

PREA AUDIT REPORT Interim Final

COMMUNITY CONFINEMENT FACILITIES

Date of report: 11-6-2016

Auditor Information			
Auditor name: Jack Fitzgerald			
Address: 87 Sharon Drive Wallingford CT			
Email: jffitzgerald@snet.net			
Telephone number: 203 694-4241			
Date of facility visit: May 22-24			
Facility Information			
Facility name: Hampshire House			
Facility physical address: 1490-1492 Elm Street Manchester, NH 03101			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 617-4371967			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Earnie Goodno			
Number of staff assigned to the facility in the last 12 months: 16			
Designed facility capacity: 45			
Current population of facility: 35			
Facility security levels/inmate custody levels: Community Confinement/ Pre-Release			
Age range of the population: 24-62			
Name of PREA Compliance Manager: Earnie Goodno		Title: Program Director	
Email address: egoodno@crj.org		Telephone number: 603-518-5128	
Agency Information			
Name of agency: Community Resources for Justice			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 355 Boylston Street Boston MA 02116			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 617-482-2520			
Agency Chief Executive Officer			
Name: John Larivee		Title: President and CEO	
Email address: jlarivee@crj.org		Telephone number: 617 482-2520	
Agency-Wide PREA Coordinator			
Name: Susan Jenness Phillips		Title: Director of Standards and Quality Assurance	
Email address: sjenness@crj.org		Telephone number: 617-423-2020 X2300	

AUDIT FINDINGS

NARRATIVE

The Hampshire House Residential Reentry Center of Manchester NH is one of several facilities in the northeastern United States of the larger organization Community Resources for Justice (CRJ). The Community Resources for Justice, whose administrative offices are located in Boston MA, is an organization with a 130 year history of social activism. From its earliest years, the organization was focused on helping individuals as they left prison. The agency's mission today continues to service the disadvantaged dividing their focus into three areas: Social Justice Services, Community Strategies, and Crime and Justice Institute. The Hampshire House program is part of the Social Justice Services which include adult and juvenile residential programs. The mission of the facility is to support society's most challenged citizens as they transition from institutions to the community. The agency's commitment through innovative services, advocacy for system improvements and ongoing research has helped countless individuals move toward living safe and productive lives while enhancing public safety and quality of life.

Hampshire House currently employs 16 staff members including administrators, residential staff, and case management workers. The facility can house up to 45 male and female residents. Program Director Earnie Goodno and Assistant Director Walter Davies bring a wealth of experience to the management of this co-correctional environment. Goodno is retired from the Manchester Police Department and Davies is retired from New Hampshire Department of Corrections. In addition to leading the staff of 16 they actively pursue and train interns from local colleges having gotten 12 individuals in the 2015-16 school year. Due to the timing of the audit the interns were gone for the summer so no interviews were completed with them.

The population of Hampshire House is individuals referred by the Federal Bureau of Prisons (FBOP). The program serviced in excess of 100 residents in 2015 with a 4-6 month average stay in residence. There were 35 residents in the program on the days of the audit. The facility does not employ any direct care medical or mental health services. Residents go to medical and mental health treatment services in the community. No SAFE or SANEs are employed by the facility, but are available through agreement with the Elliot Hospital 24 hours per day. As part of the Pre-Audit activities the auditor spoke with a Nursing Supervisor at the hospital's Emergency Department who confirmed the ability to provide SAFE or SANE exams. In New Hampshire the Department of Public Health coordinates sexual assault services, trainings, and protocols. The state is organized into various regions including the greater Boston area. As part of DPH efforts they have developed links between the examiners and the local rape crisis service agencies.

The audit was completed by Certified PREA Auditor Jack Fitzgerald of Fitzgerald Correctional Consulting. During the pre-audit phase the auditor reviewed the Pre-Audit tool, the Hampshire House policies and procedures related to the PREA Audit, and the supportive documentation. Coordination and clarification of policy and supporting documentation was done with the agency-wide PREA Coordinator, Susan Jenness Phillips, during the pre-audit preparations. The auditor also called regional sexual assault advocacy organizations including the YWCA who is the domestic and sexual violence agency with whom the facility has a letter of support to provide PREA related services. The auditor spoke with a representative of the YWCA who reported that she was not aware of historical complaints about the facility. The YWCA provides services to individuals who have been a victim of sexual and domestic violence, the services include counseling and support services and accompaniment during forensic assault exams.

The auditor also spoke with, as part of Pre-Audit activities, Chad Fultz, the northeast Residential Reentry Manager for the Federal Bureau of Prisons. Mr. Fultz reports no PREA related concerns about the Hampshire House facility and that he feels CRJ organization as a whole is good at communicating issues. Mr. Fultz confirmed the FBOP commitment to ensure PREA compliant environments and that they provide, through community based contracts, a variety of Mental Health and Substance Abuse services for residents at Hampshire House.

The auditor arrived in the Manchester NH area on Sunday May 22, 2016. The onsite work hours were from 8am to 6pm on May 23rd and 7:00am to 4:00pm on May 24th. An entrance meeting was held on the morning of May 23rd. In attendance were the following: Dick Guy, Assistant Director of Social Justice Services, Susan Jenness Phillips, CRJ Director of Standards and Accreditation and agency-wide PREA Coordinator; Earnest Goodno, Program Director Hampshire House; Assistant Director Walter Davies and Jessica Tooley Quality Assurance Manager for CRJ. The Auditor was able to interview twelve (12) of the Thirty-five (35) residents including one from 11 of the 13 bedrooms. Residents of the other two rooms were not available to Auditor due to employment outside the facility. The Auditor interviewed both male and female residents. The facility had no individuals who were transgender or intersex. There were two residents identified with a disability who were interviewed and residents who were bilingual but no individual to whom English is a second language. There were no residents to interview who had reported a PREA related incident in their current admission.

