

**PREA AUDIT: AUDITOR'S SUMMARY REPORT
COMMUNITY CONFINEMENT FACILITIES**



Name of facility: Union House			
Physical address: 276 Union Ave Bridgeport, CT 06607			
Date report submitted:			
Auditor Information Melinda Allen			
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Date of facility visit: June 17-18, 2015			
Facility Information			
Facility mailing address: (if different from above)			
Telephone number:			
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 type="checkbox"/> State
	<input checked="" type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Community Treatment Center	<input type="checkbox"/> Alcohol or Drug Rehabilitation Center	<input type="checkbox"/> Mental Health Facility
	<input type="checkbox"/> Halfway House	<input checked="" type="checkbox"/> Community Based Confinement Facility	<input type="checkbox"/> Other:
Name of Facility Head: Kim Harris		Title:	Director
Email address: kharris@partnersforcommunity.org			
Name of PREA Compliance Manager (if applicable): Kim Harris		Title:	Director
Email address: kharris@partnersforcommunity.org			
Agency Information			
Name of agency: Union House			
Governing authority or parent agency: (if applicable) Corporation for Justice Management			
Physical address:			
Mailing address: (if different from above)			
Telephone number:			
Agency Chief Executive Officer			
Name: Heriberto Flores		Title:	CEO
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Agency Wide PREA Coordinator			
Name:		Title:	
Email Address:		Telephone number:	

AUDIT FINDINGS

NARRATIVE:

The PREA Audit of the Union House Community Confinement Center (UHCCF) was conducted from June 17-18, 2015. The auditor wishes to extend its appreciation to Director Harris and her staff for the professionalism they demonstrated throughout the audit and for the kindness and hospitality they showed the auditor. The auditor also wishes to compliment Ms. Harris for her work in organizing the files that were provided to the auditor during on site. This preparation enabled the audit to move forward very efficiently through the documentation phase of the audit. Ms. Harris compiled documentation for many of the standards into a filing system, making it easier to locate needed documents.

Following the Entrance Meeting, the auditor was given a through tour of the facility. Following the tour, the auditor began the interviews and reviews of investigative files and other documents. At least one resident from each housing unit was interviewed. Those interviewed were selected, by the auditor, from a list of all the residents in the facility. In addition, residents who were identified as being in a designated group (i.e., disabled, limited English speaking ability, gay, or who had reported a sexual abuse, etc.) were also interviewed. A total of seventeen residents were interviewed, and ten staff were randomly selected as well as seven other identified specialized staff were interviewed, including the Director, PREA Coordinator, first responders, and contractor/volunteers. When the on-site audit was completed, the auditor conducted an exit debrief. While the auditor could not give the facility a final finding, as there were some issues needing further documentation and clarification, the auditor did discuss areas where they had questions as to the facility's and the department's compliance with specific standards. The auditor did give an overview of the audit and thanked the staff for their hard work and commitment toward compliance with the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The UHCCF is located in Bridgeport, Connecticut approximately 60 miles southwest of Hartford, Connecticut in Fairfield County. The facility, originally opened in 2006. The Union House is a small community confinement facility consisting of a 36 beds. The population at the time of the audit was 33 resident.

The Union House facility offers the residents re-entry services to reduce recidivism and address public safety. Its community corrections programs stress respect, motivation and individualized programming for participants.

On June 18,2015, the on site audit was completed at UHCCF. The interim report was provided June 30, 2015, to the Union House reporting Zero exceed standards; 20 met standards; 17 not met standards and two not applicable standards. On December 30, 2015, all corrective action had been completed. The summary of the final audit findings for the Union House are listed below.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded	00
Number of standards met	37
Number of standards not met	00
Number of standards non-applicable	02

Standard §115.211 Zero-Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

- ____ Exceeds Standard (substantially exceeds requirement 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)

The Corporation for Justice Management (CJM) has zero tolerance for all forms of resident on resident or staff on resident sexual abuse or sexual harassment.

