

PREA AUDIT: AUDITOR'S SUMMARY REPORT

COMMUNITY CONFINEMENT FACILITIES



Name of facility: Walter Brooks House			
Physical address: 690 Howard Avenue, New Haven, CT 06519			
Date report submitted: 07/03/2015			
Auditor Information			
Address: PO Box 4068, Deerfield Beach, FL 33442			
Email: bobbi.pohlman@us.g4s.com			
Tel. no.: 954-818-5131			
Date of facility visit: 01/05/2015			
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number: 203-777-8627			
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"/>	Community Confinement Facility	
Name of PREA Compliance Manager: John Massari		Title: Director	
Email address: john.massari@projectmore.org		Telephone number: 203-848-3118	
Agency Information			
Name of agency: Project M.O.R.E., Inc			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 830 Grand Avenue, New Haven, CT 06511			
Mailing address: <i>(if different from above)</i>			
Telephone number: 203-865-5700			
Agency Chief Executive Officer			
Name: Dennis W. Daniels		Title: President/CEO	
Email address: dennis.daniels@projectmore.org		Telephone: 203-+848-3111	
Agency-Wide PREA Coordinator			
Name: John Massari		Title: PREA Coordinator	
Email address: john.massari@projectmore.org		Telephone: 203-848-3118	

AUDIT FINDINGS

NARRATIVE:

On January 5 – 6, 2015, the Walter Brooks House received an on-site PREA Audit under the Community Confinement Standards. The total client population was 64, and there are 39 staff. There are 26 cameras for additional supervision. There were no letters received prior to the audit and posted notices were present during the audit. There were no allegations of sexual abuse or sexual harassment at this facility. Prior to the audit, the auditor received required documentation.

The auditor toured the facility with the Director/PREA Coordinator. All areas were observed including program offices, indoor recreation area, all client apartments, kitchen and dining hall. There were no identified blind areas. The auditor interviewed eight (8) specialized staff and eleven (11) random staff. Fifteen (15) clients were interviewed. The on-site audit concluded with a review of the documentation and discussion of further information.

DESCRIPTION OF FACILITY CHARACTERISTICS:

M.O.R.E., Inc. was established in 1974 to assist ex-offenders with re-entry into their community, hence the name Project Model Offender Reintegration Experience. In 1976, Project M.O.R.E. became a non-profit agency. Their mission is clear: to provide employment opportunities, therapeutic services, programming and services that assist clients in a positive transition home and to provide comprehensive programs and services that better equips clients for today's economic and social climate.

Walter Brooks House is run by Project M.O.R.E. for male community release clients and parolees. The facility opened in 1995 and is funded by Connecticut Department of Correction. This is a staff secure building. Clients live in apartment style units that are on all three floors of the program. All clients are accounted for each day and evening. Re-entry services include saving money, remaining drug and alcohol free, attending all required programming, obtaining identification, and obtaining employment. Staff work with clients on the development of positive attitudes and increased self-respect. Length of stay is determined by parole or end of sentence date.

The Administrative offices, including the indoor recreation area are located on the first floor. A kitchen and dining area are in use and large enough to be used for additional groups/counseling and visitation. Client apartments hold 2-5 client on all three floors of the building.

SUMMARY OF AUDIT FINDINGS:

After the initial on-site visit and review of documents, this facility was found non-compliant. Due to staff dedication and hard work, the facility submitted updated information. This auditor found on July 3, 2015 that the facility is in full compliance with PREA standards.

Number of standards exceeded:	4
Number of standards met:	29
Number of standards not applicable:	6
Number of standards not met:	0

Standard

§115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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)

Policy addresses the agency's commitment to a zero tolerance to all forms of sexual abuse and sexual harassment. There is a written policy that outlines the implementation of the agency's approach to PREA related activities. Sanctions are identified in policy and the Handbook. Interviews confirm the agency, and staff, commitment to zero-tolerance. The policy does not address the definitions of sexual abuse, sexual harassment and voyeurism.

During the corrective action period, the agency updated their policies to include the definitions of sexual abuse, sexual harassment and voyeurism.

Standard

§115.212 – Contracting with other entities for the confinement of clients

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)
- X Not Applicable

Auditor Comments (including corrective actions needed if it does not meet standard)

This agency does not contract with any other entities for the confinement of clients. The agency is under contract with the Connecticut Department of Corrections for confinement of probationers and parolees, dated 07/01/2014. The current contract includes a requirement for compliance with PREA; however it does not include a provision for the CT. DOC to monitor for PREA compliance. It is recommended that the agency contact CT. DOC and request an amendment to the contract.