Eleven of eleven staff members who worked on the two days of the audit were interviewed including custody, case management and the intake staff member who completes screening. Required interviews with administrative staff also included the facility Director Earnest Goodno and Elizabeth Curtin the Director of Social Justice Services for the Agency Head, and EJ Brady Talent Acquisition Manager (Human Resources was interviewed over the phone and in a subsequent visit to CRJ administrative offices in Boston). Susan Jenness Phillips, the PREA Coordinator, was also interviewed and worked with the auditor to clarify concerns that arose during all three audit phases. There were no individuals who had to act in the first responder role, but questions were answered by staff as part of the random staff interview.

The residents who were interviewed as part of the site visit reported overwhelmingly that the facility is a safe place sexually. The residents mentioned the "professional" staff of Hampshire House and that they addressed any sexualized comments/behaviors swiftly. Residents were able to give consistent examples of measures staff take to keep people safe. Staff also reported believing the facility is safe for residents and that staff does a good job addressing any PREA related behaviors. At the completion of the onsite portion of the audit the Auditor had a closing meeting that was attended by administrative and line staff from Hampshire House, CRJ Social Justice Administration and CRJ Quality Assurance staff.

The Auditor thanked the individuals involved for the preparation and organization of materials. The auditor that all the evidence from the files, the interviews and the policies would be considered together to determine overall compliance and that if a corrective action measure was needed they would work collaboratively in its development. The Auditor shared some of the strong positives the staff and residents mentioned about the agency's effort to protect residents from sexual violence.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Hampshire House Facility, in Manchester NH, consists of one adjoined three story brick structure at 1490-1492 Elm Street. The facility is in an urban mixed residential/business area. The neighborhood consists of small business, residential homes and municipal buildings including the city health department which is next door. The area still has many buildings from the areas industrial past which once included the world's largest cotton mills. The facility does not have an exterior space for residents, but the facility is comfortable in size for the population and very well kept.

The first floor of the facility has a Program Monitor station at the rear of the first floor with direct sight to the entry point to the program. The primary entry point for the program is the rear of the building. The monitoring station has monitoring screens for cameras throughout the facility. The entry door is secured and has a camera with an intercom. PREA related materials are found in the office as was the notice of the audit. The first floor also has a kitchen, TV area, and dining/ visiting area. The monitoring station and common area rooms of the first floor have interior windows that improve lines of sight. The dining facility and the television area a spacious enough to accommodate residents who work different hours. The facility has a policy prohibiting male and female residents from sitting next to each other on couches and only across from each other in the dining room. Bedrooms on this level are available for female residents and the disabled. The Director and Assistant Director's offices are on this floor ensuring constant interaction with the residents and staff. The basement area houses the facility mechanical and storage areas that were locked when on the tour. The basement is only accessed by clients while supervised by staff to get supplies.

The Program Director, throughout the tour showed his knowledge of the potential blind spot hazards and discussed practices employed to address safety of clients. Staff on duty make random tours of the facility all day to ensure client safety and facility security. Since food services are produced off site and delivered to the site residents have little contact with the contractors. Each of the facility's 21 cameras capture common areas, staircases and exterior spaces. Staff utilize the cameras to watch resident's movement in common areas. Staff perform random tours of the facility including bedrooms and bathrooms hourly. All staff of opposite gender knock and announce presence when entering any bedroom or bathroom. Custody staff are aware of blind spots in the facility and will add additional tours to areas if residents congregate in these areas. Each of the bedrooms has residents sleeping in bunk beds with areas for personal storage. The agency has a dress code for residents when in common areas. In bedrooms, all residents must be fully clothed while sleeping to eliminate incidental viewing incidents. The second-floor houses bedrooms, a classroom, Case Manager's Office, Intake/Release Coordinators office and the Medication Station. Housing continues on the third floor and additional office space is located on this level. In placing office space on the housing floors the administration has made a conscious effort to assist program monitors by adding case management staff who could provide addition supervision of the residents. The facility has made physical plant changes that have helped with the monitoring of the residents and they have upgraded or added some cameras to better track resident's movements through the facility. CRJ has two other programs in the adjoining building which assist in camera coverage of the outside of the facility as well as additional human intelligence of resident's actions near the first floor bedroom windows. In addition to the formal interviews, both residents and staff who were encountered on the tour of the facility were asked general questions about programming, rules and PREA.

SUMMARY OF AUDIT FINDINGS

Hampshire House was found to be in compliance with majority of standards at time of the onsite visit. Few standards required the development of corrective action plans which included additional documentation, and additional trainings. The agency had posted the notice of the PREA Audit, including the auditor contact information, and residents were asked if they were aware of the audit on the facility tour. The postings were in public areas near the phones on each floor in addition to the staff station. The auditor did not receive any correspondence form resident or staff prior to the audit and did not have any individual who requested to be seen while on site. While on site the auditor interviewed 12 residents, including a individual with a disability and 10 random staff members. The auditor also interviewed staff who complete intake screenings, case management staff as well as administrative staff of Hampshire House and it parent organization Community Resources for Justice. In addition to the formal interviews with the random residents and staff the auditor spoke briefly on the tour to additional staff and residents to gauge further the culture of the facility and the staff and residents understanding of the Prison Rape Elimination Act. Since the agency does not employ medical or mental health services the auditor spoke by phone to hospital and clinic staff as well as the local rape crisis agency and the funding source the Federal Bureau of Prison.

The Auditor received electronic and hard copies of documents prior to and while on site to support the compliance with each standard element. If additional documentation was needed from the facility to support practice or to confirm consistent application it was requested and provided. As part of the closure meeting at the facility on day two the auditor reviewed strengths and areas that could use improvement and the steps that would be used to create the corrective action plan. After the completion of the site visit the auditor worked with the facility administration on three standards in the development of corrective action plans. The first standard was 115.216 in which the facility had some of the necessary documentation to support compliance but the interview process showed staff needed additional training on accessing translation services that were in place. The second standard 115.232 required further documentation of education of volunteers and contractors who come on site. The third standard that was addressed through corrective action was 115.341. The initial file review found that some timelines were not consistently met. The facility worked on this and provided the auditor with several months of supporting documentation of compliance. All corrective measures were provided and as a result the facility is found to be in compliance with all applicable standards. Standard 115.234 was found to exceed the standard expectation. Though the facility does not complete criminal investigations the Director's law enforcement career and staff training support this finding.