Has the facility met every requirement established by the provision? Yes No

While the CJM has a zero-tolerance policy and a PREA Coordinator to oversee the efforts to detect and respond to sexual abuse or sexual harassment the facility has not outlined the agency’s approach to preventing, detecting and responding to such conduct.

CJM’s Policy states, "CJM’s Union House shall have designated unit-wide coordinators (PREA Coordinators) to develop, implement, and oversee CJM’s efforts to prevent, detect and respond to sexual abuse or sexual harassment. The PREA Coordinator will be a person of Program Manager level or higher."

The Program Director serves as the PREA Coordinator. She reports directly to the Deputy Director.

Policy requirements:

§ 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.

(a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency’s approach to preventing, detecting, and responding to such conduct.

The auditor relied on interviews with the Director/PREA Coordinator and review of the facility policy in making this determination.

The facility has outlined their approach to preventing, detecting and responding to the sexual abuse and sexual harassment and incorporated this into facility policy.

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)

X Non-Applicable

Has the facility met every requirement established by the provision? Yes No

The Union House Community Confinement facility does not contract with any agencies for the confinement of its residents with other entities, therefore this standard is non-applicable.

The auditor relied on interviews with the Agency Contract Administrator, and review of the facility policy in making this determination.

Standard §115.213 Supervision and Monitoring
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_____ Exceeds Standard (substantially exceeds requirement 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)

The Union House has a staffing plan for the facility; however there was no proof documentation of how the plan was developed.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

(a) For each facility, the agency shall develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies shall take into consideration:

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

(b) In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

(c) Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;
- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adequate staffing levels.

The auditor relied on interviews with the Director, PREA Coordinator, and review of the facility policy in making this determination.

The facility provided additional documentation during the corrective action period to satisfy this standard.

Standard §115.215 Limits to Cross-Gender Viewing and Searches

- _____ Exceeds Standard (substantially exceeds requirement 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)

The Union House does not conduct cross-gender strip searches or visual body cavity searches. No female residents are housed at this facility. The facility employs both male and female staff. The facility has a policy that enables residents to shower perform bodily functions, and change clothes without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia except in exigent circumstances or when viewing is incidental to routine cell checks. Their policy requires staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Policy prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status.

The Union House policy enables residents to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing such activity.

The facility has trained security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The auditor secured a copy of the training confirmation as well as a copy of the curriculum.

The auditor relied on interviews with a random sample of staff, random sample of residents, and review of the facility policy in making this determination. The auditor was unable to locate any transgender or Intersex residents at the Union House.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

This standard requires the facility to train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Corrective Action Steps To Be Taken: None

Timeline for Deliverables: N/A

Standard §115.216 Residents with Disabilities and Residents who are Limited English Proficient
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- _____ Exceeds Standard (substantially exceeds requirement 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)

The Union House has compiled a variety of resources available to residents with disabilities and residents who are Limited English proficient. The resident manual is available in English and Spanish. The facility has also worked with a variety of outside resources to assist with any special needs clients to include Department of Rehabilitation Services (DRS) Formerly called Commission on the Deaf and Hearing Impaired (CDHI), Oak Hill, American School for the Deaf (ASD), and the Bureau of Education Services for the Blind. The facility does not rely on resident interpreters.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

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

(a) The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

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

(c) The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the residents safety, the performance of first-response duties under § 115.264 or the investigation of the resident's allegations.

Corrective Action Steps To Be Taken: None

Timeline for Deliverables: N/A.

Standard §115.217 Hiring and Promotion Decisions
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_____ Exceeds Standard (substantially exceeds requirement 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)

Union House policy 115.217 addresses the hiring or promotion of anyone who may have contact with residents and screens out individuals who may have engaged in sexual abuse in a jail, prison, lockup, community confinement facility, juvenile facility or other institution. The facility also excludes the individuals who have been convicted of or attempting to engage in sexual activity in the community 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 that has been civilly or administratively adjudicated to have engaged in the activity described in section (a) (2) of 115.217. The auditor reviewed employee files for verification that the appropriate screenings were completed upon hiring. There were no documented promotions in the past year. The agency completes a criminal background check on each newly hired employee for compliance with this standard. The criminal background checks are repeated every five years. Section 3 of policy 115.217 CJM shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in this policy in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. CJM shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct, or the provision of materially false information, may be grounds for termination.

