

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date January 8, 2019

Auditor Information

| | |
|--|--|
| Name: Mable P. Wheeler | Email: wheeler5p@hotmail.com |
| Company Name: MP Wheeler and Associates, LLC | |
| Mailing Address: PO Box 5736 | City, State, Zip: Macon, GA |
| Telephone: 478-737-2171 | Date of Facility Visit: December 2-3, 2018 |

Agency Information

| | | | |
|---|-----------------------------------|---|--|
| Name of Agency: Connections Community Support Programs, Inc. | | Governing Authority or Parent Agency (If Applicable): N/A | |
| Physical Address: 3821 Lancaster Pike Wilmington, Delaware 19805 | | City, State, Zip: | |
| Mailing Address: same | | City, State, Zip: same | |
| Telephone: 302-442-6622 | | Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| The Agency Is: CARF | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input checked="" type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input type="checkbox"/> State | <input type="checkbox"/> Federal |
| Agency mission: Connections Community Support Programs, Inc. provide a comprehensive array of healthcare, housing and employment opportunities that help individuals and families to achieve their own goals and enhance our communities. | | | |
| Agency Website with PREA Information: www.connectionspsc.org/our_services/other_programs/new-expectations | | | |

Agency Chief Executive Officer

| | |
|---|--------------------------|
| Name: Cathy McKay | Title: President and CEO |
| Email: cmckay@connectionspsc.org | Telephone: 302-230-9103 |

Agency-Wide PREA Coordinator

| | |
|---|--|
| Name: John Clyne | Title: Senior Performance Improvement Professional |
| Email: jclyne@connectionspsc.org | Telephone: 302-824-1944 |

| | |
|---|---|
| PREA Coordinator Reports to: Debra Crosson: V.P.of Administrative Services | Number of Compliance Managers who report to the PREA Coordinator One |
|---|---|

Facility Information

Name of Facility: New Expectations (Residential Program for Women)

Physical Address: 34 Continental Avenue Newark, Delaware 19711

Mailing Address (if different than above): same

Telephone Number: 302-737-2241

The Facility Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Facility Type: Community treatment center Halfway house Restitution center
 Mental health facility Alcohol or drug rehabilitation center
 Other community correctional facility

Facility Mission: The New Expectations Program is designed to provide a recovery-centered housing program that is safe, supportive and therapeutic, in a substance-free environment, for pregnant women involved in the criminal justice system with substance use disorders.

Facility Website with PREA Information: www.connectionsccsp.org/our_services/other_programs/new-expectations

Have there been any internal or external audits of and/or Accreditations by any other organization? Yes No

Director

Name: Diane Tisdel **Title:** Program Director

Email: dtisdel@connectionsccsp.org **Telephone:** 302-476-0729

Facility PREA Compliance Manager

Name: Diane Tisdel **Title:** Program Director

Email: dtisdel@connectionsccsp.org **Telephone:** 302-476-0729

Facility Health Service Administrator

Name: Francis Carlin **Title:** Statewide Director for Behavioral Health

Email: fcarlin@connectionsccsp.org **Telephone:** 302-463-5391

Facility Characteristics

| | |
|--|---|
| Designated Facility Capacity: 17 adults & 17 Infants | Current Population of Facility: 13 adults & 11 infants |
| Number of residents admitted to facility during the past 12 months | 23 |
| Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility: | 0 |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | 21 |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | 0 |
| Number of residents on date of audit who were admitted to facility prior to August 20, 2012: | 0 |
| Age Range of Population: | <input checked="" type="checkbox"/> Adults 18+ |
| | <input type="checkbox"/> Juveniles 0 |
| | <input type="checkbox"/> Youthful residents 0 |
| Average length of stay or time under supervision: | 6 months |
| Facility Security Level: | Level 3 Supervised Probation with special conditions |
| Resident Custody Levels: | Same |
| Number of staff currently employed by the facility who may have contact with residents: | 18 |
| Number of staff hired by the facility during the past 12 months who may have contact with residents: | 6 |
| Number of contracts in the past 12 months for services with contractors who may have contact with residents: | 0 |

Physical Plant

| | |
|--|--|
| Number of Buildings: 1 | Number of Single Cell Housing Units: 1 handicapped bedroom |
| Number of Multiple Occupancy Cell Housing Units: | 8 shared bedrooms |
| Number of Open Bay/Dorm Housing Units: | 0 |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): | |
| <ul style="list-style-type: none"> - New Expectations is equipped with (9) nine cameras throughout the facility monitored by the front desk. | |

Medical

| | |
|---|--|
| Type of Medical Facility: | Local hospital and residents have their own primary care providers and OB-GYN providers in the community |
| Forensic sexual assault medical exams are conducted at: | Christiana Care Hospital which have SANE staff on duty 24/7 |

Other

| | |
|---|---|
| Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility: Interns | 0 |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 2 |

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The PREA audit of New Expectations operated under the umbrella of parent company, Connections Community Support Programs, Inc. was conducted December 2-3, 2018 by Mable Wheeler, a certified U. S. Department of Justice PREA Auditor. CCSP is under contract with the State of Delaware, Department of Corrections (DOC), Bureau of Community Corrections. Pursuant to this agreement, Connections Community Support Programs, Inc. provides secure and supervised housing, coupled with medication assisted treatment and intensive outpatient services delivered off site, as an alternative to incarceration to adult pregnant women with co-occurring substance abuse disorders. Auditor contracted independently with Connections Community Support Programs, Inc. The facility's last PREA audit was completed November 23, 2015.

Pre-Audit:

During the Pre-Audit period, the Agency PREA Coordinator received instructions to Post the Required PREA Notice of the upcoming Audit six weeks prior to the audit to allow for confidential communications. It was specifically directed that the Audit Notice must be accessible to all residents, accommodating any special needs, limited English, etc. A sample notice was supplied with instructions to print on brightly eye-catching colored paper. The notices included a statement that any mail addressed to Auditor would be treated as confidential. Most of the Pre-Audit communications was handled between Auditor and Agency PREA Coordinator. Audit notice addressed privacy guideline of resident correspondence. Auditor received confirmations of notice postings on 10/16/2018, time stamped and demonstrating location of postings. As of November 30, 2018, there were no communications from residents or staff. Notices of PREA Audit were observed posted in multiple locations throughout the facility, accessible to staff, residents, contractors, visitors and volunteers. The Pre-Audit Questionnaire was completed and sent to the auditor in a timely manner as required.

The Auditor completed a documentation review using the Pre-Audit Questionnaire, internet search of Agency and other subject matter, facility policies and procedures, and additional documentation provided on the flash drive. Agency Mission Statement, Daily population report, schematic/layout for the facility and the last Final PREA Audit report was also reviewed. The PREA Coordinator confirmed that all information on the Pre-Audit Questionnaire is accurate. The results of the documentation review were shared with the facility prior to and at the site visit. Phone conversations were conducted, and emails exchanged. The PREA Coordinator was always available and assured the auditor that any requested information would be made available without delay, and that his Agency was open to any recommendations to best meet any of the PREA standards.

The Auditor contacted the outside advocacy agency organization, Sexual Assault Response Center YWCA Delaware (SARC) to see if the center has received any calls from the residents at New Expectations or if they had any concerns about the facility. A conversation with SARC administrator revealed zero hotline calls from New Expectations and no concerns addressed. The existing MOU between the two agencies was confirmed. Auditor also reached out to Newark Police Department; police staff acknowledged that there are no concerns about New Expectations. Newark Police Department serves as investigating agency for any criminal PREA cases.

THE following documentation was requested for on-site review

- Resident Roster
- Residents with Disabilities
- Residents who are Limited English Proficient (LEP)
- LGBTI Residents
- Residents in segregated housing (PREA Related)
- Residents who Reported Sexual Abuse
- Residents who Reported Sexual Victimization During Risk Screening
- Staff Roster Specialized Staff
- Staff Personnel Files
- Resident Files
- Contractors who have contact with residents
- Volunteers who have contact with residents
- Grievances made in the 12 months preceding the audit
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months

preceding the audit

- General Incident Log
- All hotline calls made during the 12 months preceding the audit
- All incidents within the past 12 months

On-Site Activities:

The Auditor's on-site observation started on 12/2/ 2018, beginning with a meeting with the Program Director and the Agency PREA Coordinator. After introductions, Auditor provided a brief description of experiences, qualifications and auditing background. The purpose of site review, audit agenda and timelines were also covered fully. The Agency PREA Coordinator would serve as primary contact during audit. The established goal for the afternoon was to complete a site review of physical plant, observe routine activities and conduct informal interviews with staff and residents. The Auditor received additional requested pre-audit information, updated resident/staff rosters and hard copies of back ground checks. During this time, a plan was put in place for resident and staff interviews. Auditor advised administration that interviews would be conducted with all (13) assigned residents. Random staff was selected from each shift based on work schedule and availability. Several direct care staff are part-time; therefore, some phone interviews were scheduled. The Physical location identified for conducting interviews provided privacy and security.

Auditor described the process for corrective action/interim report if non-compliance is determined for any standard/standards. Also discussed was the probability of on-going communication during report writing process and time line for submission of interim/final report.

Site Review:

During the site review the auditor was escorted by the Agency PREA Coordinator and Program Manager. It was requested that when the auditor paused to speak with a resident for staff to step away, so the conversation may remain private. The Auditor made numerous observations and interacted with staff and residents. Observed were the postings of Notices of PREA Audits, PREA Related Posters and especially those providing reporting instructions, locations and designs of bathrooms and considerations of privacy issues. Grievance boxes, request forms and a separate box for PREA related Grievances were clearly marked and easily-accessible. Also appraised was the configuration of living spaces, potential blind spots, camera deployment, staffing levels, supervision of residents and accessibility of telephones.