Number of standards exceeded: 1 115.234 Specialized Training: Investigations

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2 A. Standard 115.212 Contracting for the confinement of residents B. 115.235 Specialized Training; Medical and Mental Health Staff

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

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

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

Hampshire House facility is in compliance with the expectations of this standard in Policy 900.00 – Staff and Resident Sexual Abuse and Sexual Harassment. The agency, Community Resources for Justice, has a policy based on the standard requirements used at the Hampshire House facility. The policy invokes the agency’s zero tolerance policy and describes its expectations to prevent, detect and respond to sexual abuse and sexual harassment. As a contractor of the Federal Bureau of Prisons the agency is contractually obliged to provide an environment that is free of sexual abuse or sexual harassment and the contractual documentation provided also mandates annual training requirements as part of the Bureau’s “Sexual Abuse Prevention and Intervention Program.” The Agency employs their Department Director of Standards and Quality Assurance as the agency wide PREA Coordinator and is documented in the agency flow chart. The Agency PREA Coordinator, Susan Jenness Phillips, also took the National Institute of Corrections training program for PREA Coordinators. The agency has developed an upper level management team approach to working toward PREA compliance. The PREA Coordinator has influence over policy and works collaboratively with the Director of Social Justice Services. The PREA Coordinator has worked with the agency wide staff to improve the quality and consistency of the documentation around PREA. The Hampshire House Program Director and Assistant Director understand the role of the PREA Coordinator and reportedly communicate issues of concern in an effective and timely manner. In addition to the factors mentioned, compliance was also determined by interviews with staff and management and residents, as well as training records that showed an understanding of the agency’s commitment to preventing, detecting and responding to Sexual Abuse and Sexual Harassment within the Facility.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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

N/A This standard is not applicable as the Hampshire House is part of the Community Resources for Justice. This agency is a contractor of the Federal Bureau of Prisons and does not subcontract in any way for the confinement of individuals.

Standard 115.213 Supervision and monitoring

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

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

Hampshire House has developed a staffing plan that is in compliance with the requirements of the standard and the expectations of their funding source the Federal Bureau of Prisons. The staffing pattern allows for each shift to have at least a minimum of 2 staff on all shifts of which one must be female. The facility adds additional non security staff, such as case managers, on times when greatest numbers of residents are in the facility and awake. The Director reports no instance in which the staffing plan was not met. Policy 900.00 requires if the staffing plan is deviated from the instance is documented and justified and reported to the Director. The staffing plan is reviewed annually by the director, the Deputy Director of Social Justice Services and discussed with the PREA Coordinator in advance of the annual planning meeting. The facility has the ability mandate staff to cover vacant shifts.

The Hampshire House staff's supervision practices support sexual safety through the randomization of tours and responding to blind spots when more than one resident is out of view of staff. In addition to the use of cameras for supervision the Program Monitor station has a windows and openings directly into the kitchen/ TV/ dining area allowing them to visually and auditable cues. Custody Staff were also able to identify blind spots and measures taken to ensure safety. The Hampshire House facility has 20 cameras covering the 3 story facility. The residents comments about the safety of the facility and staff approachability speaks to a positive culture. The observation of camera positions and staff performing duties, as well as interviews with staff and residents support an active supervision model. Compliance is determined based on policy, staff interview, resident interviews and the camera and staff observation made on tour and during time on site.

Standard 115.215 Limits to cross-gender viewing and searches

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

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

CRJ and Hampshire House policy (900.00) and resident and staff interviews confirm that the facility prohibits strip searches of any type including to determine one's genital status. The Hampshire House facility house is a co-correctional facility. There are no cross-gender pat searches of females permitted at Hampshire House, this is addressed in Policy 900 and in the Search Policy. This puts the facility (45 beds) in compliance with the expectations in indicator (b) ahead of the August 2017 PREA standard requirement. Pat-search training for all staff including respectful communication with transgender and intersex residents was provided. The auditor was able to see the training records of the staff who were trained in this area. Staff were trained using the

Moss Group’s “A Guidance on Cross-Gender and Transgender Pat Search”. Staff were able to identify the information in the video and the how to not only complete the search but were also aware that the facility practice would allow for the transgender resident to have a say in what gender staff performs the check. Female residents denied any issues about accessing programming due to staffing issues. All residents report, consistent with policy, that they are able to shower and perform bodily functions without staff of opposite gender viewing them. There were no reported exigent circumstances of cross gender searches and as a result no logs or incident reports to review for justifications. Compliance was determined through the interview result of staff and residents as well as the staff knowledge of the training materials. Though there was no transgender or intersex resident to interview the agency policy prohibits strip searches of any type and specifically addresses the language in indicator (e) on page 9 in section F7b.

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

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

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

The Hampshire House facility, has posters and brochures in Spanish the second most common language spoken by residents. As part of the audit, the auditor was able to speak with a resident with disabilities. The auditor was not able to speak with a resident for whom English was there second language. The agency did not currently have a handbook in the second most common spoken language, Spanish, at the time of the audit. The Director reports that the translation would be completed in mid-July. Policy 900.00 Section IF2 outline the agency’s requirements in this standard including equal opportunity and access to information for those residents who are disabled or have limited English proficiency as well as the protection of confidentiality through the prohibition of resident interpreters.

The Hampshire House program has the ability to provide other aides to disabled residents or those with low vision to ensure they have an understanding of PREA and the services and protections available. The agency has interpretive services available to staff and a TTY machine for hearing impaired residents. Interview with staff revealed that they knew it was not appropriate to use resident interpreters except in exigent circumstances. Staff were less consistent in their understanding of the interpretive services available and what the TTY machine does. The auditor was able to see signage on the tour of the facility in a second language on multiple floors. Interview with the Agency’s Head confirms the commitment to provide whatever resources are needed to help clients succeed in their facilities including the understanding of PREA.