The agency policy was revised to allow the facility to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

(a) The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—

(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. § 1997);

(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

(b) The agency 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.

(c) Before hiring new employees who may have contact with residents, the agency shall:

(1) Perform a criminal background records check; and

(2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

(d) The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents.

(e) The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

(f) The agency shall also ask all applicants and employees who may have contact with residents

directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

(g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

(h) Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Policy was revised during the Corrective action period to state: “When making hiring and promotion decisions, CJM shall ensure PREA standards are met unless prohibited by law. CJM shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an intuitional employer for whom such employee has applied to work.”

The auditor relied on interviews with the Administrative HR Staff, PREA Coordinator and Director and review of the facility policy in making this determination.

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)

The facility has not acquired or modified any facility nor are they planning any substantial expansion or modification of existing facilities.

The facility completed a substantial upgrade in technological monitoring in 2014. The facility replaced the majority of the cameras and interface for monitoring the cameras. There were a few blind spots in the facility that should be addressed or secured in order to keep the residents/staff from secreting away unnoticed, such as some of the storage space on the third floor. While it is not a requirement that additional cameras be installed in order to be found in compliance, as the agency would be required to expend additional funds, if it highly recommended that this is addressed prior to the next PREA Audit. This auditor suggests the facility create a three-year plan in order to address the addition of cameras.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

(a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse.

(b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the

agency's ability to protect residents from sexual abuse.

The auditor relied on interviews with the Agency Head and Director and a review of the facility policy in making this determination.

Corrective Action Steps To Be Taken: None.

Timeline for Deliverables: N/A

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)

Provisions (a) and (b) are not applicable to this facility as the facility uses an outside agency to conduct all investigations of sexual abuse.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

(a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

(b) The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

(c) The agency shall offer all victims of sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

(d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

(e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

(f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

- (g) The requirements of paragraphs (a) through (f) of this section shall also apply to:
- (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in community confinement facilities; and
 - (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in community confinement facilities.
- (h) For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The auditor relied on interviews with a Random Sample of Staff and PREA Coordinator. No resident victims of sexual abuse were located at the facility. A review of the facility policy was also utilized in making this determination.

Corrective Action Steps To Be Taken: None

Timeline for Deliverables: N/A

Standard §115.222 Policies to Ensure Referrals of Allegations for Investigations
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- ____ Exceeds Standard (substantially exceeds requirement 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)

The facility currently does not have a policy that addresses the investigation of administrative cases.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

- (a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
- (b) The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.
- (c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.
- (d) Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.
- (e) Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.

The auditor relied on interviews with the Administrative HR Staff, PREA Coordinator and Director and review of the facility policy in making this determination. The policy was updated during the corrective action to ensure that the individual assigned to conduct the investigation is trained. The facility published information stating who the responsible agency is for conducting criminal investigations. The publication also describes the responsibilities of both the agency and the investigating entity.

Corrective Action Steps To Be Taken: None

Timeline for Deliverables: N/A

Standard §115.231 Employee Training

- ____ Exceeds Standard (substantially exceeds requirement 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)

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

- (a) The agency shall train all employees who may have contact with residents on:
- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
 - (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 - (3) Residents' right to be free from sexual abuse and sexual harassment;
 - (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 - (5) The dynamics of sexual abuse and sexual harassment in confinement;
 - (6) The common reactions of sexual abuse and sexual harassment victims;
 - (7) How to detect and respond to signs of threatened and actual sexual abuse;
 - (8) How to avoid inappropriate relationships with residents;
 - (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
 - (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- (b) Such training shall be tailored to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.
- (c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.
- (d) The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

The auditor relied on interviews with the PREA Coordinator and Director in addition to reviewing the facility policy, training curriculum, and a random selection of training records in making this determination.