New Expectations, a program of Connections Community Support Programs, Inc., is a community-based 17 bed residential program located in a nice neighborhood in Newark, Delaware near the University of Delaware and the downtown Newark shopping district. The program is designed to work with expectant mothers or mothers with newborns who are 18 years or older who have been released from prison into this community setting as an alternative to incarceration for them. The New Expectations Program is designed to provide recovery-centered housing in a safe, therapeutic and substance abuse free

environment. The building is an attractive structure with a nice long veranda filled with rocking chairs. Upon entering the facility, the front desk is positioned in the center of the foyer. Cameras were observed in strategic locations to aid staff in being able to observe residents and staff. Behind the front desk is a bank of nine camera monitors that enhances the visibility of blind spots in the building, including the front and rear entrances. The building has 2 stories and a lower level (basement). The lower level is used as storage for the building and stays locked to prevent unauthorized individuals from entering this area. Residents are not allowed in the basement. The entry level and top floor are used for group meetings, common areas and living units. Doors not authorized to residents on the mid and upper levels were locked and signs posted. The majority of the rooms have appointed bathrooms. The residential facility also has a handicap living unit and a bathroom to accommodate individuals with disabilities. At the time of the Audit, no one in this residential program identified themselves as having a disability. The residents all share a common kitchen, and throughout the course of the tour, the residents were observed to be orderly, relaxed and cordial. They were observed to have considerable freedom of movement around the facility. Moreover, a number of the mothers in the program were observed attending to the babies. The auditor was provided unimpeded access to all parts of the facility, including all secure rooms and storage areas in the facility.

The Auditor spoke informally with residents and staff during the tour which covered Administration, Intake, living rooms, recreation area, dining area, programming areas, visitation areas, storage rooms, closets, etc. During the tour, the auditor communicated with four (4) residents.

The following observations were noted during the tour:

- Notices of the PREA audit were posted throughout the facility on bright yellow paper as required by the Auditor.
- The facility has no holding rooms/cells.
- The facility has no segregated rooms/cells.
- The Residents files are kept in a secured area.
- The Staff files are kept in a secured area. (maintained at cooperate office)
- PREA information is posted and is available in Non-English and English to include reporting information.
- The cameras do not have a line of sight into resident's rooms, or the toilet and showers.
- Staff of opposite gender announces their presence when entering living units. (no male staff presently assigned).
- There were no blind spots. (video monitoring utilized)
- There are no youthful offenders.
- There were no new or renovated areas observed.

Staff Interviewed:

The Auditor conducted interviews with the following agency leadership which are not counted in the totals below:

- Agency Head or Designee: John Clyne
- Facility Director: Diane Tisdell

- Agency PREA Coordinator: John Clyne
- PREA Compliance Manager: Diane Tisdell

The facility reported seventeen (17) staff members on the first day of audit, four (4) full time and thirteen (13) part-time. The Auditor conducted the following number of specialized staff interviews during the onsite phase of the audit:

| Category of Staff Interviewed | # Interviews Conducted |
|--|-------------------------------|
| Random Staff (Total) Note: <i>To include all Shift</i> | 9 |
| Specialized Staff (Total) | 7 |
| Total Staff Interviewed | 16 |
| Breakdown of Specialized Staff Interviews | |
| ✓ Agency contract administrator (designee) | 1 |
| ✓ Intermediated- or higher-level facility staff responsible for conducting unannounced rounds to identify and deter staff sexual abuse and sexual harassment | 1 |
| ✓ Line staff who supervise youthful inmates, if any | 0 |
| ✓ Education staff who work with youthful inmates, if any N/A | 0 |
| ✓ Program staff who work with youthful inmates, if any N/A | 0 |
| ✓ Medical staff (currently none on site) N/A | 0 |
| ✓ Mental health staff (none on site) | 0 |
| ✓ Non-Medical staff involved in cross-gender strip or visual Searches (no hands on allowed by staff) | 0 |
| ✓ Administrative (Human Resources) HR Staff (corporate) | 1 |
| ✓ SAFE and/or SANE Staff (available at local hospital) | 0 |
| ✓ Volunteers who have contact with inmates (zero volunteers) | 0 |
| ✓ Contractors who have contact with inmates (zero contractors) | 0 |
| ✓ Investigative staff – Agency Level | 1 |
| ✓ Investigative staff – Facility Level (only agency level) | 0 |
| ✓ Staff who perform screening for risk of victimization and abusiveness | 1 |
| ✓ Staff who supervise inmates in segregated housing (no segregated housing) | 0 |
| ✓ Designated staff member charged with monitoring retaliation | 1 |
| ✓ First responders, security staff (no security staff) | 0 |
| ✓ First responders, non-security staff | 1 |
| Total Specialized Staff Interviews | 7 |

Inmate Interviewed:

On the first day of the audit the facility designed capacity was 17. The number of Residents housed during the first day of the audit was 13. The Auditor conducted the following number of inmate interviews during the onsite phase of the audit:

| Category of Inmates | # of Interview Conducted |
|---|--------------------------|
| Random Inmates (Total) Note: <i>To include all Units</i> | 13 |
| Targeted Inmates (Total) | 4 |
| Total Inmates Interviewed | 13 |
| Breakdown of Targeted Inmate Interviews | |
| ✓ Youthful Inmates N/A | 0 |
| ✓ Inmate with a Physical Disability (zero identified) | 0 |
| ✓ Inmates who are Blind, Deaf, or Hard of Hearing (zero identified) | 0 |
| ✓ Inmates who are LEP (zero identified) | 0 |
| ✓ Inmates with a Cognitive Disability (zero identified) | 0 |
| ✓ Inmates who Identify as Lesbian, Gay, or Bisexual (zero identified) | 0 |
| ✓ Inmates who Identify as Transgender or Intersex (zero identified) | 0 |
| ✓ Inmates in Segregated Housing for High Risk of sexual Victimization (N/A) | 0 |
| ✓ Inmates who Reported sexual Abuse that occurred at the Facility | 0 |
| ✓ Inmates who Reported Sexual Victimization During Risk Screening | 4 |
| Total Number of Targeted Inmates Interviews | 4 |

Records Review

| Name of Record | Total # of Records | # Sampled and Reviewed |
|---|--------------------|------------------------|
| Personnel Records | 17 | 17 |
| Volunteers and Contractors Files | 0 | 0 |
| Training Files | 17 | 17 |
| Inmate Records | 13 | 13 |
| Medical Records (Victims) | 0 | 0 |
| Mental Health Records (Victims) | 0 | 0 |
| Grievance Forms (All Complaints, including SA and SH) | 0 | 0 |
| Incident Reports | 0 | 0 |
| Investigation Records (SA and SH) | 0 | 0 |

Investigation Records

| | Sexual Abuse | | Sexual Harassment | |
|------------------|------------------|-----------------|-------------------|-----------------|
| | Inmate on Inmate | Staff on Inmate | Inmate on Inmate | Staff on Inmate |
| Hotline | 0 | 0 | 0 | 0 |
| Grievances | 0 | 0 | 0 | 0 |
| Reports to Staff | 0 | 0 | 0 | 0 |

| | | | | |
|----------------------------------|----------|----------|----------|----------|
| Anonymous, 3 rd party | 0 | 0 | 0 | 0 |
| Reports by Staff | 0 | 0 | 0 | 0 |
| Total Allegations | 0 | 0 | 0 | 0 |

Documentation requested:

- Resident Roster
- Residents with Disabilities
- LGBTI Residents
- Residents who Reported Sexual Abuse
- Residents who Reported Sexual Victimization During Risk Screening
- Staff Roster
- Specialized Staff
- Staff Personnel Files
- Resident Files
- Contractors who have contact with Residents
- Volunteers who have contact with Residents
- Grievances made in the 12 months preceding the audit
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit

Facility Characteristics

The auditor’s description of the audited facility should include details about the facility type, demographics and size of the resident, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The mission of Connections Community Support Programs, Inc.:

“Connections Community Support Programs, Inc. provides a comprehensive array of health care, housing, and employment opportunities that help individuals and families to achieve their own goals and enhance our communities.”

New Expectations Mission Statement:

To provide a recovery-centered housing program that is safe, supportive and therapeutic, in a substance-free environment, for pregnant women involved in the criminal justice system with substance use disorders.

Accreditation:

Parent Agency - Connections Community Support Programs, Inc. - is CARF-certified.

Facility Background, Physical Plant and Security Supervision:

New Expectations is a 17-bed residential program for expectant mothers who are age 18 and older with criminal justice involvement and substance use disorders or mothers with babies recovering from addiction. Residents are court ordered to participate in the program. The facility is spacious and easily accommodates programming. The program was opened on November 2014. Currently, New Expectations has the functional capacity to house 17 pregnant females or females and their children under intensive probation. New Expectations is an alternative to house arrest or incarceration. New Expectations is a 45-minute drive from Philadelphia and located in a college town two minutes from downtown Newark, New Castle County. The facility is located close to the University of Delaware main campus. The headquarters for Connections Community Support Programs, Inc. is located nearby in downtown Wilmington, Delaware.

New Expectations is a three-level residential home. The lower level is off limits to residents and used primarily for storage. The entry level and top floors are used for group meetings, eight bedrooms, office space and common areas. Doors not authorized to residents on the mid and upper levels are marked as restricted and kept locked to prevent entry. This was confirmed. The majority of rooms have appointed bathrooms. The residential facility also has a handicap living unit and a bathroom to accommodate individuals with disabilities. At the time of the survey, no one in the program identified themselves as having a disability. The residents all share a large kitchen that is next to a dining area.

24/7 supervision is provided. No less than two staff on site at all times. The New Expectations staff provides supervision of its residents by systematically maintaining an accounting of residents' whereabouts and activities at all times and making certain that all mandated and recommended conditions/stipulations are met. The program staff on duty are accountable for oversight and monitoring of resident's locations and activities at all times. Program staff systematically assesses the offenders' supervision level/needs with consideration given to: Public safety, criminal history, treatment needs, public and victim concern, and location of activity.