As part of the corrective measures all staff recieved retraining on the use of interpretive services including language line. The facility will also complete the translation of the handbook to Spanish which includes the facility rules, zero tolerance stance toward sexual misconduct, and information on how to report PREA concerns. As a result of the corrective measures the auditor has determined the standard is now in compliance

Standard 115.217 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The Community Resources for Justice is compliant with the hiring and promotion decisions required by PREA. The agency has policies (900.00 and HR hiring policy) in place to address the requirements of the standard including the screening of individuals for sexual abuse or harassment histories. The agency has all staff working in their Social Justice Services Division undergo criminal background checks. Interviews with HR staff and documentation supports that systems are being completed across the agency. Hampshire House has hired and promoted one staff in the last year. On the second day of the audit the staff personnel records were brought for review. The auditor was able to review a random sample of six current and two former employees. These records were in addition to staff records provided in the standard documentation files. Documentation from the personnel files supported the requirements of this standard including a form in which employees are asked about the past sexual misconduct in indicators and the requirements in indicators (f) and are given notice of (g) the continued disclosure requirements. All staff of Hampshire House have their information forwarded prior to hire to the Federal Bureau of Prisons (FBOP) for criminal background checks. All contract renewals of the FBOP require the resubmission of names for criminal background checks which put them in compliance with the five-year requirement. Only three employees have been in the facility over 5 years. The files reviewed contained the acknowledgement the criminal background checks were completed. File review of an employee who had previously worked in another correctional setting showed the agency had completed the institutional check required by PREA. The agency has limited contractors, food service vendors and pest control vendors who do not provide direct services to clients still undergo employee criminal background checks. The agency was able to provide documentation of contractors who have also completed a background check as well as documentation of Interns who also had the required background checks completed by FBOP. The agency also showed the required PREA pre-employment form was completed on the college intern. The agency has not had a request for information on a prior Hampshire employee by another institution. The agency and facility compliance was determined by the review of the staff files, the policy supporting the completion of the effort required in standard 115.217 and the interview with CRJ human resource staff, as well as interviews with the agency PREA Coordinator.

Standard 115.218 Upgrades to facilities and technologies

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

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

Hampshire House was renovated in the fall of 2013 including the new dining/visiting hall. Line of sight considerations were used in the development of the renovation plans. The new area has glass walls allowing for direct observation of residents from the kitchen and the TV areas. The first floor Program Monitor station also has windows, sightlines and is within earshot of the resident common spaces (kitchen, dining and TV area). The first floor monitoring space also gives direct sight to the female and handicapped spaces available on the first floor. Electronic surveillance equipment has been added/upgraded since 2012 to include four new cameras. Two cameras cover the busy dining /visiting hall and one camera was added to the exterior of the PREA Audit Report

property to track resident movement on and off ground. The exterior camera also allows staff to see any outside activity near the female resident room. The facility also added a camera to the Program Monitor's office in which residents undergo pat searches prior to providing urinalysis samples. The facility Director also shared with the auditor the agency's plan to add additional resident tracking program which ensures staff rounds are completed and residents are where they are supposed to be. Compliance is based on the statements of the Agency Head, Director, Assistant Director, PREA Coordinator and observations made by the auditor on the tour.

Standard 115.221 Evidence protocol and forensic medical examinations

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

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

The Hampshire House has not had a sexual assault case requiring evidence protocols or forensic medical exams. In the event of a sexual assault, the criminal investigation would be completed by the Manchester Police Department in conjunction with the Federal Bureau of Prisons. Hampshire House has had communications with the Manchester Police Department about PREA requirements in investigation at their facilities, a letter was provided to document the parties' agreement.

Hampshire House has trained their staff about measures to preserve evidence. This was evident in the staff interviews and training logs. All residents who are victims of sexual assault will be sent to Elliot Hospital in Manchester, who has SAFE and SANE examiners available 24 hours per day, at no cost to the resident. A letter of agreement between the hospital and Community Resources for Justice (CRJ) was provided to confirm this; as does information from the Hospital website. The Auditor also spoke with representative from the hospital emergency room. The Hospital reportedly has 16 current or in training Sexual Assault Nurse Examiners

The agency provided a letter documenting the support of the local rape crisis organization, the YWCA of Manchester. Policy 900.00 and interviews with the Facility Director and the Agency PREA Coordinator confirms requirement of this standard. A victim's advocate could, as part of this agreement, accompany the resident victim of sexual assault as they undergo forensic exams and investigatory interviews. Hospital representatives also confirm it is their policy to call for an advocate from the local rape crisis organization.

The New Hampshire Coalition Against Domestic and Sexual Violence oversees the training of forensic nurses. This umbrella advocate organization (of which the Manchester YWCA is a member) works with SANE Advisory Board to ensure up to date practices are maintained. The SANE Advisory Board consists of representatives from the Attorney General's Office, the New Hampshire Coalition Against Domestic and Sexual Violence and the crisis centers, SANEs, law enforcement, prosecution, forensic laboratory personnel, health care organizations, corrections, as well as other disciplines efforts to ensure standardized practices in the collection of forensic evidence.

Compliance is determined based on that facts stated above addressed all the standard indicators. Since there were no sexual assaults requiring forensic evidence, the auditor considered in determining compliance access to qualified SANEs, the preparation of the staff in handling a PREA Event and the interview of the agency PREA Coordinator.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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

Community Resources for Justice agency policy 900.00 Staff and Resident Sexual Abuse and Harassment (PREA), page 19, sets forth obligations that all Sexual Harassment and Sexual Assault cases are investigated. Since the agency did not have a sexual assault incident there was no referral for investigation to the Manchester Police Department. The Agency has posted onto its website, its PREA policy which sets forth obligations for referring incidents for criminal and administrative investigations that could be done by either the contracting agency or the CRJ. The referring agencies and the Manchester NH YWCA’s domestic and sexual violence support unit confirm they have not had any reported incidents of sexual abuse or harassment in the past year and that the agency is good at communicating issues of concerns. The Director previously worked in the Manchester Police Department which is viewed as an asset in teaching staff about crime scene protection and supporting efforts of the local police investigative unit. The report show as an example of the investigative process shows a collaborative process exists between the Hampshire house and the Manchester Police Department who would lead criminal investigations into sexual assaults.