Corrective Action Steps To Be Taken: None

Timeline for Deliverables: N/A

- 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)

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

- (a) The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.
- (b) The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
- (c) The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

The auditor relied on interviews with the PREA Coordinator, Director and volunteer/contractors in addition to a review of the facility policy, training curriculum and proof of training in making this determination.

Corrective Action Steps To Be Taken: None.

Timeline for Deliverables: N/A

- 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)

The residents at the Union House were well versed in PREA. The majority of the residents interviewed indicated that they received the PREA information upon entering the facility. A more thorough education is administered within a week. The PREA information is well documented in the Resident handbooks and on information sheets hanging throughout the facility.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

- (a) 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.
- (b) The agency shall provide refresher information whenever a resident is transferred to a different facility.

(c) The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills.

(d) The agency shall maintain documentation of resident participation in these education sessions.

(e) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

The auditor relied on interviews with a Random selection of Residents and Intake Staff. The auditor reviewed Resident education materials, the Resident Handbook, policy and notes taken during the tour of the facility in in making this determination.

Corrective Action Steps To Be Taken: None.

Timeline for Deliverables: N/A

Standard §115.234 Specialized Training: Investigations
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____ 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)

The Union House has three trained investigators on staff. Staff members have been appropriately trained in conducting administrative investigations. Staff are trained in all aspects of conducting an administrative investigation.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

(a) In addition to the general training provided to all employees pursuant to § 115.231, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

(b) Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

(c) The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

(d) Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

The Program Director, Human Resource Director and the Executive Deputy Director have completed the specialized training for investigators.

Standard §115.235 Specialized Training: Medical and Mental Health Care
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____ 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)

Non-Applicable

This standard is not applicable as the facility does not employ any medical or mental health staff.

Standard §115.241 Screening for Victimization and Abusiveness

- ____ Exceeds Standard (substantially exceeds requirement 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)

While the facility has a new Risk Assessment Tool that covers the requirement of the standard to determine the vulnerability of the resident, the facility was lacking any proof of reassessments being conducted every thirty days.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

- (a) All residents shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents.
- (b) Intake screening shall ordinarily take place within 72 hours of arrival at the facility.
- (c) Such assessments shall be conducted using an objective screening instrument.
- (d) The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:
 - (1) Whether the resident has a mental, physical, or developmental disability;
 - (2) The age of the resident;
 - (3) The physical build of the resident;
 - (4) Whether the resident has previously been incarcerated;
 - (5) Whether the resident's criminal history is exclusively nonviolent;
 - (6) Whether the resident has prior convictions for sex offenses against an adult or child;
 - (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
 - (8) Whether the resident has previously experienced sexual victimization; and
 - (9) The resident's own perception of vulnerability.
- (e) The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.
- (f) Within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.
- (g) A resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.
- (h) Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section.
- (i) The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

The auditor relied on interviews with Staff responsible for Risk Screening and a Random Sample of Residents in addition to the facility policy and Risk Assessment tool in making this determination. Resident files were also reviewed for compliance with this standard.

The facility has incorporated the reassessment of the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening during the corrective action period. The auditor selected multiple names from the active rosters to review.

Standard §115.242 Use of Screening Information
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- ____ Exceeds Standard (substantially exceeds requirement 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)

The facility has established an appropriate risk-screening instrument and they use the instrument to determine housing and vulnerability of the residents. Transgender residents housing and security levels are determined on a case-by-case basis and the transgender's own view of their vulnerability or safety is given serious consideration. Transgender residents are afforded the opportunity to shower separately from other residents.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

- (a) The agency shall use information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.
- (b) The agency shall make individualized determinations about how to ensure the safety of each resident.
- (c) In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.
- (d) A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.
- (e) Transgender and intersex residents shall be given the opportunity to shower separately from other residents.
- (f) The agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.

The auditor relied on interviews with the Staff Responsible for Risk Screening and PREA Coordinator. The auditor was unable to locate a transgender or intersex resident in the facility. The auditor reviewed the agency policy 115.242 and the Risk Assessment Tool in making this determination.