Standard

§115.213 – Supervision and monitoring

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)

A staffing plan was provided that encompasses all requirements of the standard, however it had not been completed for this facility.

During the corrective action plan, the agency updated their staffing plan to include all required areas of the standard.

Standard

§115.215 – Limits to cross-gender viewing and searches

Overall Determination:

- X 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 has a policy that prohibits cross-gender strip searches or cross-gender visual bod cavity searches except for medical practitioners. The agency prohibits cross-gender pat down searches; however they do instruct opposite gender staff on how to conduct in exigent circumstances. Interviews with clients confirm staff of the opposite gender do not enter into areas where they may be dressing, showering or performing bodily functions. Interviews with clients and staff confirm that staff of the opposite gender announces themselves when at the facility. Note that there is only one female staff at this all male facility. Policy prohibits the searching of transgender or intersex clients for the sole purpose of determining the client’s genital status.

Standard
§115.216 – Clients with disabilities and clients 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)

While interviews with the PREA Coordinator show a commitment to providing PREA related material as needed to limited English proficient or clients with disabilities, there was no information available other than in English. It is noted that prior to placement, the CT DOC will provide a client’s special needs to the facility which will allow for the provision of educational material to be adapted. The agency will also utilize CT DOC for interpreters and ASL. Policy does prohibit the use of client interpreters for except in emergency situations.

During the corrective action period, the agency updated all education documents and included documents in Spanish, the major second language in the area. The agency also updated the policy to include specific education to clients with disabilities.

Standard
§115.217 – Hiring and promotion decisions

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)

Agency policy addresses their commitment to not hire or promote any person who has engaged in sexual abuse in an institution or in the community or who has been civilly, administratively or adjudicated or convicted of the same; however this is not documented. Interview with HR staff confirm this practice. Policy does address a continuing affirmative duty to disclose any such misconduct. All new employees, and contractors, receive a criminal background check both at hire and every 5 years. There is no policy or prohibition on the sharing of prior employee information to other potential institutional employers regarding substantiated allegations of sexual abuse or sexual harassment.

During the corrective action period, the agency created a form that allows for the employee to authorize the gathering of information from prior employers regarding any allegations of sexual misconduct. The policy was also updated to include the sharing of information with future employers of former employees.

During the corrective action period, all HR documents were updated to address the pertinent questions of having engaged in sexual abuse in any institution or in the community or having been civilly, administratively or adjudicated of the same. Additionally, a form was created for employees to sign that allows for the sharing of information regarding substantiated allegations of sexual abuse or harassment.

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)
- X Not Applicable

Auditor Comments (including corrective actions needed if it does not meet standard)

There has been no modifications or expansions of the existing facility. There has been no installation or modification of video equipment.

Standard

§115.221 – Evidence protocol and forensic medical examinations

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)

The agency is not responsible for any administrative or criminal investigations of sexual abuse. Victims of sexual abuse shall be referred to the Yale/New Haven Hospital where forensic examinations are performed at no cost to the victim. The agency has an MOU with Women & Families Center, dated 06/3/2014, to provide staff training, individual counseling and an advocate to assist a victim through the medical procedures, police interviews and all legal proceedings. The agency has reached out to the New Haven Police Department requesting the use of a Uniform Evidence Protocol that meets the requirements of the PREA standard.

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)

The agency policy and interview with the Agency Head and staff supports their commitment to ensure investigations of all allegations of sexual abuse. The website, while has reporting information available, does not address this commitment and does not address the responsibilities of both the agency and the investigating agency.

During the corrective action period, the agency added their investigation policy to the website.

Standard

§115.231 – Employee training

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)

The agency provided copy of sign-in sheets for all employees that indicate they have received PREA training. A review of

the training material, and interviews with staff, found that there is little or no training provided on clients and staffs right to be free from retaliation for reporting or assisting in an investigation of sexual abuse or on the mandatory reporting laws for vulnerable adults.

During the corrective action period, the agency updated their training material to include topics on retaliation and reporting abuse of vulnerable adults, as per state statute. The agency re-trained all staff and the sign-in sheets were provided to the auditor.

Standard

§115.232 – Volunteer and contractor training

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)

The agency policy provides that all contractors receive training based upon their contact with clients and that volunteers receive the same PREA education as staff. There are currently no volunteers at this facility. Policy requires trainings are documented through signature of the person.

During the corrective action period, the agency provided a copy of the contractor PREA training that was signed by the current contractor. Additionally, the same form was updated to include both Contractor and Volunteers.