Standard 115.231 Employee training

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

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

The Hampshire House policy 900.00 addresses the requirements of the standard in Section D pages 5 and 6 including the required areas of education and the frequency of training. All employees have received PREA training with an agency staff member. All new employees receive PREA training during their orientation period no matter what previous employment the individual has had. A copy of the slide show portion was reviewed by this Auditor for content and consistency with the required elements in indicator (a). The staff receive additional training annually and the agency has encouraged staff to view online trainings from both NIC and the PREA Resource Center. All staff interviewed confirmed the 10 required areas were covered in the training and could provide examples of the elements they learned. Training sign-in logs have staff acknowledge their understanding of PREA indicator (d). In addition to the formal PREA training staff of Hampshire house undergo ethical practice and boundary training annually. Hampshire House is a co-correctional facility and all staff are trained on how males and females may react to abuse in different ways indicator (b). Interviews with random staff supported they provide active supervision

PREA Audit Report

that supports the identification of behavioral changes in residents that could be symptoms of abuse. Standard compliance was determined using the information provided here and during random staff interviews they could give different examples of the training program. The Auditor had previously also spoken with the agency's primary trainer about the content of the training program and the process she uses to make the education interactive.

Standard 115.232 Volunteer and contractor training

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

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

Contracted service providers do not provide any direct services to clients at the Hampshire House facility. The contractors who drop off prepared food or perform maintenance repairs do so under staff supervision. As they have limited contact with residents they are provided information at entry to the facility about PREA and the agency's efforts to keep residents safe. Upon signing into the facility visitors are offered a copy of the agency's brochure on PREA. The agency has created a log that individuals acknowledge the receipt of PREA information. The Facility PREA brochure (located at the front desk) tells of the zero-tolerance policy of CRJ and Hampshire House. The brochure notifies individuals on how to report an incident. The agency has created a three-level education program for people who enter the facility. Those one-time staff supervised visitors are given basic knowledge about PREA. The routine visitor, who though does not provide direct service, gets an expanded educational meeting on PREA with a facility administrator. Contractors and Volunteers providing direct services, including Interns, they receive the same PREA training as Hampshire House staff. The agency provided documentation of a sign in log, that explained PREA and encouraged visitors to take and read the brochure. Since the log for one time visitors is new the agency is required to provide additional months of documentation to support its ongoing use. Because Hampshire House is in Manchester NH the facility has become a spot for interns from local colleges. The agency trains them in PREA as the interns aid in the monitoring of inmates in the facility. Documentation provided supported their education, but interviews were not possible due to the college break period in which the audit took place. Compliance was determined based on policy and documentation provided to the auditor. The Auditor required several months of additional documentation to support (contractor log) that contractors entering the site were given notice. During the corrective action period the facility was able to provide the requested information to the auditor. As a result of the corrective measures the auditor has determined the standard is now in compliance.

Standard 115.233 Resident education

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

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

Residents of Hampshire House report receiving PREA education at prior state and federal correctional settings and were educated upon admission. All residents report receiving PREA education during their admission meeting with the Intake/Release Coordinator. Interviews and file reviews support resident education occurred in the first 24 hours. A checklist of information is reviewed, signed and placed in their case record.

Residents reported that their Case Managers, consistent with policy, also reviewed PREA related information in their orientation meetings. The facility has PREA educational materials available to residents in the form of brochures and posters in addition to the client handbook. Residents were able to confirm they knew the agencies Zero Tolerance stance on sexualized behaviors, how to report a concern about sexual assault or harassment, their right to be free from abuse and their right to be protected from retaliation if they report a concern. Random files of active clients and some closed files were reviewed to ensure timeliness and consistency of the education. There were no instances in which a resident was transferred into Hampshire House from another CRJ facility. Compliance was determined utilizing the information from the client files, the information available to the residents, the interview results of the person completing intake and the residents .

Standard 115.234 Specialized training: Investigations

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

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

Hampshire House and Community Resources for Justice will only complete administrative investigations. The facility will work to support criminal justice agencies investigations of sexual assault cases. Hampshire House has not had to complete an administrative investigation related to a sexual assault case in the last three years. Policy 900.00 page 18 requires CRJ to have staff trained investigators including interviewing potential victims of sexual abuse, requirements of substantiation of a case and the issuance of Garrity warnings. The Facility Director, Assistant Director and several administrative staff of Community Resources for Justice completed the National Institute of Corrections online training program on PREA related investigations. The NIC training PREA: “Investigating Sexual Abuse in a Confinement Setting” addresses the requirement of (b) including the issuance for Garrity warnings, evidence requirements for substantiating a case. Those individuals who completed the course were Ernest Goodno, Program Director; Walter Davies Assistant Director; Susan Jenness Phillips, PREA Coordinator Community Resources for Justice; Dick Guy, Deputy Director Social Justice Services; and Maria Alexson, Employee Benefits/Training and Development Manager. Since the facility has not had a PREA event the auditor did not have a PREA Investigative file to review.