Corrective Action Steps To Be Taken: None.

Timeline for Deliverables: N/A.

Standard §115.251 Resident Reporting

- _____ Exceeds Standard (substantially exceeds requirement 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)

Residents have several methods of privately reporting incident of sexual abuse or sexual harassment. Residents may report in person, in writing, anonymously, through third parties or through the grievance process. The residents are also able to report an incident of sexual abuse or sexual harassment to an entity outside of the facility that is not part of the agency. Staff may privately report in writing, verbally or anonymously.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

- (a) The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.
- (b) The agency shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.
- (c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.
- (d) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

The auditor relied on interviews with the Administrative HR Staff, PREA Coordinator and Director and review of the facility policy in making this determination.

Corrective Action Steps To Be Taken: None.

Timeline for Deliverables: N/A.

Standard §115.252 Exhaustion of Administrative Remedies

- _____ Exceeds Standard (substantially exceeds requirement 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)

The Union House does have an administrative grievance process for addressing sexual abuse or sexual harassment complaints. There is no time limitation imposed on cases involving sexual harassment or sexual abuse. Residents are not required to submit their grievances to the alleged offending staff member, nor would the grievance be referred to the staff member. All grievances are resolved/finalized within 90 days of receipt. Third parties may assist the residents in filing a grievance for sexual harassment or sexual abuse. Residents may file an emergency grievance that will be addressed within five days. Residents are not disciplined unless it is determined that the resident filed the complaint in bad faith.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

- (a) An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.
- (b)
 - (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.
 - (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.
 - (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
 - (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.
- (c) The agency shall ensure that—
 - (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
 - (2) Such grievance is not referred to a staff member who is the subject of the complaint.
- (d)
 - (1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.
 - (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.
 - (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.
 - (4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.
- (e)(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.
 - (2) If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.
 - (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.
- (f)(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
 - (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.
- (g) The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

The auditor was unable to locate any residents that had reported a case of sexual abuse or sexual harassment. The auditor did review the facility policy, grievance records, disciplinary actions and Resident Handbook in making this determination.

Corrective Action Steps To Be Taken: None

Timeline for Deliverables: N/A.

Standard §115.253 Resident Access to Outside Confidential Support Services
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- 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)

The Union House is community confinement center that allows residents to carry/possess and use their own cellphones. Telephone calls to outside confidential support services are not monitored or restricted.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

- (a) The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.
- (b) The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
- (c) The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The auditor relied on interviews with a random sample of residents only as there were no residents present that had reported a case of sexual harassment or sexual abuse. The auditor reviewed of the facility policy in making this determination.

Corrective Action Steps To Be Taken: None.

Timeline for Deliverables: N/A.

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)

The Union House accepts complaints written by third parties or conveyed by their parties, the facility has posted instructions on how a third party can go about reporting an incident on behalf of a resident on their website. This can be located at http://partnersforcommunity.org/tasks/sites/default/assets/File/Notice_and_Awareness.pdf

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

The agency has established a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. The methodology has been posted on the Internet at http://partnersforcommunity.org/tasks/sites/default/assets/File/Notice_and_Awareness.pdf.

The auditor relied the facility policy in making this determination.

Standard §115.261 Staff and Agency Reporting Duties

- _____ Exceeds Standard (substantially exceeds requirement 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)

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

- (a) The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- (b) Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.
- (c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.
- (d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.
- (e) The facility shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility’s designated investigators.

The auditor relied on interviews with a random sample of staff, PREA Coordinator and Director and review of the facility policy and sample reports in making this determination.

Corrective Action Steps To Be Taken: None.

Timeline for Deliverables: N/A.

Standard §115.262 Agency Protection Duties
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- ____ 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)

Staff interviewed were well versed in the requirement to protect residents that are at risk of imminent sexual abuse.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

The auditor relied on interviews with the Agency Head, Random Sample of Staff and the Director and review of the facility policy in making this determination.