Standard

§115.233 – Client education

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)

The agency provides education to clients upon admission to the facility through the client Handbook. Additionally, there is information posted in the facility regarding the reporting of sexual abuse or sexual harassment along with phone numbers and addresses. Interviews with clients indicate that they are aware of PREA reporting. There is currently no samples of the most common non-English language information available.

During the corrective action period, the agency updated posters and educational information to include providing in Spanish, the second major language of the area.

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)
- X Not Applicable

Auditor Comments (including corrective actions needed if it does not meet standard)

While this agency does not conduct criminal investigations, the agency was able to show proof that the PREA Coordinator has completed the training through NIC. A letter was sent to the local Police Chief to advise them of the PREA requirements.

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)
- X Not Applicable

Auditor Comments (including corrective actions needed if it does not meet standard)

There are no medical or mental health staff at this facility. All services are provided outside of the agency.

Standard

§115.241 – Screening for risk of victimization and abusiveness

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)

Agency policy requires all new clients to receive a risk assessment at intake. However, the risk assessment tool does not address all components of the PREA standard, nor is it an objective tool. Policy requires reassessment upon any additional information, referral, or incident of abuse. The policy does not address the dissemination of information from the risk assessment. Interviews with clients confirm that the risk assessment is completed at intake.

During the corrective action period, the risk assessment was updated to include all components of the standard, as well as to change from a subjective to an objective tool, utilizing scores for each answer. The agency also updated policy to include specific positions that are to be notified of the screening results.

Standard

§115.242 – Use of screening information

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)

The agency utilizes information from the risk assessment to ensure that housing, bed, and program assignments are made in the best interest of the client. High risk clients are placed closer to staff. This agency does not accept sexually aggressive persons.

Standard

§115.251 – Client reporting

Overall Determination:

- X 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 has policy that addresses that various methods for clients to report sexual abuse or sexual harassment. Interviews with clients verified that they are aware they can report through: notification to staff; notification to law enforcement; report to Women & Families Center; report to the Connecticut Department of Corrections or Connecticut Parole Board; or to the Sexual Abuse Hotline. Policy requires that staff accept any method of reporting of sexual abuse or sexual harassment. As clients are free to leave the program to report sexual abuse to outside entities, many of the clients have their own cell phone which allows for them to report any allegations of sexual abuse at any time. Interviews with clients confirm their ability to report privately.

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)
- X Not Applicable

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency does not accept allegations of sexual abuse or sexual harassment through the grievance system.

Standard

§115.253 – Client access to outside confidential support services

Overall Determination:

- X 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 provides information to the Women and Families Center for access to outside confidential support services. This includes both the address and phone number. Clients may ask to use the facility phones, however it is noted that the majority of clients have a cell phone for their personal use while at the facility. The Women and Families Center staff is at the program weekly conducting groups and a client may address any concerns while they are on-site, as well as clients are provided an address for written communication. The agency has an MOU with Women and Families Center for the provision of support services.

Standard

§115.254 – Third-party reporting

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)

The agency accepts all allegations of sexual abuse or sexual harassment and this information is forwarded to the PREA Coordinator/Director. Third-party reporting methods are available on their website at www.projectmore.org.

Standard

§115.261 – Staff and agency reporting duties

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)

The agency PREA policy requires all staff to immediately report to the Director/PREA Coordinator/Investigator any knowledge, suspicion, or information regarding an allegation of sexual abuse or sexual harassment, retaliation or any staff neglect. Employee training does not address mandatory reporting for vulnerable adults.

During the corrective action period, the agency updated their training to include mandatory reporting of the abuse of vulnerable adults. The agency provided proof of all staff having completed the training.

Standard

§115.262 – Agency protection duties

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)

Policy 425.4 requires immediate referral and consult with the Facility Unit Head regarding action to be taken when an offender is at substantial risk of imminent sexual abuse or further victimization.

Standard

§115.263 – Reporting to other confinement facilities

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)

Agency PREA policy addresses the notification to other facilities where an allegation of abuse had occurred at the other facility. This facility shall make such notification within 72 hours and document the notification. Any allegations of abuse received by this agency shall be investigated.

Standard

§115.264 – Staff first responder duties

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)

The PREA policy identifies all aspects of the standard; however it is not clear between crime scene duties and physical evidence. Additionally, it is not clear in policy who will collect evidence when an allegation of sexual abuse is made. The policy also does not address steps for staff who are not trained as first responders. Staff interviews confirmed that they understand first responder duties, including physical evidence and crime scene responsibilities.

During the corrective action period, the agency updated their internal policy to clearly define the responsibilities of the first responder in regards to physical evidence preservation and crime scene evidence preservation. Policy was updated with specific steps for staff who are not identified as first responders.

