auditor reviewed all files that were sent in advance. The files were organized and easily identified as to the standard the document was referencing. The auditor conducted a pre-audit briefing prior to the on-site visit to identify issues that impacted a finding of compliance and to further explain some of the standards that were not familiar to program administration and staff.

An on-site PREA Audit was conducted on January 12th, 2015. The entrance meeting was attended by Patrick Fallon, Operations Manager, Gail Eureka, Roger Sherman House Director, Chris Combies, Program Director Cochegan House, Pete Zeegers, PREA Auditor, and Peter Plant, PREA Auditor. The on-site audit work plan was discussed. Random staff and clients were selected for interviews. Also, additional pre-audit information was obtained.

On the day of the on-site audit 16 clients were housed in the facility. Zero residents had reported during the intake process previous physical or sexual abuse. No residents identified themselves as being gay, bisexual, transgender, intersex, questioning, or gender nonconforming during the intake process. One client was identified as being hearing or visually impaired, developmentally delayed, or who had limited English proficiency. There was one PREA-related staff on resident allegation made during the previous 12 months.

The clients received information on PREA and their rights during the intake process. The clients also received PREA information in follow-up group sessions.

DESCRIPTION OF FACILITY CHARACTERISTICS:

A tour of the facility was conducted, led by Facility Director Chris Combies. The facility consists of 3 trailers connected together. The program began around 1990 as the existing Cochegan House. The facility is clean, in good repair, and well maintained for its age. This is an unsecured facility. The connected trailers form the Administration area, the "Right Trailer", "Left Trailer", and "Main Trailer". The clients are living within the (3) trailers. Each room could house (2) residents. There is a bathroom in each trailer. The bathrooms have two individual shower stalls with curtains. There are recreation areas around the trailers to include a weight room, a basketball area, and a horseshoe pit.

There are 4 total cameras in the buildings. All hallways in the living areas are monitored by cameras. The cameras are attached to a DVR surveillance system in the staff office which is located in the Administration area. The cameras may be monitored in the main office at the staff desk at any time. None of the cameras field of view includes the toilet and showers areas. During the tour it was observed that many areas did not have cameras. The outside storage areas, kitchen areas, staff office, and outside of the facility buildings are all "blind spots." Residents come and go to these areas depending on the schedule. Program Director Chris Combies agreed that these areas were blind spots, and indicated that he would talk to the corporate office about resolution. The PREA Audit notice was posted on the bulletin boards in the dorm building on walls in the main lobby area and various hallways.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 2

Number of standards met: 28

Number of standards not met: 0

Number of standards N/A: 10

Standard**§115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

The agency and facility have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in the facility. The 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 the policy.

The agency has designated a corporate manager as the 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 he has 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****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

During the onsite visit it was determined that this standard is N/A.

Standard**§115.213 – Supervision and monitoring****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

As is common with facilities undergoing its first PREA Audit, the existing staffing plan did not include all of the elements required by the standard. The facility corrected the policy and developed a staffing plan that is now in compliance with the standard.

Standard**§115.215 – Limits to cross-gender viewing and searches****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

The facility does not conduct cross-gender strip searches, visual body cavity searches, even in exigent circumstances. Facility policy prohibits searching or physically examining a transgender or intersex clients for the sole purpose of determining the client's genital status. This was confirmed during staff and client interviews.

All toilets are in a group bathroom, and all showers have curtains. A male staff is posted at the entry of each bedroom when showers and/or bathrooms are in use. Both review of policies and interviews with staff and clients confirmed that female staff are not permitted to enter or remain in the bathroom/shower area.

None of the cameras' field of view includes client's toilet/showers area, which are the only spaces where clients dress and undress, etc. The facility only recently initiated the practice of female staff announcing their presence when entering a housing unit. Staff and client interviews confirmed the new practice.

Standard

§115.216 – Residents with disabilities and residents who are limited English proficient

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard):

As is common with facilities undergoing its first PREA Audit, the existing policy did not include all of the elements required by the standard. The facility corrected the policy which is now in compliance with the standard. The facility uses the University of Connecticut Language Line for translation purposes. Policy prohibits the use of client translators, client readers, or other types of client assistance. Client interviews confirmed they are not asked, nor have been asked, to provide interpretive services.

The facility will take appropriate steps to ensure that clients with disabilities (deaf or hard of hearing, blind or have low vision, or those who have intellectual, psychiatric or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Standard

§115.217 – Hiring and promotion decisions

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

The agency conducts extensive background checks and reference checks with multiple entities to include the sex offense registry. The Connections Inc. has just begun the 5 year rescreening process. Policy addresses all of the elements of this standard.

Standard

§115.218 – Upgrades to facilities and technology

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

During the onsite visit it was determined that the facility did not upgrade any facility or technology; therefore, this standard is N/A.