Facility Programs:

Participants in New Expectations see Obstetricians regularly in the community and receive prenatal care, outpatient substance abuse treatment and parenting and life-skills classes off grounds. Transportation by agency vans to doctor's visits and treatment sessions is provided at no charge to the residents. New Expectations is operated in collaboration and partnership with the Delaware Department of Corrections. Continued housing at the New Expectations site, participation in all aspects of the Program, and remaining drug/alcohol free are special conditions of probation. Successful Completion occurs when the resident has maintained abstinence and has fulfilled all treatment plan goals. Discharge readiness is a collaborative process guided by feedback and input from the resident, the treatment team, referring parties, and DOC representatives. A re-entry plan appropriate to the resident's strengths and abilities will be developed. A resident may be administratively discharged for rule violation(s) and/or a determination that further treatment is unlikely to benefit the resident.

Facility Demographics:

| | |
|---|----------|
| Designed Capacity | 17 |
| Actual Number of Resident Housed on the first Day | 13 |
| Number of Youthful Inmates Housed | 0 |
| Custody/Security Level in the facility | Minimum |
| Gender | female |
| Length of Stay | 180 Days |

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

The Auditor conducted an exit conference with the agency and facility officials. Facility officials were very open and receptive to an honest discussion of opportunities for strengthening PREA compliance.

Two particular areas of recommendation were noted:

1. A number of resident interviews suggested the possibility of limited opportunity for residents to ask questions or seek clarification about PREA-related matters they might not understand during the intake process;
2. In a similar fashion, dedicating additional time and separate focus for completion of the victimization/aggression screening instruments might improve the accuracy and value of those assessments.

Corrective Action - The PREA Coordinator pointed out that the Resident Handbook had been thoughtfully revised earlier in 2018 to place all PREA-related information in detailed yet easy-to-understand language on the last page of the Handbook directly above the resident's signature line indicating receipt of the Handbook and understanding of the contents. Auditor was also advised that the facility was fully supportive of any refinements in its practices which would enhance the quality of PREA education for incoming residents, and that responsibility for conducting victimization/abusiveness screenings and resident PREA education was in the process of being reassigned to one specific employee who knows PREA particularly well. The intent of this plan is to break out the PREA element of intake from the rest of the admissions process. This will allow for a better-defined and more thorough PREA education component.

The standards are rated as exceeded, met, or not met. Most standards have between 1 – 20 provisions. To achieve compliance on any given standard, the facility must achieve 100% compliance with each provision within the standard. The auditor used the Department of Justice Final Rule for PREA Standards published in May 17, 2012. Forty-One (41) Community Confinement Standards were audited.

The PREA Coordinator had a sophisticated knowledge and understanding of the PREA requirements and the implementation of necessary processes and systems.

Corrective actions, specific detail about deficiencies or concerns regarding findings may appear in the standard-by-standard discussions in the main body of the report. The facility-corrected concerns within the 45 days before the auditor released the primary report are reviewed as compliant.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 0

Number of Standards Met: 41

115.211, 115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.231, 115.232, 115.233, 115.234, 115.235, 115.241, 115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289, 115.401, 115.403

Number of Standards Not Met: 0

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connections Community Support Programs, Inc. PREA Policy
 - o Zero Tolerance is strongly emphasized in Policy 100 - General Guidelines and Policy 101 - Zero Tolerance, in educational and training materials, and on posters, etc. throughout facility
 - o Authority and Reference
 - o Definitions
 - o Letter-VP appointing the PREA Compliance Coordinator
 - o Agency Organizational Chart
 - o Prevention Planning
 - o Response Planning
 - o Training and Education
 - o Official Response Following Resident Report
 - o Investigations
 - o Discipline
 - o Medical and Mental Health Care
 - o Data Collection and Review
 - o Audits
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Agency Designee
 - o Agency PREA Coordinator
 - o Program Director

Connections Community Support Programs, Inc. published/produced the above policies and documentations. The policies mandate a zero tolerance toward all forms of sexual abuse and sexual harassment. The policies outlined the company's approach to prevent, detect, and response to sexual abuse and sexual harassment. The agency policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassments.

Connections policy designates an upper level PREA Coordinator for the agency that has sufficient time and authority to develop, implement and oversee its efforts to comply with the PREA Standards.

Interview Results:

- The Vice President of Administrative Services confirmed the appointment of John Clyne (Performance Improvement) to serve as the Agency PREA Coordinator.
- Interview with the Agency PREA Coordinator indicated that he has sufficient time and authority to coordinate that facility's effort to comply with the PREA Standards.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connections Community Support Programs, Inc. PREA Policy
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Agency Designee
 - o PREA Coordinator
 - o Program Director

The New Expectations Program does not have authority to contract with other entities for the confinement of Residents.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- o In the past 12 months, the number of The New Expectations contracts for the confinement of Residents that the facility entered into or renewed with private entities or other government agencies since the last PREA audit reported was zero.

Interview Results

- Interviews with the Program Director/ Agency PREA Coordinator indicated that the facility does not and has not contracted with any other entity for the confinement of residents.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 - Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of

staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations

- New Expectations PREA Policy
- Adequacy of Staffing Plan- New Expectations (file memorandum) January 5, 2018
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Agency Designee
 - o Program Director
 - o Higher Level Facility Staff

The New Expectations Program develops, documents, and makes its best efforts to comply on a regular basis with a staffing roster that provides for adequate levels of staffing, and uses video monitoring to protect residents against abuse. An interview with the Program Director and Agency PREA Coordinator indicated that the facility takes into consideration the 4 requirements in standard 115.13 (a) – 1 to 4:

1. The physical layout of the 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.

An interview with the Program Director revealed that if the staffing plan was not complied with, the facility would document and justify all deviations from the staffing plan. Cameras are strategically located to supplement staffing and to enhance supervision of Residents. The Auditor is not going to provide further information related to the cameras because of security concerns; however, observations made during the tour confirmed this facility have nine cameras strategically located throughout the facility supplementing supervision inside and outside the facility. Three additional cameras (not directly tied to any PREA concerns) have been approved and awaiting installation. Program residents receive support services (counseling, medical care etc.) off site. Residents also have options to work in the community as they move through later phases of the program and their terms of probation. There is limited supervision for the facility residents while working or engaging in the community.

The facility requires that all exterior doors of the residence stay locked and that areas off limits to residents are not only locked but marked off limits with a sign restricting access to authorized staff.

Interview with the Executive Director (designee) revealed that at least annually, in collaboration with the PREA Coordinator, and other key agency staff members, the facility reviews the staffing schedule to see whether adjustments are needed in:

- The staffing plan/schedule;
- Prevailing staffing patterns;
- The facility's deployment of video monitoring systems and other monitoring technologies;
- The resources the agency/facility has available to commit to ensure adequate staffing levels.

The Program Director's interview confirmed the process for conducting annual reviews. The review team included PREA Coordinator, Program Director, Improvement Performance, Housing and Property Director, Safety Manager and Agency Nursing Representative. In practice, at least one supervisory level staff is always on duty. There were no major deviations from the staffing schedule, and there is no need for adjustments to the staffing schedule.

A review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmed by staff interviews, the average daily number of Residents on which the staffing schedule was predicated was 17.

A review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmed by staff interview:

Since the last PREA audit the average daily number of Residents reported was 15.

Since the last PREA audit the average daily number of Residents on which the staffing plan was predicated reported was 17.

Interview Results

Interview with the Program Director indicated that she is consulted regarding any assessment or adjustments to the staffing plan. However, the staffing plan is set by the contract agreement.

Interview with the PREA Coordinator /Program Director indicated that the facility has a staffing plan. When assessing adequate staffing levels and the need for video monitoring they consider all of the components listed in the standard.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gendervisual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require 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? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy
- New Expectations Resident Handbook
- Resident Rooms, Showers and Toilets
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Executive Director
 - o PREA Coordinator
 - o Random Staff
 - o Non-Medical Staff Cross Gender Searches (zero)
 - o Random Residents

Agency policy requires staff of the opposite gender to announce their presence every time when entering housing hallways. There is currently no male staff employed at New Expectations. The facility prohibits cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The facility rated capacity does not exceed 50 residents. Documentation review indicated the facility reports no exigent circumstances for this audit period. The facility will maintain documentation when exigent circumstances occur. The facility's search policy prohibits staff from conducting strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by authorized medical personnel.

Agency requires the facility to maintain policies and procedures that enable Residents to shower and perform bodily functions and change clothing without non-medical staff of the opposite gender viewing the breasts, buttocks or genitalia, except in exigent circumstances.

Observations of restrooms and shower during the tour confirmed Residents have privacy when using

the restroom, showering and changing clothing. Residents reported they are never naked in full view of staff. There are no cameras in the shower/restrooms. Cross gender viewing not only applies to in-person viewing but remote viewing as well. The facility staff indicated they are not permitted to conduct cross-gender or pat-down searches.

New Expectations is designed to accommodate pregnant females with substance abuse issues. The Department of Corrections determines the appropriateness of the placement of a resident to New Expectations. Because the facility/program mission contemplates and is limited to housing seventeen (17) court-ordered pregnant mothers, by implication transgender and intersex residents would not be sent by DOC to this facility, nor would they be considered for admission into the program. During the onsite audit visit there were no transgender or intersex residents housed. Nevertheless, if the facility were to receive a transgender or intersex resident, Agency policy would forbid staff from searching or physically examining a transgender or intersex Resident for the sole purpose of determining the Resident's genital status. If ever a Resident's genital status was unknown, the facility would determine gender through conversations with the Resident, medical records review, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

The Agency PREA Coordinator and the Program Director confirmed there have been no cross-gender strips or visual body cavity searches conducted within the audited cycle.