Standard

§115.265 – Coordinated response

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)

Policy requires the use of the PREA Incident Check sheet which was not provided to the auditor. Policy does address all requirements of a plan, but it is not specific to the position of the staff.

During the corrective action period, the agency updated their Coordinated Response Plan to ensure that it is facility specific, including the name and phone number of the PREA Coordinator, local hospital phone and address, and the local sexual abuse crisis center for victim advocacy services.

Standard

§115.266 – Preservation of ability to protect clients 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)
X Not applicable

Auditor Comments (including corrective actions needed if it does not meet standard)

Not applicable

Standard

§115.267 – Agency protection against retaliation

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)

The agency PREA policy addresses all components of the standard. Multiple measures are identified in policy. There is a requirement that during the 90 day monitoring period for possible retaliation, the policy requires information be included in the clients monthly reports.

Standard

§115.271 – Criminal and administrative agency investigations

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)

It is unclear based upon policy that the agency conducts only administrative investigations. Many of the details in the policy appear to support agency administration conducting criminal investigations. It was presented to the auditor that the agency only conducts administrative investigations and that local law enforcement will conduct criminal investigations.

During the corrective action period, the agency updated policy to clearly identify who conducts administrative investigations and who conducts criminal investigations. A letter was sent to the local law enforcement agency requesting compliance with PREA.

Standard

§115.272 – Evidentiary standards for administrative investigations

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)

The agency imposes no standard higher than a preponderance of the evidence in an administrative investigation of sexual abuse or sexual harassment. This was confirmed through interview.

Standard

§115.273 – Reporting to client

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)

PREA policy, documentation and interviews confirm that clients are informed at the conclusion of an investigation.

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)

PREA policy and interviews confirm that staff are subject to disciplinary sanctions for any sexual abuse or sexual harassment. Sanctions may include termination, shall be commensurate with the nature and circumstances of the acts committed and will consider the staff members’ disciplinary history. Policy addresses notification of law enforcement and any relevant licensing bodies.

Standard

§115.277 – Corrective action for contractors and volunteers

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)

PREA policy and interview confirms all allegations of sexual abuse/harassment of a client by a contractor or volunteer shall be reported to law enforcement, if criminal, and to any relevant licensing bodies. The procedures do not address the remedial measures that the agency will take.

During the corrective action period, the agency updated their agency policy to include remedial measures and reporting to relevant licensing bodies, if applicable.

Standard

§115.278 – Disciplinary sanctions for clients

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 PREA policy and Client Handbook address client disciplinary sanctions pursuant to an administrative finding of sexual abuse. The agency does not provide therapy, counseling or other interventions to address or correct underlying reasons or motivations for abuse. Reporting made in good faith is not subject to discipline. The policy nor Handbook does not address the consideration of a client’s mental disabilities or illness as a contributing factor to their behavior.

During the corrective action period, the agency updated their policy regarding consideration of a client’s mental health status for sexual abuse allegations.

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)

The agency ensures that emergency services are provided through evaluation and referral to the local hospital and to Women and Families Center of New Haven, CT. Policy and interviews confirmed no cost of treatment services. There were no instances of sexual abuse at this facility.

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)

The agency does not provide on-going medical and mental health services for sexual abuse victims and abusers. The agency ensures that services are provided through evaluation and referral to local agencies who provide for medical and mental health services. The agency shall provide transportation as needed for those clients who request assistance. Evaluations are conducted within 60 days of any client identified as a client-on-client abuser.

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)

There have been no allegations of sexual abuse at this facility. This is confirmed through interviews with staff and clients. Agency policy requires that all allegations receive an Incident Review upon completion of the investigation, including unfounded. A form was created that addresses all components of the standard.

Standard

§115.287 – Data collection

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)

The agency collects data for all allegations of sexual abuse for each facility it manages. This information is also reported to the Department of Corrections and, upon request to the Department of Justice.

Standard

§115.88 – Data review for corrective action

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)

While there have been no allegations at this facility, the agency collects and reviews all data for incidents at its facilities. A report of the activities of the agency in their PREA compliance is posted on their website at www.projectmore.org. The data collection period was 2013-2014, so there is no comparison information available.

Standard

§115.289 – Data storage, publication, and destruction

Overall Determination:

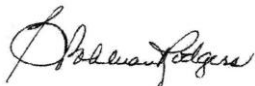
- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency retains information for at least 10 years after the initial collection of data. A report is available on their website at www.projectmore.org. All personal identifiers are redacted.

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.



Auditor Signature

July 3, 2015

Date