Standard

§115.221 – Evidence protocol and forensic medical examinations

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

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 the investigations. Backus Hospital in Uncasville, Ct. is responsible to conduct SAFE/SANE forensic examinations.

Standard

§115.222 – Policies to ensure referrals of allegations for investigation

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard):

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. There has been one PREA-related staff on client allegation made in the previous 12 months.

Standard

§115.231 – Employee training

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

During the audit, it was determined that there were two components of the specified training that were missing. All staff have been since trained on the correct topics. All current staff have now completed facility PREA Training which includes all of the required topics. This training is specific to clients who are referred for treatment at the facility. Refresher training is provided periodically. Staff also review and sign the Acknowledgement and Notification of PREA form. Staff interviews and review of training records confirmed the practice.

Standard

§115.232 – Volunteer and contractor training

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

The facility does not utilize volunteers or contractors; therefore, this Standard is N/A.

Standard

§115.233 – Resident education

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

Initial client education is provided during the intake admission process. Clients are provided the PREA pamphlet. They are also provided additional written material that describes their right to be safe from sexual violence and information on how the various ways they can report an allegation or receive services. If it is determined that clients have limited reading skills, intake staff will read the written materials to them.

This information is further reviewed in greater detail and supplemented in groups and individual counseling sessions soon after the client arrives at the facility. Posters displaying the phone numbers for Connecticut Sexual Abuse Crisis Services Hotline are visible to clients and staff in the hallways and main lobby area.

Client interviews confirmed that they understand the PREA education they receive and could articulate their rights and the various ways they can report an allegation.

Standard

§115.234 – Specialized training: Investigations

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

During the onsite visit it was determined that neither the agency, nor the facility, conduct any type of investigation; therefore, this standard is N/A.

Standard

§115.235 – Specialized training: Medical and mental health care

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

This standard is N/A. There are no Medical or Mental Health staff who work for or contracted by The Connections, Inc.

Standard

§115.241 – Screening for risk of victimization and abusiveness

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

The facility utilizes an Assessment, Checklist and Protocol for Behavior and Risk for Victimization assessment and screening instrument, which meets all PREA requirements. This screening is conducted for all clients who enter the facility within 72 hours, and most commonly, within 24 hours. The screening consists of both client interview questions and staff review of collateral information.

Clients are assessed annually, except if a client makes an allegation of sexual abuse or harassment, the entire screening is re-conducted. Facility policy strictly controls the dissemination of information gathered from the screening on a “need to know” basis. All files are secured and access is limited.

Standard

§115.242 – Use of screening information

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

The facility has two separate bedroom areas with six bedrooms (each having the capacity to house 2 residents). The current housing classification system is based primarily on availability. Screening, assessment, and collateral information gathered during the intake process is used to place clients in a room that best ensures each client’s safety and security. The facility does not utilize isolation in any form.

Although there were no gay, bisexual, transgender, or intersex clients in the program during the audit, facility policy prohibits housing and related assignments based solely on sexual orientation or identification. This was confirmed through staff interviews. Each client’s safety is paramount in making these assignments, regardless of other issues.

Standard

§115.251 – Resident reporting

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

Client interviews confirmed that the facility provides multiple internal ways for clients to privately report sexual abuse and harassment and retaliation by clients or staff. All clients identified the reporting numbers for the state agencies listed on the posters in the hallway, as being one means of reporting. They also stated that they can confide in their staff, tell a family member, or tell their Probation Officer. Clients also confirmed that they have access to writing materials.

Staff interviews confirmed that staff accept all reports, whether verbal or written, and from any source. The interviews also confirmed that staff can privately report sexual abuse or harassment of residents, using the hotline or talk to their Supervisor.

Standard

§115.252 – Exhaustion of administrative remedies

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

During the onsite visit it was determined that the facility did not have a policy for this PREA Standard. The facility now does not allow the use of the grievance procedure for PREA related incidents, and policy was revised, accordingly. Thus, this Standard is now N/A.

Standard

§115.253 – Resident access to outside confidential support services

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

The facility has MOU's with the "CONNSACS" to provide victim advocate and supportive services to clients upon request. Posters containing the abuse number are prominently posted in the hallways and lobby area. Client interviews confirmed that they are aware of these posters and their right to call and make reports. Each client has a primary Probation Officer who can access outside support services upon request of the client. Staff and client interviews confirmed that staff provide clients with the limitations of confidentiality, regarding mandatory reporting laws. Client communications are not monitored.

Standard

§115.254 – Third-party reporting

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

The facility uses the Connecticut Sexual Abuse Crisis Services Hotline for this purpose. Review of the executed MOU with this agency confirmed this.