A review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmed by staff interviews:

- In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of Residents reported was zero.
- In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of Residents that did not involve exigent circumstances or were performed by non-medical staff reported was zero.
- The number of pat-down searches of female Residents that were conducted by male staff reported was zero.
- The number of pat-down searches of female Residents conducted by male staff that did not involve exigent circumstances reported was zero.
- In the past 12 months, the number of transgender or intersex residents search or physically examine for the sole purposes of determining the resident's genital status was zero.

Interview Results:

- Thirteen (13) out of seventeen (17) staff interviewed and facility documentation indicated that the facility has a "no contact" policy and does not strip search or pat-down residents.

- Thirteen (13) out of thirteen (13) residents interviewed stated that New Expectations does not have male staff.
- Thirteen (13) out of thirteen (13) residents interviewed stated that they and other residents are never naked in full view of staff, when using the toilet, showering, or changing clothing.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with 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, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with 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, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with 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, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with 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, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with 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, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with 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, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret

effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

- Does the agency 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? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency 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? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policies
- Connections Community Support Programs, Inc. Diversity, Affirmative Action Compliance and Cultural Competency Plan 2018
- Internal Memo date August 18, 2018 – Interpreters PREA
- MOU with Deafinitions & Interpreting, LLC
- PREA Posters in Spanish and English
- PREA Audit: Pre-Audit Questionnaire /Community Confinement Facilities
- Interviews:
 - o PREA Coordinator
 - o Random/Specialized Staff
 - o Random Residents
 - o Disabled Residents (None)

The facility has taken 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 facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. In addition, the facility ensures 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.

The facility does not rely on Resident interpreters, Resident readers, or other types of Resident assistants. The exception to this rule would be in the limited circumstances where an extended delay in obtaining an effective interpreter could compromise the Resident's safety, the performance of first-response duties, or the investigation of the Resident's allegations.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- o In the past 12 months, the number of instances where Resident interpreters, readers, or other types of Resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under 115.264, or the investigation of the resident's allegations reported was zero.
- o The facility reported that Sentencing Judges take language barriers into account before considering placing a resident at New Expectations. This is determined during a pre-screening process for any disabilities or obstacles that would make a candidate inappropriate for the facility/program.

Interview Results:

- Interviewed staff consistently stated they would not allow, except in emergency situations, a resident to translate or interpret for another resident in making an allegation of sexual abuse. Staff are provided a list of Spanish speaking employees that serve as interpreters for none English speaking or limited English speaking residents.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: 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)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency 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? Yes No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: 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? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency 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? Yes No

115.217 (f)

- Does the agency 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? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Unless prohibited by law, does the agency 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? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy
- Employee PREA Employment Questionnaire
- State of Delaware-State Bureau of Identification Checks (Fingerprints)
- Delaware Code, Title 31, Chapter 3, Section 309 (A Check of FBI, SBI records)
- Department of Services for Children, Youth and Their Families (DSCYF) Records Check
- Child Protection Registry for a Substantiated Case of Abuse or Neglect
- Service Letter-State Provision 19 Delaware Code 708
- Completed background Checks
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o PREA Coordinator
 - o Human Resource Staff (Agency level)

The Agency prohibits the facility from hiring or promoting anyone who may have contact with Residents, and will not enlist the services of any contractor who may have contact with Residents as listed in this standard, to include the following categories:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; to include persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or residential care.
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 directly above in number 2.

Policy requires that before hiring new employees who may have contact with Residents, the facility will perform a criminal background check; and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of Residents or detainee sexual abuse or harassment or any resignation pending an investigation of such allegations. Human Resources at Connections Community Support Programs, Inc. completes the State of Delaware-State Bureau of Identification Check (Fingerprints), checks the State and National Child Protection Abuse Registry, completes Driver's History Checks, and performs a Drug Screen on all prospective Employees.

Agency completes a criminal background records check before enlisting the services of contractors who may have contact with Residents. The Agency also requires the Facility to conduct criminal background records checks every five years of current employees and contractors who have contact or may have contact with Residents, and this was consistently supported during staff interviews.

The Agency prohibits staff from material omissions regarding sexual misconduct or the provision of materially false information. Such omissions or misrepresentations are grounds for termination.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities, and as confirmed by staff interviews:

1. In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background checks. 5
2. In the past 12 months, the number of persons promoted who may have contact with residents who have had criminal background checks. 0
3. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents. 0

Interview Results:

- A review of the staff files and interview with the HR staff confirms that background clearances are maintained in the employee files. Updated background checks were run on all employees within 60-day period prior to 2018 audit.
- Interview with Agency Human Resource Staff confirmed a hiring process that is comprehensive and thorough. NE performs criminal record background checks on all newly hired employees and contractor.
- Interview with Agency Human Resource Staff indicated that when a former employee applies for

work at another facility, upon request from that facility that they would provide requested information as long as it does not violate policies or laws. Employers seeking information of substantiated allegations of sexual harassment are required to complete a form entitled “service letter”. This is a Delaware State mandate. After the facility receives the service letter, information on previous employees is released

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy
- Tour Observation
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Program Director
 - o PREA Coordinator

The facility Program Director and Agency PREA Coordinator indicates when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the plan will consider the effect of the design, acquisition, expansion, or modification upon the facility’s ability to protect Residents from sexual abuse.

The Program Director indicated when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the plan will consider how the technology may enhance the facility’s ability to protect Residents from sexual abuse. Three additional cameras have been approved for installation. These additions will improve supervision downstairs in the playroom, east common room and west common room.

Interview Results:

- Interviews with the Facility Director/PREA Coordinator indicate there were no expansions during the past three years. If there was a major expansion, that the Facility Director / PREA Coordinator would be involved in any planning?

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, 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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy
 - o Investigations (Agency PREA Coordinator certification to conduct serious incident investigations)
 - o Medical and Mental Health Care guidelines
- MOU between New Expectations and YWCA Sexual Assault Response Center
- Working Agreement Between New Expectations and Newark Police Department
- Availability of Forensic Nurse Examiners (Christiana Health Care System)
- Posters/Pamphlets
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

- Interviews:
 - o PREA Coordinator
 - o Random Staff
 - o Newark Police Department Representative

Newark Police Department serves as primary investigating authority for all incidents of sexual

abuse and harassment, however, CCSP's PREA Coordinator is the external PREA investigator for the sexual harassment and the local police conduct the criminal investigations.

The facility utilizes the internal and external offices to conduct investigations regarding all felony related crimes to include alleged sexual violence that occurred at the facility. Both the facility and the external office follow a uniform evidence protocol that maximizes the potential for obtaining unobtainable physical evidence for administrative proceedings and criminal prosecutions.

Preponderance of Evidence is defined as proof by evidence that, compared with evidence opposing it, leads to the conclusions that the fact at issue is more probably true than not. Documentation also states that as a result of the preponderance of the evidence, the investigator may determine whether the allegation is substantiated, unsubstantiated or unfounded.

Interviews with the investigator confirmed the standard to determine whether an allegation is substantiated, unsubstantiated, or unfounded is the preponderance of the evidence.

The protocol is appropriate and is 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. The facility does not house Youth/Adolescent victims of sexual assault.

The facility makes available to the victim a victim advocate. If not available to provide victim advocate services, the facility makes available (to provide services) a qualified staff member from a community-based organization, or a qualified facility staff member. The facility provided documentation that showed existing agreement with YWCA SARC. The rape crisis center also has a hotline.

The victim advocate, if used, will meet the requirements of qualified community-based organization staff that accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.

The facility defines a qualified community-based staff member as 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.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- The number of forensic medical exams conducted during the past 12 months reported was 0.
- The number of exams performed by SANEs/SAFE during the past 12 months reported was 0.
- The number of exams performed by a qualified medical practitioner during the past 12 months reported was 0.

Interview Results:

- Most interviewed staff, including the Program Director, was familiar with the evidence protocol and roles they would play as first responders. The staff stated they would “make sure the resident victim was safe” and protect the area. Staff were able to identify the name of hospital and advocacy agency utilized by facility. Documentation of refresher PREA training for all staff was submitted to auditor on 12/15/2018. To date facility has not had a PREA allegation.
- Interview with the PREA Coordinator/Program Director indicated when outside agencies are responsible for investigating allegations of sexual abuse, the facility requests that the investigating agency follows the requirements of PREA. This includes standard provision (g) 1 and 2. Policy requires the facility to request that outside investigative authorities conduct the investigation in accordance with PREA investigation standards.
- For victims of sexual assault, interviewed staff indicated that the facility will offer all victims access to forensic medical examinations without financial cost. Staff indicated that SANE/SAFE are provided by the local hospital, Christiana Care Health System.
- Thirteen (13) out of thirteen (13) interviewed staff indicated that the local police Department is responsible for conducting sexual abuse and sexual harassment investigations.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place 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? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a.)]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy
 - o Policy Statement
 - o Investigations
- Criminal Investigations Division – Newark Police Department
- New Expectations. Letter to Newark Police Department (October 26,2018)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Executive Director
 - o PREA Coordinator
 - o Random Staff
 - o Investigator

According to interviews with the Agency PREA Coordinator and Program Director, the facility ensures

that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment reported on Resident-on-Resident or staff-on-Resident misconduct.

The initial investigation begins immediately by the local police Department. The Police Department uses a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. In accordance with Agency letter, the Local Police Department assumes authority over all allegations of criminal sexual abuse.

Investigations are documented in a written report that contains a through description of physical, testimonial, and documentary evidence and attach copies of all documentary evidence.

Interview with PREA Coordinator confirmed the process for receiving an allegation and for conducting the investigation if an alleged sexual abuse was reported. Interviewed staff stated, they have been trained to report any knowledge, allegations or suspicion of sexual misconduct. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports.

The Agency has 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. Per policy substantiated allegations of conduct that appears to be criminal are referred for prosecution. Investigations staff imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- The number of allegations of sexual abuse and sexual harassment receive during the past 12 months was 0.
- The number of allegations resulting in an administrative investigation during the past 12 months was zero (0).
- The number of allegations referred for criminal investigation during the past months was 0.