The Auditor was able to review another administrative investigation that the Director did on another serious but not PREA related event. In our discussion the director described the steps taken in the administrative investigation and his expectations if he had to complete one for a PREA event. Director Goodno is retired from the Manchester Police Department. In his law enforcement career he has received extensive training in investigative techniques, including homicide investigation, evidence collection and preservation, and interview and interrogation. In addition to attending training Director Goodno was also a certified instructor for the Poilce Department and the head trainer of its K-9 unit. The auditor was able to use the information from interviews with Director Godno to support investigators were aware of the requirements of the standard. Though the agency does not complete criminal investigations, the auditor believes that Director Goodno’s prior law enforcement background and his relationship with the local police department has the facility

prepared to deal with an investigation if it was to arise. The documentation of the non-PREA investigation supports an orderly process was followed to complete a thorough review. The staff at Hampshire House were also aware of the importance of evidence preservation and clearly had been trained in the importance of evidence and crime scene preservation. As a result of these stated assests the Director brings and the staff preparation the auditor, as evident from interviews, is finding the standard expectations have been exceeded.

Standard 115.235 Specialized training: Medical and mental health care

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

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

N/A Hampshire House does not employ or contract for medical or mental health services on site. The facility uses community based services for those resident who are in need of routine or emergent care.

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

Hampshire House policy 900.00 page 7 and 8 requires screening of all residents upon admission within 72 hours. File review shows, by practice, the facility completes screening usually within hours but not longer than 24 hours of admission. The auditor looked at a sample of both current and former resident files as part of the onsite visit. All residents are screened using an objective tool. The staff person, responsible for screening, reports the tool is used as a questionnaire and most information required is done through direct interview with the residents. Balance of information comes from the records review of the residents that are provided by the Federal Bureau of Prisons. Residents confirmed, in interviews, that the staff asked them questions that would be part of the tool within the first 24 hours of their admission. Residents reported being asked at admission about their history of sexual abuse victimization, their sexuality and their perception of safety. This is confirmed in the documentation reviewed by the auditor. The questions are part of the orientation checklist on PREA that the resident and Intake Officer signs. Residents support the case manager reassesses them and ask about the safety in the environment and if they choose to not answer questions about sexuality or victimization they would not be punished. The PREA Coordinator has

worked with administration to improve the level and consistency of documentation of the reassessment questioning of residents in the first 30 days. All information on the resident's screening is kept in the resident's case file which is locked when not with the case managers. Sensitive information is not available to other residents and there is no labeling system that would lead to exploitation by fellow residents. Compliance is determined using the review of file to ensure timeliness standards and the objective tool elements met all required elements. The Auditor also considered the interview with the case manager and the residents. During the site visit audit of files revealed timelines were not found to all be consistent with the policy. As part of the corrective measures the agency and the facility staff worked collaboratively to ensure the policy timelines were met. As part of the process the facility provided the auditor with ongoing documentation of initial screening and re-screenings within 30 days of admission. The facility provided copies of case management notes supporting residents had been asked questions in the subsequent weeks that would support an effective secondary screening within the 30 days (indicator F). Because of the corrective measures provided the auditor has determined the standard is now in compliance

Standard 115.242 Use of screening information

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

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

Hampshire House policy 900.00 page 8 and 9 describes the use of the screening tool. All residents who are screened as potential sexual predators will be roomed by themselves or with those who are not potential victims. As a community release facility, the residents are approved to move into the community to seek and obtain employment. Residents who have been identified with either abuse or perpetrator histories can be referred out to YWCA or the local Mental Health clinics with whom the facility has developed relationships or has contracts with through the Federal Bureau of Prisons. Transgender and intersex residents own views of safety would be taken into consideration in the implementation of housing. The facility does not employ the use of separate housing rooms based on LGBTI identification consistent with agency policy which prohibits this practice (pg8 #4f). The agency has considered housing and private bathroom use accommodations for Transgender and Intersex residents at Hampshire if referred. The first floor has bedrooms for both genders that could provide close observation for transgender or intersex resident with private bathroom facilities. Policy and staff training require all staff to take seriously any room change request by a resident and ask them about their feeling of safety. As there was no transgender or intersex resident's compliance determination was reliant on the interview of the screening officer and the Agency PREA Coordinator. Since the facility had no LGBTI identified residents, indicator (f) compliance determination (that LGBTI resident are not segregated as a practice) was based on questioning of random staff on the tour in addition to the interviews with the screening officer and the facility Director.

Standard 115.251 Resident reporting

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

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

Hampshire House Policy 900.00 addresses the requirements of this standard in Section K page 15 and Section H page 10 addresses the staff responsibility to accept all forms of resident reported Sexual Abuse and Harassment claims and the mechanism for residents to report. The facility Sexual Assault Brochure, the Resident Handbook and posters throughout the facility all give direction on the importance and methods of reporting Sexual Assault and Sexual Harassment. In interviews with the residents the auditor received multiple ways in which residents felt they could report concerns regarding sexual assault or sexual harassment. Residents consistently reported comfort in speaking with staff and/or the Program Director. They could identify the posted hotline information (YWCA and the CRJ PREA Coordinators numbers) and the ability to speak to the Federal Bureau of Prisons or the Federal Probation Office, or family members who come to the facility if they had any concerns in speaking with Hampshire House staff.

Interviews with staff were consistent in their understanding of their duties of accepting and responding to all reports of Sexual Assault or Sexual Harassment whether it was done verbally, in writing, anonymously, or by a third party. Staff knew their duties also included the documentation of all claims and immediately reporting them up the chain of command. Documents reviewed prior to site visit, observed on tour, and interviews with the PREA Coordinator, staff and residents supported compliance.

Standard 115.252 Exhaustion of administrative remedies

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

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

Community Resources for Justice and the Hampshire House policies including policy 900 (pages 16-17) covered the various requirements of the standards relating to grievance procedures in a PREA event. The agency reports that there have been no grievances related to a PREA issue filed. The administration was aware of the requirements of the standard: including (b) no time limits on submission of grievances or requirements of informal resolution meetings with staff member. The policy also states residents do not have to submit grievances to any staff person who is subject of the complaint (c) and covers the obligation for timely responses (d). The policy also set forth a process for emergency grievances (f) and the right to hold residents accountable when they can be proven to have filed knowing the information was not true. Since the agency has not had a grievance related to PREA the determination of compliance was based on policy and administrative and resident answers. Residents were aware of the grievance process and knew they could only be held accountable for an unfounded complaint if it is proven that the report was filed in bad faith. Compliance was based on the resident’s knowledge of the grievance process as a potential source to express concerns related to PREA. Residents were aware of how to file a grievance or a BP8 with FBOP.