Standard

§115.261 – Staff and agency reporting duties

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

All staff are mandated reporters of sexual abuse and harassment and receive appropriate training. Facility policy requires all staff to also report any retaliation against clients or staff who made a report.

Facility policy strictly prohibits the disclosure of information related to a report of sexual abuse, except on an "as needed" basis in order to make treatment and related decisions.

Standard

§152.262 – Agency protection duties

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

Policy meets all elements of the standard. Although there were no instances during the previous 12 months where a client was subject to substantial risk of imminent sexual abuse, staff interviews confirmed that staff have received training as to how to immediately protect a client by separating the client and alleged perpetrator, notifying their supervisor, and completing an incident report. All staff expressed that their primary responsibility at all times is the safety of clients in the facility.

Standard

§115.263 – Reporting to other confinement facilities

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

During the onsite visit it was determined that the facility did not have a policy for this PREA Standard. The facility developed the required policy and is now in compliance with this standard.

Standard

§115.264 – Staff first responder duties

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

Facility policy includes the requirements of the standard. Staff interviews confirmed that staff have received first responder training and could articulate the steps they are to take when responding to an incident of sexual abuse.

Standard

§115.265 – Coordinated response

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

During the onsite visit it was determined that the facility did not have a policy for this PREA Standard or an individual facility written coordinated response plan. The facility now has a written coordinated response plan and a policy in place.

Standard

§115.266 – Preservation of ability to protect residents from contact with abusers

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

During the onsite visit it was determined that this standard is N/A, as the agency does not have collective bargaining agreements.

Standard

§115.267 – Agency protection against retaliation

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

There is a policy that protects all clients and staff from retaliation. This policy includes protective measures, follow up, and periodic status checks, as required by the standard. Although there have been no incidents of retaliation in the past 12 months, staff responsible for taking protection measures could articulate the requirements of the policy.

Standard

§115.271 – Criminal and administrative agency investigations

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

The Connecticut State Police conduct the investigations. The facility conducts an internal review upon receiving the results of the investigations; therefore, the standard is N/A.

Standard

§115.272 – Evidentiary standards for administrative investigations

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

The facility does not conduct administrative investigations; therefore, this Standard is N/A.

Standard

§115.273 – Reporting to resident

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

Facility policy requires the Program Director or designee to inform the client who made the allegation of the outcome, as required by the standard, unless the allegation is unfounded.

Standard

§115.276 – Disciplinary sanctions for staff

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X 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 Comments (including corrective actions needed if it does not meet standard):

There was one staff violation of facility sexual abuse or sexual harassment during the previous 12 months; facility policy was followed. Policy includes the requirements of the standard.

Standard

§115.277 – Corrective action for contractors and volunteers

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

During the onsite visit it was determined that the facility did not have a policy for this PREA Standard, primarily because the facility does not utilize contractors and volunteers at this time. The facility has developed a policy and is now in full compliance with this standard.

Standard

§115.278 – Disciplinary sanctions for residents

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

Whenever there is a substantiated allegation of sexual abuse against a client, that perpetrator becomes classified as a sex offender and is remanded from the facility by DOC. That client is no longer appropriate for the scope of services provided there. Thus, there would be no disciplinary sanctions imposed by the facility at any time. Policy meets all requirements of the standard, as well.

Standard

§115.282 – Access to emergency medical and mental health services

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

Facility policy and contract requirements require access to unconditional, immediate emergency medical and mental health services at no cost to the clients or family, not only for victims of sexual abuse, but for all clients in the facility, whenever they need it.

Standard**§115.283 – Ongoing medical and mental health care for sexual abuse victims and abusers****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

There was one client victim of sexual abuse during the prior 12 months. The facility policy requires any client victim be provided with the medical and mental health services that are needed.

Standard**§115.286 – Sexual abuse incident reviews****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

During the onsite visit it was determined that the facility did not have a policy specific enough for this PREA Standard. It was recommended that the facility revise its policy accordingly to come into compliance. The policy was revised, and the single incident during the previous 12 months was reviewed under the revised policy, with all elements of the standard addressed.

Standard**§115.287 – Data collection****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

The agency collects, aggregates, and maintains the data, as required by the standard. The data instrument collects the data necessary to answer all questions from the USDOJ Survey of Sexual Violence.

Standard**§115.88 – Data review for corrective action****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

The facility conducted its first annual review under this standard in January 2015.

Standard**§115.289 – Data storage, publication, and destruction****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard):

The agency meets the requirements of this standard and plans to establish a website where the public may access the agency's data reports and corrective actions. The data is securely maintained.

AUDITOR CERTIFICATION:

The auditor certifies that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

A handwritten signature in black ink, appearing to read "Peter Alm", is written on a light gray rectangular background.

Auditor Signature

February 17, 2015

Date