Interview Results:

- Additional interviews with staff confirmed the process for receiving an alleged allegation of sexual abuse and sexual harassment. Interviewed staff stated, they have been trained to report or refer everything regarding sexual abuse and sexual harassment to be investigated, including having knowledge, allegations and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and

anonymous reports.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency 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? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employee understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy
 - o Policy Statement
 - o Training and Education
- PREA Incident Check List/First Responder
- New Expectations PREA Training

- Staff PREA Acknowledgement Statements
- Posters and Flyers
- RELIAS Website
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o PREA Coordinator
 - o Facility Director
 - o Random Staff

The Facility has trained all staff that has contact with Residents on the requirements stated in this standard. According to staff interviews, sexual abuse and sexual harassment training is provided in pre-service orientation training, in-service, online training and other additional training and include all requirements. The facility provided copies of the training sessions and rosters.

Training is tailored to the gender of the Residents at the employee's facility. Review of documentation revealed that staff receive additional training if the staff is reassigned from a facility that houses only male Residents to a facility that houses only female Residents, or vice versa. The staff will receive this training through additional pre-service training. This facility housed only female Residents.

The facility documents, through employee signature verification, staff understanding of the training they have received. The NE documents staff training using the Training roster, which requires the staff and instructor signature, and date.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- o In the past 12 months, the number of staff employed by the facility, which may have contact with Residents, who were trained on the PREA requirements reported, was 17.
- o In the past 12 months, the number of staff employed by the facility, who may have contact with Residents, who were trained or retrained on the PREA requirements since the last audit reported was 17.

Interview Results:

- Thirteen (13) out of thirteen (13) interviewed staff consistently stated they receive PREA Training in a variety of ways to include RELIAS (online). PREA Training is provided by PREA Coordinator for newly hired staff during orientation. The training included a video presentation followed by a question and answer period.
- Staff indicated yearly refresher training is given. Staff responses indicated that they have received a level of training in PREA, including the zero-tolerance policy and the responsibility to report all suspicions or awareness of allegations of sexual abuse and sexual harassment, boundaries, how to avoid situations, how to recognize signs and symptoms of sexual abuse and first responding process.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured 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? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (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)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations

- New Expectations PREA Policy
 - o Policy Statement
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:

- Agency PREA Coordinator
- Agency Human Resource Staff

Interview with the PREA Coordinator and Human Resource Staff indicated that the facility does not utilize volunteers. There are no contractors being utilized.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- In the past 12 months, the number of volunteers and interns who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response: 0

Standard 115.233: Resident Education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No

- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy
 - o Policy Statement
 - o Training and Education
- New Expectations Resident Handbook
- Resident acknowledgement Statements
- Connections—Report to an Outside Agency Flyer (English/Spanish)

- New Expectations Zero Tolerance Brochure (English/Spanish)
- NO MEANS NO Brochure
- YWCA Hotline and Services Offers Flyer
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Intake Staff
 - o Random Residents

Staff interviews and documentation review indicated that during the intake process, Residents receive Resident Handbook explaining the facility's zero- tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

During orientation, additional PREA related information is provided via numerous forms including video, posters and flyers. Resident interviews suggested the possibility of limited opportunity to ask questions or seek clarification about anything they do not understand. Resident's acknowledgement statements were provided of receiving PREA information. All residents interviewed, acknowledged having come from DOC and expressed knowledge of PREA rights. This issue was discussed with Program Director and PREA Coordinator. The PREA Coordinator pointed out that the Resident Handbook had been revised earlier in 2018. All PREA related information in detailed yet easy-to-understand language was placed on the last page of the Handbook directly above the resident signature line indicating receipt of the Handbook and understanding of the contents. Auditor was also advised that the facility was fully supportive of any refinements in its practices which would enhance the quality of PREA education for incoming residents, and that responsibility for conducting victimization screening and resident education was in the process of being reassigned to one specific employee who knows PREA particularly well. The intent of this plan is to break out the PREA element of intake from the rest of the admissions process. This will allow for a more focused and through PREA education component.

The facility provides comprehensive education to Residents within 30 days.

All Residents at the facility received and have been educated on PREA. It was represented to the Auditor that Residents transferring to the facility from DOC receive the same required PREA education as the rare resident who comes directly from the community and no distinction is made because an individual may already have received exposure to PREA while in DOC custody.

Resident interviews confirmed that the facility provides Resident education in formats accessible to all Residents, including limited English proficient, deaf, visually impaired, disabled, as well as to Residents who have limited reading skills. Staff and Resident interviews reveal that the facility provides the PREA Education in English and Spanish, to include Resident handbooks and posters. Video is used during orientation.

The facility maintains documentation of Resident participation in the education sessions.

In addition to providing PREA education, the facility ensures that key information is continuously and readily available and visible to Residents through posters, Resident handbooks, and other written formats.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- The number of Residents admitted during past 12 months who were given this information at intake reported was 20.
- The number of Residents transferred from a different community confinement facility, during the past 12 months who received refresher information was 0.

Interview Results:

- Interviewed staff indicated that during orientation all residents, to include transfers from other facilities are educated on the zero tolerance and how to report incidents or suspicion of sexual abuse or sexual harassment. In general, this information is given during the intake process and is given within 30 days. The facility conducts intake within 3 days.
- Thirteen (13) out of thirteen (13) residents interviewed stated when they first came to this facility, they did receive information regarding facility rules against sexual abuse and harassment.
- Thirteen (13) residents were interviewed using the following statement, when you came to this facility, were you told about:
 - Your right to not be sexually abused or sexually harassed, thirteen (13) out of thirteen (13) answer yes.
 - How to report sexual abuse or sexual harassment, thirteen (13) out of thirteen (13) answer
 - Your right not to be punished for reporting sexual abuse or sexual harassment, thirteen (13) out of thirteen (13) answer yes, they were told.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings?

[N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy
 - o Policy Statement
 - o Investigations
- National Institute of Corrections (NIC) Certificate of Completion (Investigative Training)
- RELIAS Training PREA: Dynamics of Sexual Abuse in Correctional Systems
- Policy Memorandum 46 (PM-46) State of Delaware
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o PREA Coordinator
 - o Investigator

In addition to the general PREA training provided to all employees, the Agency PREA investigator is mandated by the state of Delaware to complete the Policy Memorandum 46 (PM-46) training, which includes investigators training guidelines. Interviews and documentation reveal that specialized training was completed.

The Agency PREA Coordinator completed the NIC Specialized training. Specialized training includes 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 and prosecution referral.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities confirmed by staff interviews:

- o The number of investigators currently employed who have completed the required training was two (2).

Interview Results:

- Interview with the PREA Coordinator, who also serves as a Connections PM-46 Investigator and PREA Investigator, confirmed he is very knowledgeable of investigative processes and procedures. Additionally, he is knowledgeable and well versed in investigating sexual abuse and sexual harassment allegations. If the incident or allegation is sexual abuse Law Enforcement will conduct the criminal investigation while the PREA/PM46 investigator investigates as well, but his involvement is parallel with the Law Enforcement and he states he does not do anything to interfere with Law Enforcement's investigation nor does he involve himself in evidence collecting related to a criminal investigation.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy
 - o Policy Statement
- National Institute of Corrections (NIC) Certificate of Completion Medical Care for Sexual Assault Victims in a Confinement Setting
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Agency PREA Coordinator

This facility is a community based residential program and residents are not confined. Medical services are provided in the community and residents can access their primary care providers and OB-GYN physicians in the community. The facility had one part-time medical staff, a Licensed Practical Nurse whose primary responsibility was related to dispensing medications. The individual is no longer on staff but had completed the required NIC training August 15, 2018. A permanent replacement has not been identified.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities confirmed by staff interviews:

- o In the past 12 months, the number of mental health practitioners who works regularly at this facility who received required training was zero.

Interview Results:

- Interview with the Facility Director confirmed that the facility does not conducted forensic examinations, and do not have medical or mental health practitioners employed or on contract at the facility.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? Yes No

115.241 (h)

- Is it the case that residents are not ever 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? Yes No

115.241 (i)

- Has the agency implemented 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? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy
 - o Policy Statement
 - o Definitions
- CCSP Indicators of Sexual Victimization Instrument
- CCSP Indicators of Sexual Aggression Instrument
- 21 day/Periodic Sexual Victimization Assessments
- 21 day/Periodic Sexual Aggressor Assessment
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Agency PREA Coordinator
 - o Program Director
 - o Staff Screening for Risk of Victimization and Abusiveness
 - o Random Residents

The facility assesses all Residents during intake screening including Residents that transfer from DOC for risk of being sexually abused.

Interviews and documentation revealed that intake screenings are taking place within 72 hours of arrival at the facility. In addition, during intake screening, procedures require staff review available documentation (judgment and sentence, commitment orders, criminal records, investigation reports, field and medical files) for any indication that a Resident has a history of sexually aggressive behavior. Housing assignments are made accordingly.

The facility uses an objective screening instrument.

Staff interviews and documentation review reveal that the Screening for Risk of Victimization and Abusiveness include the following:

- Whether the Resident has a mental, physical, or developmental disability;
- The age of the Resident;
- The physical build of the Resident;
- Whether the Resident has previously been incarcerated;
- Whether the Resident's criminal history is exclusively nonviolent;
- Whether the Resident has prior convictions for sex offenses against an adult or child;
- Whether the Resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the Resident has previously experienced sexual victimization;
- The Resident's own perception of vulnerability.

Staff interviews for conducting Screening for Risk of Victimization and Abusiveness indicated that the facility uses an objective Screening Instrument to document this process. The PREA Intake Objective Screening Instrument has all of the required criteria. The results of the assessment are documented on the Intake Screening Form whether the Resident is vulnerable or sexually aggressive.