The Policy which covers the various standard components and the Directors knowledge show that Horizon House has the pieces in place to respond to a PREA Grievance. Most residents report that if they were victims in a PREA incident they would go straight to the staff on duty or to the Director or Assistant Director before filing a grievance.

Standard 115.253 Resident access to outside confidential support services

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

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

Community Resources for Justice entered an agreement with YWCA of Manchester to provide outside confidential counseling and support services to resident victims of sexual abuse in Hampshire House. Information about the service is available in pamphlets and on posters in the facility. Residents are also made aware of the services via their case management staff. Residents can also seek assistance through the local mental health clinics that are part of the services provided by the Bureau of Prisons. Resident are aware that these services are confidential up to the point that someone was being hurt or mistreated. Residents from Hampshire House go into the community frequently so if they were not comfortable making the call while in the facility, even though it is not monitored, they could call when out at the job site. Residents also have access to a cellular phone and can make calls to Rape Crisis agency if they choose not to use the facility phones. Both residents and staff understood mandatory reporting requirements and the level of confidentiality consistent with maintaining a safe environment. Agency administration is committing to increasing the resident and staff overall knowledge of rape crisis services. The Auditor encouraged them to increase resource information to residents about Rape Crisis Service providers throughout New England as FBOP residents upon discharge will be returning to several of the New England states. The auditor confirmed with the local rape crisis agency the type of confidential assistance they could provide victims from Horizon House. The facility also had a letter of support from the agency and interviews with local hospitals also confirm that the Rape Crisis staff would be call automatically for any Sexual Assault victim coming for a forensic exam.

Standard 115.254 Third-party reporting

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

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

Hampshire House policy 900.00 page 15 describes the requirements of the standard as it relates to third party reporting. The agency website provides information on PREA and how an individual could file a Third Party Report. The person can phone or email (PREA@CRJ.org) the agency PREA Coordinator or the website includes a form that could be printed and mailed. The Program Director , Assistant Director, nor the Agency PREA Coordinator Susan Jenness Philips reports receiving any third party notifications. Compliance is based on the interview answers provided by the mentioned individuals, the policy language supporting the process and the materials found on the agency's website. The auditor confirmed that the phone number listed to make confidential reports also went to the CRJ PREA Coordinator

Standard 115.261 Staff and agency reporting duties

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

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

Hampshire House policy (900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) requires, and staff interviews confirm, that staff are aware of the immediate need to report all accusations of Sexual Assault, Sexual Harassment or retaliation complaints including third party and anonymous complaints. Staff interviews support they are aware of the importance of timely reporting and the need to provide confidentiality about information except when reporting to supervisory, investigative staff or information needed to secure treatment or provide for the safety/security of others. The facility does not employ a mental health clinician and does not service individuals under the age of 18 so indicators C and D would not apply. Staff are aware of mandated reporting and their legal responsibility to report all PREA events or any concerns of retaliation of those individuals who have reported such events. Staff are to report to the Facility Director immediately or the on-call administrator. The Director will notify the Manchester Police if the event appears to be criminal, the agency PREA Coordinator, the Director and Deputy Director of Social Services and the referral sources of the residents involved. CRJ would investigate events administratively to determine if staff inaction led to the incident. Compliance with all applicable portions of the standard were determined through policy review, interview of staff and their understanding the mandate to report all knowledge, suspicion, or information of sexual abuse, sexual harassment and any form of retaliation. Even though the agency does not employ any mental health clinicians, residents felt the local mental health provider would be required to inform the facility and local authorities of any incident of sexual abuse.

Standard 115.262 Agency protection duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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

The Hampshire House facility has not had to protect a resident in imminent risk of sexual abuse. Random staff could identify what to do in these situations to provide immediate safety including immediate separation of parties, increasing contact and support to the residents. Agency policy requires staff to take all concerns seriously and immediately notify administration. The Director of Social Justice Services, Elizabeth Curtin, and Earnie Goodno, Program Director of Hampshire House both acknowledge that the agency response would be swift and the efforts would include both facility based changes to increase safety and contacting the referral source. The agency PREA Coordinator, Susan Jenness Phillips, would also be notified of these events. CRJ Administration could give examples of how, in non PREA related situations, in which a resident has felt threatened, they could protect residents. Their planned efforts include change of rooms, housing floors or facilities if needed. In each situation requiring transfer to other CRJ facilities the Bureau of Prison would also be informed. CRJ runs two other Bureau of Prison programs within 40-minute drive of the Hampshire House facility. The referring authority may order a resident to be removed. The perceived aggressor by practice may be removed to a higher level of custody after discussions with the referring authority. Compliance was determined by the consistent plan to protect residents that was voiced by both staff and administration. The auditor also took into consideration the agency and facilities prior experience employing protective measures in non PREA incidents.

Standard 115.263 Reporting to other confinement facilities

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

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

Hampshire House Policy 900 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) page 15 covers the requirements of reporting abuse to other confinement facilities including the timing (with-in 72 hours), the notification is provided to the director of the other facility and documentation of such incidents. Director Earnie Goodno reports not having had any resident disclose any prior institutional abuse which required them to put these steps into action. Director Goodno was aware of the time line requirements of the standard and his obligation to similarly investigate all allegations he receives from other institutions. Since Hampshire House serves FBOP inmates there are multiple facilities in which notice may come from or be required to be made. Director of Social Justice Services and the Agency PREA Coordinator were able to share how notification was handled in the last year at another CRJ facility to a FBOP Prison. In preparation for the audit the Auditor spoke with the regional ReEntry Manager of FBOP who was not aware of any instances in which accusations were made by resident of Hampshire House or by residents who had returned to federal custody. Since there were no incidents at Hampshire House compliance was determined based on policy requirements consistent with standards and the administrations knowledge of the requirements. Agency PREA Coordinator and Director of Social Justice Services could point to notification made with-in the required time period at another CRJ facility to support compliance.