Corrective Action Steps To Be Taken: None.

Timeline for Deliverables: N/A

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)

The Union House has a policy of reporting incident to other confinement facilities. They have also developed a form to document the notification.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

- (a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.
- (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
- (c) The agency shall document that it has provided such notification.
- (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards

The auditor relied on interviews with the Agency Head and Director and review of the facility policy in making this determination.

Corrective Action Steps To Be Taken: None.

Timeline for Deliverables: N/A

Standard §115.264 Staff First Responder Duties
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- ____ Exceeds Standard (substantially exceeds requirement 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)

Has the facility met every requirement established by the provision? Yes No

While the policies presented cover this standard, interviews with staff indicate that staff are not familiar enough with the requirement to protect and preserve evidence in a sexual abuse case.

Policy requirements:

- (a) Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:
- (1) Separate the alleged victim and abuser;
 - (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
 - (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
 - (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- (b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

The auditor relied on interviews with a random selection of staff, Security Staff and First Responders. The auditor also reviewed the facility policy in making this determination. The auditor was unable to locate any residents that had reported sexual abuse to interview. The first responders received additional refresher training during the corrective action period. The course was taught on September 15, 2015.

Standard §115.265 Coordinated Response
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- ____ Exceeds Standard (substantially exceeds requirement 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)

The Union House has a written institutional plan or coordinated response plan for responding to cases of sexual abuse.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

The auditor relied on interviews with the Administrative HR Staff, PREA Coordinator and Director and review of the facility policy in making this determination.

Corrective Action Steps To Be Taken: None

Timeline for Deliverables: N/A

Standard §115.266 Preservation of Ability to Protect Residents From Contact with Abusers
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- 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)

Has the facility met every requirement established by the provision? Yes No

The facility is not subject to collective bargaining.

Policy requirements:

- (a) Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.
- (b) Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct or the disciplinary process, as long as such agreements are not inconsistent with the provisions of § 115.272 and 115.276; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

The auditor relied on an interviews with the Agency Head and review of the facility policy in making this determination.

Corrective Action Steps To Be Taken: None

Timeline for Deliverables: N/A

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)

The facility has established a policy to protect residents and staff from retaliation. The Director is the individual appointed to monitor retaliation. The facility has not established a policy or procedure to employ multiple protective measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Staff shall monitor retaliation for at least 90 days following a report of sexual abuse. The monitoring shall include periodic checks and the agency shall take appropriate measures to protect the individual from retaliation.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

- (a) The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.
- (b) The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- (c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- (d) In the case of residents, such monitoring shall also include periodic status checks.
- (e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.
- (f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The auditor relied on interviews with the Agency Head, Designated Staff Member Charged with Monitoring Retaliation, and Director and review of the facility policy in making this determination. The auditor was unable to locate any resident that reported an incident of sexual abuse to interview.

The policy was revised during the corrective action period to include, "CJM shall ensure the protection of all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. CJM will take appropriate measures to protect the individual from retaliation. Staff shall monitor retaliation for at least 90 days following a report of sexual abuse. The monitoring shall include periodic checks, use of monitoring equipment, and modified staffing levels as needed."

Standard §115.271 Criminal and Administrative Agency Investigations

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

The facility conducts administrative investigations in a timely manner. At the time of the on site audit, no one at the facility has received the investigative training required. Criminal cases are to be investigated by local law enforcement. The policy includes language regarding the credibility of the residents. A sample of an administrative investigation was secured. It was determined that the staff at Union House have not received the appropriate training for conducting Administrative investigations. Referrals for criminal investigation should be documented. All criminal cases are to be investigated my local law enforcement. The Union House retains all written reports referenced above for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The departure of the alleged abuser or victim from the employment or control of the program/agency shall not provide a basis for terminating an investigation. The Union House fully cooperates with

investigators and endeavor to remain informed about the progress.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

- (a) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
- (b) Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to §115.234.
- (c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- (d) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
- (e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
- (f) Administrative investigations:
 - (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
 - (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
- (g) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.
- (h) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
- (i) The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
- (j) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.
- (k) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.
- (l) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The auditor relied on interviews with the PREA Coordinator, Director, Investigative Staff and review of the facility policy in making this determination. The facility has trained several staff members to be investigate administrative cases. The auditor secured copies of their training and the training curriculum. The auditor was unable to locate a resident that had reported a case of sexual abuse.