Interviews and documentation reviewed indicated that the Manager reassesses the Residents' risk level for sexual victimization or sexual abusiveness whenever warranted and within 30 days of arrival at the institution if the Resident is identified at risk for victimization or for being at risk for being sexually abusive.

Residents are not disciplined for refusing to answer, or for not disclosing complete information in response to any questions as stated in section (d).

The agency implements 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 as described above.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- o The number of Residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexually victimization or risk of sexually abusing other Residents within 72 hours of their entry into the facility was 20.

Interview Results:

- Interview staff indicated that the Facility's Director/ PREA Coordinator, Case Manager have access to resident's risk assessment in order to protect sensitive information from exploitation.
- Interview staff indicated that the initial risk screening assessment considers all the requirements listed in this standard.
- Interview staff indicated that the process for conducting the initial screening is a checklist and a written format.
- Interview staff indicated that the staff does reassess resident's risk level as needed due to referrals, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.
- Thirteen (13) residents were asked, when you first came to this facility, do you remember whether you were asked any questions like:
 - o Whether you been in jail or prison before, thirteen (13) out of thirteen (13) answered Yes.
 - o Whether you have ever been sexually abused, thirteen (13) out of thirteen (13) answered Yes.
 - o Whether you identify with being gay, lesbian, or bisexual, thirteen (13) out of thirteen answered Yes.
 - o Whether you think you might be in danger of sexual abuse at this facility, thirteen (13) out of thirteen (13) answered Yes, they had been asked.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the residents health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the residents health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless 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 lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless 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 lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless 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 lesbian, gay,

bisexual, transgender, or intersex residents, does the agency always refrain from placing intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy
 - o Policy Statement
- Indicators for Sexual Victimization
- Indicators for Sexual Aggression
- 21 day/Periodic Sexual Victimization Assessments
- 21 day/Periodic Sexual Aggressor Assessments
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
 - o Agency PREA Coordinator
 - o Program Director
 - o Staff Screening for Risk of Victimization and Abusiveness
 - o Random Residents

The Agency/facility uses the information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those Residents at high risk for being sexually victimized from those at high risk of being sexually abusive. Individualized determinations about how to ensure the safety of each Resident will be made according to staff interviewed.

The facility did not have any transgender or intersex Residents during the audit period. However, if the facility receives a transgender or intersex resident, when deciding whether to assign a transgender or intersex Resident to a facility for male or female residents, and in making other programming assignments, the facility will 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.

Staff interviews indicated that when making placement and programming assignments for each transgender or intersex Resident the facility will reassess them at least twice each year to review any threats to safety experienced by the Resident.

Staff interviews also indicated if they were to have a transgender or intersex Resident, the Resident's own views with respect to his or her own safety will be given serious consideration.

Transgender and intersex Residents will be given the opportunity to shower separately from other Residents.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities confirmed by staff interviews:

- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation was 0.
- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, treatment or special education services was 0.
- In the past 12 months, the average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization was 0.

Interview Results:

- Interview with the Program Director indicated that the facility will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated houses, or wings solely based on identification status for protecting such residents.
- Interviewed staff indicated that the facility is not subject to a consent decree, legal settlement, or legal judgment. Staff indicated that the facility ensure against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated units, or wings solely on the basis of their sexual orientation, genital status, or gender identity. That the facility will house them in the general population unless requested by the resident for special housing for safety issues.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy
 - o Policy Statement
- Memorandum of Understanding between CCSP and Contact Life Line
- Connections- To Report to an Outside Agency Flyer
- YWCA Hotline and Services Offers Flyer
- Connections-Reporting Sexual Abuse Flyer (English)
- Connections-Reporting Sexual Abuse Flyer (Spanish)
- PREA –Educational Brochure
- New Expectations Zero Tolerance Brochure (English)
- New Expectations Zero Tolerance Brochure (Spanish)
- Break the Silence Poster (English)
- Break the Silence Poster (Spanish)
- PREA Reporting Box (located at front entrance)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o PREA Coordinator
 - o Program Director
 - o Random Staff
 - o Random Residents

Interviews with staff and documentation review indicated that the facility has established procedures allowing for multiple internal ways for Residents to report privately to agency/facility officials regarding sexual abuse and sexual harassment, retaliation by other Residents or staff, to include staff neglect or violation of responsibilities that may contributed to PREA incidents. The follow are internal reporting ways:

- Reporting from their Job
- Reporting to medical/mental health staff while offsite
- Report Directly to Local Law Enforcement
- Tell the Case Manager
- Reporting to any staff member either verbally or in writing
- Writing a Resident request
- Writing an anonymous note
- Calling Hotline

Interviews with staff and documentation indicated that the facility has established at least one way for Residents to report abuse or harassment to a public or private entity that is not part the agency, and

that can receive and immediately forward Resident reports of sexual abuse and sexual harassment to agency officials, allowing the Resident to remain anonymous upon request. The following are external reporting ways:

- 1-800 Hotline Reporting
- Using their Personal Cell Phone
- Report Directly to Local Law Enforcement

Interview Results:

- An interview with the Agency PREA Coordinator indicated that New Expectations is tasked with the obligation to house expectant mothers. The facility does not detain residents solely for civil immigration purposes. However, if they receive and resident solely for civil immigration purposes the facility will provide the resident with information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.
- Thirteen (13) out of Thirteen (13) interviewed staff indicated that they can privately report sexual abuse and sexual harassment of residents to their supervisor.
- Thirteen (13) out of thirteen (13) interviewed staff indicated that residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by using the personal cell phone, completing a grievance or telling a trusted staff. They also indicated that residents can report verbally, in writing, anonymously, and from third parties.
- Interviewed residents were asked, how would you report any sexual abuse or sexual harassment that happened to you or someone else? Thirteen (13) out of thirteen (13) residents stated several ways they would report, including telling a staff, telling a health care provider, passing a note, or filing a grievance.
- Interviewed residents were asked can you make reports of sexual abuse or sexual harassment either in person or in writing. Thirteen (13) out of thirteen (13) said yes.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency 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? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- 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, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (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.) (N/A if agency is exempt from this standard.)

Yes No NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency 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? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy (730/103)
- Pre-Audit Questionnaire
- Formal Grievance and Communication Forms
- Interviews:
 - o PREA Coordinator
 - o Program Director
 - o Residents Reported Sexual Abuse (0)

New Expectations has an administrative process to address Resident grievances regarding sexual abuse. However, if a PREA case is filed through the grievance process, it is not considered or treated as a typical grievance. It is treated as an "Emergency PREA Grievance". All alleged PREA reports are handled immediately and forwarded to the Agency PREA Coordinator/Investigator for actions within the required timeframes.

The facility does not impose a time limit on when a Resident may submit a grievance regarding an allegation of sexual abuse. A Resident can submit a grievance any time regardless of when the incident is alleged to have occurred. CCSP does not require that a resident use an informal grievance process, or otherwise attempt to resolve with staff an alleged incident of sexual abuse

Third Parties:

1. Third parties, including fellow Residents, staff members, family members, attorneys, and outside advocates, are permitted to assist Resident in filing requests for administrative remedies relating to allegations of sexual abuse, and also permitted to file requests on behalf of Residents.
2. If a third-party file a request on behalf of a Resident, the facility will 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.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- o In the past 12 months, the number of grievances filed that alleged sexual abuse reported was 0.
- o In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed reported was 0
- o The number of grievances alleging sexual abuse filed by Residents in the past 12 months in

which the Resident declined third-party assistance, containing documentation of the Resident's decision to decline reported was 0.

- o The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was 0.
- o The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was 0.
- o In the past 12 months, the number of Resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the Resident for having filed the grievance in bad faith reported was 0.

Interview Results:

According to staff interviews, the facility does not require a Resident to use any informal grievance process as it relates to PREA, or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse.

According to Staff Interviews, the facility ensures that:

1. Residents who allege sexual abuse submit the grievance without submitting it to a staff member who is involved in the allegation. Grievance forms can be obtained from any staff member; they may mail it to the PREA Coordinator or drop it in a lock Grievance Box.
2. The grievance is not referred to a staff member who is involved in the allegation.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility 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? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility 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? Yes No

115.253 (c)

- Does the agency 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? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy
 - o Policy Statement
- Memorandum of Understanding between CCSP and Contact Life Line
- Connections- To Report to an Outside Agency Flyer
- YWCA Hotline and Services Offers Flyer
- Connections- Reporting Sexual Abuse Flyer (English/Spanish)
- PREA- Educational Brochure
- PREA House Posting – Zero Tolerance
- MOU CCSP and YWCA Delaware (SARC)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o PREA Coordinator
 - o Program Director
 - o Random Residents
 - o Residents Reported Sexual Abuse (0)

The facility provides Residents with access to outside victim advocates for emotional support services related to sexual abuse. New Expectations has a MOU with the Young Women’s Christian Association (YWCA) for advocacy services. YWCA is a part of a rape crisis center. The YWCA also has a hotline. The outside services include but are not limited to:

1. Hospital accompaniment for an offender victim during the forensic medical examination process.
2. Investigatory interviews at the hospital
3. Emotional support services
4. Referrals to Connections Medical and Mental Health vendor staff
5. Follow up advocacy services on request of the resident-victim are provided by the YWCA
6. Follow-up phone conversations

The facility informs Residents prior to them communicating with outside organizations that phone calls may be monitored and that reports of sexual abuse or sexual violence will be forwarded to authorities in accordance with mandatory reporting laws. The facility provides residents accessibility to these outside services by posting and making accessible mailing addresses and telephone numbers, including toll free hotline numbers of local, State, and/or National Organizations. Residents have access to legal services and if they cannot afford an attorney, they will be appointed a state attorney. Attorneys are allowed to meet with residents and to communicate via telephone as well.