Corrective Action Steps To Be Taken: None

Timeline for Deliverables: N/A

Standard §115.272 Evidentiary Standard for Administrative Investigations
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_____ 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)

The agency does have a policy that they shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

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

The auditor relied on interviews with the Investigative Staff and review of the facility policy in making this determination.

Corrective Action Steps To Be Taken: None.

Timeline for Deliverables: N/A

Standard §115.273 Reporting to Residents
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- 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)

Following an investigation into a resident's allegation of sexual abuse suffered at Union House, CJM shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Policy requires that the Union House staff request the relevant information from them in order to properly inform the resident. No MOU is in place for the investigating agency. Suggested that the Union House secure a MOU with local Law enforcement in regarding conducting criminal investigations and to include the sharing of information so the Union House can report to the resident the outcome or status of the case. All such notifications or attempted notifications shall be documented and maintained by the PREA Coordinator. The Union House has a process in place for notifying the residents. Their notification is documented.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

- (a) Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
- (b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.
- (c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:
 - (1) The staff member is no longer posted within the resident's unit;

- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The auditor relied on interviews with the Administrative HR Staff, PREA Coordinator and Director and review of the facility policy in making this determination.

(d) Following a resident’s allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

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

(e) All such notifications or attempted notifications shall be documented.

(f) An agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody.

Corrective Action Steps To Be Taken: None.

Timeline for Deliverables: N/A

Standard §115.276 Disciplinary Sanctions for Staff

- _____ Exceeds Standard (substantially exceeds requirement 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)

I was unable to locate any policies governing staff misconduct and the disciplinary process.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

- (a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.
- (b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
- (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
- (d) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies

The auditor relied on a review of the facility policy in making this determination.

Standard §115.277 Corrective Action for Contractors and Volunteers

- _____ Exceeds Standard (substantially exceeds requirement 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)

The facility has developed a policy governing corrective action for contractors and volunteers.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

(a) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

(b) The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The policy now states, “CJM shall ensure a prompt response to any allegation of sexual abuse or sexual harassment by a contractor or volunteer. Any contractor who engages in sexual assault, sexual abuse, or sexual harassment shall be prohibited from contact with residents and local law enforcement will be contacted unless the activity is determined to be non-criminal. CJM shall discontinue services of Contractor, Volunteers or Interns who have engaged in sexual abuse and /or harassment.”

The auditor relied on interviews with the A Director and review of the facility policy in making this determination.

Standard §115.278 Disciplinary Sanctions for Residents
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_____ 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)

The facility policy 115.278 states, “For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.” The facility only disciplines a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Sanctions commensurate with the nature and circumstances of the abuse committed. CPA prohibits all sexual activity between residents and may discipline residents for such activity. Union House will not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

(a) Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

(b) Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

(c) The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

(d) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

(e) The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

(f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

(g) An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The auditor relied on interviews with the Director and review of the facility policy and Investigative Reports in making this determination. The facility does not employ any Medical or Mental Health staff therefore, none were interviewed.

Corrective Action Steps To Be Taken: None

Timeline for Deliverables: N/A

Standard	§115.282 Access to Emergency Medical and Mental Health Services
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___ Exceeds Standard (substantially exceeds requirement 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)

The Union House is unique in that the residents have the freedom to seek out Medical and or Mental Health treatment at anytime. The Union House does not offer any Medical or Mental Health on site. However, the facility does have MOUs with the Center for Family Justice who provides free, confidential and empowerment based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training programs. The MOU was signed May 26, 2015. The facility offers contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate or that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

(a) Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

(b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.