Interview Results:

- Thirteen (13) out of thirteen (13) residents interviewed stated that they knew that there are services available outside of New Expectations for dealing with sexual abuse, if they needed it.
- Thirteen (13) out of thirteen (13) residents interviewed stated that they would be allowed phone access to call the PREA hotline numbers.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy
- DHSS Policy Memorandum 46
- Letters to Advocacy Groups
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o PREA Coordinator
 - o Program Director
 - o Random Residents
 - o Random Staff

CCSP Policy establishes a method to receive third-party reports of sexual abuse and sexual harassment and distributes publicly, information on how to report on behalf of a resident. The state uses the State of Delaware online reporting process. The Agency PREA Coordinator has also sent letters to local agencies informing them of the PREA Audit, including information on how to report to the Certified PREA Auditor, to provide them with the ability to report or make any comments they needed to make to the Certified PREA Auditor.

Third party information is being provided to all visitors regarding their family members that are housed at New Expectations. If at any time a Resident makes an allegation of being a victim of a sexual assault or sexual harassment and does not feel comfortable telling, writing, or using the posted hotline, the family member can make an official report on the Resident's behalf by contracting assigned staff or calling toll free number. All sexual abuse or sexual harassment reports are done in a discreet manner to not compromise the resident.

Interviews:

Residents interviewed were aware of outside support or advocacy services if needed. All residents acknowledged having the opportunity for making third party reports of alleged sexual abuse. They

named parents, friends, boyfriends, probation officers. Staff were also aware of third-party reporting. All staff related they have been trained to accept reports of allegations of sexual abuse from anyone, including third parties. They also indicated they would handle those reports just as they would any other report and would take the reports seriously. Auditor did not receive any responses from letters submitted to advocacy groups.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency 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? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing 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? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State

or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy (709/108)
 - o Policy Statement
 - o PM-46/Delaware Department of Health and Social Services. DHSS Policy Memorandum 46
 - o Child Abuse/Neglect Mandatory Reporting Form
 - o Reportable Events Summary Report
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o PREA Coordinator
 - o Program Director
 - o Random Staff

Agency policy requires staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency; retaliation against Residents or staff who reported the incident; as well as staff neglect or violation of responsibilities that contributed to the incident or retaliation. This policy information was confirmed by staff interviews and Auditors review of Policy Manual.

Facility policy requires, apart from reporting to the designated supervisors or officials and designated state or local services; staff is prohibited from revealing any information related to a sexual abuse

incident to anyone other than to make treatment, investigation, and other security and management decisions.

When sexual abuse incidents occur at the facility, staff interviews indicated that the facility will report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to be investigated.

Interview Results:

- Thirteen (13) out of thirteen (13) interviewed staff indicated that the facility management requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at the facility; retaliation against residents or staff who reported the incident, and any staff neglect or violation of responsibilities that may have contribute to an incident or retaliation.
- Interview with the PREA Coordinator indicated that all allegations of sexual abuse and sexual harassment to include third party and anonymous sources are reported to designated investigator (Agency PREA Coordinator).

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy

- Policy Statement
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - PREA Coordinator
 - Program Director
 - Random Staff

When facility learns that a Resident is at substantial risk of imminent sexual abuse, it takes immediate action by suspending the alleged employee pending an investigation, removing the alleged perpetrator from working or residing on the premises with the victim and by relocating the perpetrator and/or victim from the program.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- In the past 12 months, the number of times the agency or facility determined that a Resident was subject to a substantial risk of imminent sexual abuse reported was 0.

Interview Results:

- Interview with the PREA Coordinator indicated that when they learn that a resident is subject to a substantial risk of imminent sexual abuse, the resident maybe protected by suspending the alleged perpetrator if he/she was staff while and until an investigation was completed. If the allegations were substantiated, the presumptive action would be termination. If the alleged perpetrator was another resident, the alleged perpetrator would be separated from the victim, relocated to another program or removed from the program. Random staff interviews revealed that an allegation would be taken seriously, and that immediate action would be taken to protect the potential alleged victim.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy
- Reportable Events Summary Report
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Program Director
 - o PREA Coordinator

Upon receiving an allegation that a resident was sexually abused while confined at another facility New Expectations Program Director would notify the administrator of the sending facility within 72 hours. The Reportable Event Report is completed and submitted to the Agency PREA Coordinator (investigator).

Staff interviews indicated that when receiving allegations reported from other facilities, they would complete an incident report and send for investigations.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- o During the past 12 months, the number of allegations the facility received that a Resident was abused while confined at another facility was 0.
- o During the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was 0.

Interview Results:

- Interview with the Program Director and PREA Coordinator indicated when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at their facility involving staff, they would complete an incident report, put that staff on no- contact, make appropriate notifications and ensure it was investigated like any other allegation. If it involves a resident they would monitor that resident until investigation is completed. Every allegation would be treated seriously.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: 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, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: 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, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
-

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Program Director
 - o Random Staff
 - o Agency PREA Coordinator

Interviews with staff and review of training curriculum indicated when staff learn of an allegation that a Resident is sexually abused, the first staff to respond separates the victim and abuser; preserves and protects the crime scene; and if the incident occurred within the appropriate time period for the collection of physical evidence, they will request that the alleged victim not take actions that could destroy physical evidence, to include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

According to staff, if they are the first responder, they will request that the alleged victim not take any actions that could destroy physical evidence and notify administrative staff.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- o In the past 12 months, the number of allegations that a Resident was sexually abused was 0.
- o Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was 0.
- o In the past 12 months, the number of allegations where staff was notified within a time period that still allowed for the collection of physical evidence was 0.
- o Of the allegations that a Resident was sexually abused made in the past 12 months, the number of times non-security staff member was the first responder was 0.

Interview Results:

- Thirteen (13) staff that were interviewed as a First Responders describe the actions taken to an allegation of sexual abuse is to:

- Separate the alleged victim and abuser,
 - Contact the supervisor,
 - Preserve and protect the crime scene,
 - Request that the alleged victim not to wash, brush teeth, change clothes or use the bathroom,
 - Request the same for the alleged abuser.
- Interview with Direct Care Staff indicated that as First Responders describe the actions taken to an allegation of sexual abuse is to:
- Separate the alleged victim and abuser,
 - Contact the supervisor,
 - Preserve and protect the crime scene,
 - Request that the alleged victim not to wash, brush their teeth, change clothes or use the bathroom.
 - Request the same for the alleged abuser.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy
- Connections Coordinated Response to Any Sexual Assault Incident
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o PREA Coordinator
 - o Program Director

The facility policy response protocol provided guidelines for staff a written plan to coordinate actions taken in response to Any Sexual Assault Incident. There is not full time medical or mental health staff on site. Residents would be taken to the local hospital for forensic exams. Advocates are available through the YWCA (MOU in place). Administration would be notified and back up staff would be enlisted as needed. Mental health services would be available through the staff of the Connections Outpatient Treatment Program.

Interview Results:

- o Interview with the Program Director indicated that the coordinated plan involved all the Management Team. Medical and Mental Health are not including in the process because the facility uses the local community services. Random staff were able to relate to first responder duties in the event a resident reported or made an allegation of sexual abuse. Staff were aware of the notifications they would make to include Program Director, law enforcement and PREA Coordinator.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy (717)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o PREA Coordinator
 - o Program Director

This standard requires that 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 that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or a determination as what extent discipline is warranted, CCSP is not involved in "collective bargaining" with union employees.

Interview Results:

- Interview with the Executive Director and PREA Coordinator indicated that the New Expectations employees are not union members.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established 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? Yes No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency 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? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment 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? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a

continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy (718)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o PREA Coordinator
 - o Program Director

The facility prohibits retaliatory behavior by Residents or staff in regard to the reporting of sexual abuse, sexual harassment, or cooperation with investigators as it connects to PREA related incidents.

Resident rights documentation and staff policy establish expected conduct. The Agency PREA Compliance Coordinator is responsible for monitoring retaliation along with supervisors to monitor Residents as it relates to PREA allegations and incidents.

The facility has several protection and reporting measures, for Residents. The facility has the option to

change Resident housing or transfer Resident victims or abusers, removal of alleged staff or Resident abusers from contact with victims, and emotional support services for Residents or staff fearing retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The facility reported that there is no retaliation for this audit reporting period. However, if the facility were to have issues with retaliation the policy will guide them on this standard. For example, for at least 90 days following a report of sexual abuse, the facility monitors the conduct and treatment of Residents or staff who reported the sexual abuse and of Residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by Residents or staff, and act promptly to remedy any retaliation. Items the facility should monitor include Resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility continues monitoring beyond 90 days if the initial monitoring indicates a continuing need.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- The number of times an incident of retaliation occurred in the past 12 months was 0.

Interview Results

- Interviewed staff indicated that when preventing retaliation against residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations would change resident housing or transfers a resident, removal of alleged abusers, refer resident to counseling for services. When preventing retaliation against staff, they would change the staff shift or change the staff work details.
- Interviewed staff indicated that they will monitor the resident at least weekly. However, this process would end around 90 days.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy (711)
- NIC Certificate-Specialized Training for Investigators
- PM-46 Delaware Department of Health and Social Services. DHSS Policy Memorandum 46
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Program Director
 - o Local Police Investigator
 - o Agency PREA Coordinator

Interviews with the PREA Coordinator (investigator) indicated that when they conduct investigations into allegations of sexual abuse and sexual harassment, they do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

The facility uses investigators who have received special training in sexual abuse investigations. The Agency Investigator have completed the NIC online training.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. When an allegation has been substantiated and conduct that appear to be criminal it is referred for prosecution and the facility consults with the prosecutor. Because an outside agency is investigation the facility cooperates and remains informed about the progress of the investigation.

All investigations Administrative or Criminal is documented in written format. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and documented description of the physical and testimonial evidence, and investigative facts and findings.