(c) Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

(d) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The auditor relied on interviews with the Administrative HR Staff, PREA Coordinator and Director and review of the facility policy in making this determination.

The policy was revised during corrective action to include the following: “Any victim(s) of sexual assault or sexual abuse will be provided treatment and information about sexually transmitted diseases. Contraceptives and transmitted infections prophylaxis will be provided in accordance with professionally accepted standard of care by SAFE/SANE qualified staff.”

Standard	§115.283 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers
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- ____ 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)

The facility does offer services through a MOU with the Center for Family Justice who provides free confidential and empowerment based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training programs. The MOU was signed May 26, 2015. There were no indications of compliance with 115.282 (f), (g) or (h). This was revised during the corrective action period.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

- (a) The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.
- (b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.
- (c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.
- (d) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.
- (e) If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.
- (f) Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.
- (g) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- (h) The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners

The auditor relied on interviews with the Administrative HR Staff, PREA Coordinator and Director and review of the facility policy in making this determination.

The facility now provides testing for STDs as medically appropriate and treatment without financial cost to the victim, provides mental health evaluations as appropriate through outside vendors.

- 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)

The facility has a policy established governing Sexual Abuse incident reviews. There have not been any cases that required an incident review to date. Policy does include upper level management, supervisors and investigators. The facility does not employ and medical or mental health staff. The required elements are reviewed and there is a mechanism in place to implement suggestions for improvement. The review team shall:

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

Prepare a report of its findings and recommendations for improvement and submit such report to CJM's Executive Director and PREA Compliance Manager.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

- (a) The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.
- (b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.
- (c) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.
- (d) The review team shall:
 - (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
 - (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

- (4) Assess the adequacy of staffing levels in that area during different shifts;
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement, and submit such report to the facility head and PREA compliance manager.
- (e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The auditor relied on interviews with the PREA Coordinator, Incident Review Team and Director and review of the facility policy and completed investigations in making this determination.

Corrective Action Steps To Be Taken: None

Timeline for Deliverables: N/A

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)

The facility collects the required data on an annual basis. The facility uses the annual Survey of Sexual Violence created by the Department of Justice to ensure compliance with the standard. The agency has a policy in place that requires them to maintain the data so it is readily available when the DOJ requests the information. The facility does not contract with any other entities for the confinement of residents.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

- (a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
- (b) The agency shall aggregate the incident-based sexual abuse data at least annually.
- (c) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.
- (d) The agency shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.
- (e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.
- (f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The auditor relied on interviews with the PREA Coordinator and Director and review of the facility policy and previous years Surveys of Sexual Violence in making this determination.

Corrective Action Steps To Be Taken: None

Timeline for Deliverables: N/A

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)

The Union House has a policy that they will follow the standards detailed, the 2014 report was reviewed. There was a comparison of 2013 and 2014 statistics (no incidents) however, the report was not signed by the agency head or readily available to the public.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

- (a) The agency shall review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:
- (1) Identifying problem areas;
 - (2) Taking corrective action on an ongoing basis; and
 - (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.
- (b) Such 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.
- (c) The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.
- (d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

The auditor relied on interviews with the Administrative HR Staff, PREA Coordinator and Director and review of the facility policy in making this determination. The 2014 report compares the data from 2013 to 2014. The Agency head has signed the report and it has been made available through the facility website.

Standard §115.289 Data Storage, Publications, 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)

The agency creates the required reports but do not make them readily available to the public through its website (they do have one). The facility does redact reports as required and they do maintain reports for a period of ten years as required. The facility has published their report on their website.

Has the facility met every requirement established by the provision? Yes No

Policy requirements:

- (a) The agency shall ensure that data collected pursuant to § 115.287 are securely retained.

(b) The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.

(c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

(d) The agency shall maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

The auditor relied on interviews with the Administrative HR Staff, PREA Coordinator and Director and review of the facility policy in making this determination.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of her knowledge and no conflict of interest exists with respect to her ability to conduct an audit of the agency under review.



Auditor Signature

Date: 01.06.2016

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MDA