When the external investigators investigate sexual abuse, the facility cooperates with the investigators and endeavors to remain informed about the progress of the investigation.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- o The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit was 0.

Interview Results:

- Interviewed staff indicated that the outside agency that investigates criminal sexual abuse keeps

the facility informed of the progress of the investigation thru emails and the release of the final investigation report.

- Interviewed Agency PREA Coordinator indicated when evidence is discovered that a prosecutable crime may have taken place; it is turned in to the local Police Department for review than the prosecutor is consulted. According to the investigator cases for prosecution is refer when there are substantiated allegations of conduct that appear to be criminal.
- Interviewed PREA Coordinator indicated when a staff alleged to have committed sexual abuse terminates employment prior to a completed investigation into the conduct; the investigator continues the investigation until completion.
- Interviewed investigator indicated all investigations are documented. The documentation includes descriptions of physical, testimonial, and documentary evidence, as well as attached copies of documentary evidence.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy (711)

- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Program Director
 - o Agency PREA Investigator

The PREA Coordinator/Investigator is trained not to impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Interview Results:

Interviews with the PREA Investigator confirmed the standard to determine whether an allegation is substantiated, unsubstantiated, or unfounded is the preponderance of the evidence.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit? Yes No
- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy (719)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:

- Program Director
- Investigator

Following a Resident's allegation that a staff member has committed sexual abuse against the Resident, the facility will subsequently notify the Resident (unless the allegation has been determined to be unfounded or unsubstantiated) when 1) the staff member is no longer in the Resident's unit; 2) the staff member is no longer employed at the facility; 3) the facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4) the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility. All notifications are documented. The facility's obligation to report under this standard terminates if the alleged victim is released from the Department's custody.

When the facility notifies Residents, it is documented.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- The number of criminal and/or administrative investigations of alleged Resident sexual abuse that were completed by the agency/facility in the past 12 months was 0.
- Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of Residents who were notified, verbally or in writing, of the results of the investigation were 0.
- The number of investigations of alleged Resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was 0.
- Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of Residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was 0.
- In the past 12 months, the number of notifications to Residents that were provided pursuant to this standard was 0.

Interview Results

- Interview with the Facility Director indicated that the facility notifies residents who make an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.
- Interviewed PREA Coordinator indicated that a resident who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The information is shared with the facility

to inform the resident.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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? Yes No

115.276 (d)

- Are 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, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are 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, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy (720)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Program Director
 - o PREA Coordinator

New Expectations policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency Resident sexual abuse and/or harassment policies. The Directive indicates that termination is the presumptive disciplinary sanction for staff that has been found to have engaged in sexual abuse. All terminations for violations of agency Resident sexual abuse or harassment policies or resignations by staff who would have been terminated but for their resignation will be reported to law enforcement agencies, unless the activity was clearly not criminal and to any relevant licensing bodies.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- o In the past 12 months, the number of staff from the facility who has violated agency sexual abuse or sexual harassment policies was 0.
- o In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was 0.
- o In the past 12 months, the number of staff from the facility who has been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported were 0.
- o In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies reported was 0.

Interview Results

- Interviews with the Program Director and Agency PREA Coordinator confirmed staff violating agency sexual abuse policies will be disciplined and that termination is the presumptive action and referral for prosecution where indicated.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy (720)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o PREA Coordinator
 - o Facility Director / Manager

The Agency/Facility does not employ contractor or volunteers. If the Agency/Facility were to employ

contractors and volunteers they would identify sanctions for contractors, vendors and volunteers who engage in sexual abuse will be prohibited from contact with Residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. The facility will take appropriate remedial measures and will consider whether to prohibit further contract with Residents, in the case of any other violation of agency Resident sexual abuse or sexual harassment policies by a contractor or volunteer.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- In the past 12 months, the number of volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was 0.
- In the past 12 months, the number of contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was 0.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions 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? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy (720)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o PREA Coordinator
 - o Program Director

The Agency/Facility has a formal Resident disciplinary process when a Resident is subject to a disciplinary sanction 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.

The disciplinary process allows sanctions to 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 within the facility.

In the Resident Discipline Process considers whether a Resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. The facility offers counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility consider whether to require the offending Resident to participate in such interventions as a condition of access to programming or other benefits.

Staff interviews indicated 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, if an investigation does not establish evidence sufficient to substantiate the allegation.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- In the 12 months, the number of administrative findings of Resident-on-Resident sexual abuse that have occurred at the facility was 0.
- In the past 12 months, the number of criminal findings of guilt for Resident-on-Resident sexual abuse that have occurred at the facility was 0.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse 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?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse 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? Yes No

115.282 (d)

- Are treatment services 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? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy (726)
- Connections-To Report to an Outside Agency Flyer
- YWCA Hotline and Services Flyer
- Connections- Reporting Sexual Abuse Flyer (English/Spanish)
- Break the Silence Poster (English/Spanish)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o PREA Coordinator
 - o Program Director
 - o Random Staff

The Agency/Facility does not hire medical or mental health staff; however, they make referrals to community resources. The Agency/Facility victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by outside medical or mental health staff. The facility provides residents with access to victim advocates and /or Rape Crisis organizations for emotional support services related to sexual abuse. New Expectations has a MOU with the YWCA for advocacy services. The YWCA also have a hotline.

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. The facility provides accessibility to outside services to residents by posting and making accessible mailing addresses and telephone numbers.

Interview Results

- Interviewed staff describes the following actions they would take as a first responder: Separate the alleged victim and abuser, Preserving and protecting evidence on the victim, abuser, and the location where the incident occurred.
- Interviewed staff indicated that they would ask the alleged victim and abuser not to take any actions that could destroy physical evidence; washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating, etc.
- Interviewed staff indicated that they would immediately notify their supervisor and the local Police Department.
- Interviewed residents were aware of the many available flyers and posters describing available services. Some acknowledged having little awareness of particular services because of a lack of interest. If the need arises services are available to residents.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility 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? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims 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? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services 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? Yes No

115.283 (h)

- Does the facility 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? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy (726)
 - o Medical and Mental Health Care
- MOU between CCSP and Contact Life Line
- YWCA Hotline and Services Offers Flyer
- Connections- Reporting Sexual Abuse Flyer (English/Spanish)
- Break the Silence Poster (English/Spanish)

- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o PREA Coordinator
 - o Program Director

The Agency/Facility offers services to all Residents who have been victimized by sexual abuse through outside services.

Staff interviews indicated that evaluations and services of victims include follow-up services, referrals for continued care following Residents transfer to, or placement in, other facilities, or their release from custody. The facility also provides victims with mental health services through local community programs.

Staff interviews indicated that Resident victims of sexual abuse while at the New Expectations will be offered tests for sexually transmitted infections as medically appropriate through outside services.

The Agency/Facility requires treatment services to be provided to victims without financial cost. The facility through outside services conducts a mental health evaluation of Resident-on-Resident abusers of learning of abuse history and offer treatment. If the Resident reports history of sexual abuse or abusiveness appears at risk for victimization, security and case management are notified.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility 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? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy (750)
 - o Data Collection and Review

- Audits
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - PREA Coordinator
 - Program Director
 - Incident Review Team

The Agency requires each facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded. The review will ordinarily occur within 30 days of the conclusions of the investigation when they received the Investigation Report. The review team will include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners. The review team is required to consider and complete the following:

- 1) Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
- 2) Whether the incident or allegation was motivated by race, ethnicity, gang affiliation, gender identity, status or perceived status as lesbian, gay, bisexual or intersex, or was motivated or 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.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents was 0.
- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents was 0.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.287 (c)

- Does the incident-based data 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? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations

- New Expectations PREA Policy (750/702)
 - o Data Collection and Review
 - o Audits
- Occurrence Reports

- Reportable Events Summary Report
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Facility Director
 - o PREA Coordinator

The Agency/Facility collects accurate, uniform data for every allegation of sexual abuse, using the Reportable Events Summary Report and the Occurrence Report. Policy 702, outlines the PREA Definitions, as used by Connections Community Support Programs, Inc., to investigate and educate staff and residents on sexual abuse and sexual harassment as defined in PREA standard 115.6 Definitions related to sexual abuse. Review of the data collection forms includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual abuse incident reviews required by State Agencies. The facility provides required data, to include the previous calendar year, to the contracted State Agency.

Upon request, the agency will provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency 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 by: Identifying problem areas? Yes No
- Does the agency 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 by: Taking corrective action on an ongoing basis? Yes No
- Does the agency 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 by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.288 (c)

- Is the agency's annual report 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? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy (750)
 - o Data Collection and Review
 - o Audits
 - o Review State Annual Report
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o PREA Coordinator
 - o Program Director

The Agency and the Facility review data collected and aggregated pursuant to § 115.87 to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis. Interviews reveal that the Agency prepares an annual report of its findings and corrective action that includes the facility and the agency.

The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

The report is approved by the agency head and made readily available to the public.

The Agency redacts specific material from the reports that would present a clear and specific threat to the safety and security of a facility.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency 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? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency 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? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy
 - o Data Collection and Review
 - o Audits
- Review State Annual Report
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o PREA Coordinator
 - o Facility Director

The parent company aggregated sexual abuse data from the facility under its direct control is made readily available to the public at least annually. Before making aggregates sexual abuse data publicly available the Agency removes all personal identifiers

The agency maintains sexual abuse data collected for at least 10 years after the date of initial collection.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents, residents, and detainees? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy
 - o Audits
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Executive Director

Interview Results:

- Interview with Executive Director and a review of the DOC website reveal that the company has conducted the required PREA Audits every year.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not

excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- New Expectations PREA Policy
 - o Audits
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Executive Director

Interview Results:

Interview with Executive Director and a review of DOC website indicated that the company has made publicly available all PREA audits as required by standard.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Mable P. Wheeler

January 8, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110> .

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.