Standard 115.264 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Hampshire House Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) (pages 11-12) addresses the requirements of the First Responder Standard. The facility trains its entire staff as potential first responders. Staff training and policy describes efforts to: 1) support the alleged victim, 2) provide quick access to medical services at a hospital with SANE nursing, 3) steps to protect crime scene and potential evidence on those involved. Interviews with random staff supports they know the steps required to ensure quick access to care while protecting potential evidence. Staff were all able to provide examples of what they had learned about protecting evidence including closing off the area the assault happened, not allowing the individuals involved in the incident to eat, drink, smoke, brush, use the toilet, shower or change clothing. The Hampshire House facility has not had a sexual assault incident so there was no staff to interview who had responded as a first responder. The agency has developed a quick reference guide that staff could refer to to ensure the first responder duties are met; this is kept in the Program Monitors office at Hampshire House. Since there was no incident, compliance was based on staff knowledge of expectations and policy requirements and the aides put in place to help guide staff in the event of an incident. Interview answers of the facility Director and the Director of Social Justice were also considered in making this finding.

Standard 115.265 Coordinated response

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

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

Community Resources for Justice and Hampshire House policy 900.00 (pages 11-12) has extensive directions for staff on the steps for responding to a sexual assault and providing a coordinated effort. A quick reference guide to ensure that staff know the appropriate steps and phone numbers to contact outside agencies, such as the Elliot Hospital and YWCA Rape Crisis Center. A copy of this document is available in the Program Monitors office on the first floor of the facility. The facility Director was able to describe the plan and communication efforts that would occur. His expected notifications also include the local service providers mentioned, the local police, the funding authority FBOP, and the agency management including the PREA Coordinator should an incident occur. Compliance is based on the consistent understanding of the plan by administrative staff and their having reached out to other agencies such as local hospitals and YWCA for support. The auditor also found that the direct care staff were aware of who to call in the event of a sexual assault and if they were not certain of all the steps that there was a document for them to reference..

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Hampshire House is part of Community Resources for Justice which does not employ individuals as part of a collective bargaining agreement. The agency policy 900.00 section IH7 and prior practice allows for the removal or reassignment of staff to no contact positions while an investigation occurs. This practice was confirmed by the Program Director Earnie Goodno and the Director of Social Justice Services Elizabeth Curtin. The Agency was able to provide an example in which the agency suspended an employee while investigating a harassment complaint. Compliance is based on the interview with Director of Social Justice Services (for the Agency Head) and the agency’s prior track record handling similar situations.

Standard 115.267 Agency protection against retaliation

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

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

Hampshire House and Community Resources for Justice policy 900.00 (Pages 3-4) addresses the agency’s commitment to protect residents and staff who report PREA Incidents from retaliation. Since there has not been an incident of sexual abuse there is no documentation to review. The Director of Social Justice Services on behalf of the Agency head and the Program Director, both described multiple mechanisms that would be put in place to protect individuals who report sexual assaults which include changing housing, preventing contact between the accused and the victim, monitoring reports about the resident or staff to see if there is any change in frequency or tone. Earnie Goodno the Hampshire House Director or Walt Davies the Assistant Director would lead the monitoring of these events and PREA Coordinator Susan Jenness Philips would get updates about the resident’s progress. The monitoring of the resident or staff who reported a concern would be at a minimum 90 days include periodic checks for retaliation. The Director confirmed that if any concerns were raised the protection measure outlined 115.262 would be enacted. The auditor based compliance on interview information since there were no files to review for periodic status checks. Those interviews include the Director and Assistant Director of Hampshire House as well as the Director of Social Justice for CRJ and the Agency PREA Coordinator.

Standard 115.271 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Community Resources for Justice would only complete administrative investigations at the Hampshire House facility. Agency policy requires that administrative investigations will be completed by CRJ or the residents referring authority. At Hampshire House the referring authority would be the Federal Bureau of Prisons. All criminal investigations would be done through the local law enforcement agencies. To date the facility has not had an incident requiring a criminal investigation. Agency Policy 900.00 (page 19-20) addresses the standards expectations. Indicator (c) on collection of DNA evidence would be completed by the Manchester Police Investigators but Hampshire House staff are aware of how to protect evidence by closing off the area in which the assault occurred and giving specific directions to the resident victim and perpetrator to limit evidence destruction. Indicator (d) would be determined by the criminal investigation team of the Manchester police. The facility does not require the use of polygraph examination or other truth telling devices. Agency policy states that record retention rules require PREA investigation files be retained for a minimum of five years from the date the alleged abuser is released from the custody or employed by the Community Resources for Justice. Since the facility had not had a PREA related investigation the Director shared as an example another investigation completed in the facility as an example of the documentation and written report. Director Goodno’s prior experience as a Police Officer aids the facilities preparations for completing a PREA Investigation. In addition to the PREA specific investigative training Director Goodno has received significant prior training in proper procedures in completing an investigation. The steps of the administrative investigations were reviewed. Including the interview process, factors considered in determining credibility, and the process he would enact to ensure communication is maintained with the local police investigators and the Federal Bureau of Prisons. The Director was also aware that investigations must be completed even if the alleged abuser is released from custody or terminates employment. Compliance determination was made on based on interview with the Director who would lead Investigations at Hampshire House, the prior experience he has in performing investigations, the example of prior investigation at the facility into a significant event and the staff knowledge of protection of a crime scene.

Standard 115.272 Evidentiary standard for administrative investigations

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

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

Facility Director and the Community Resource for Justice PREA Coordinator confirm that agency and Hampshire House policy 900.00 (page 19) requires no greater standard than the preponderance of evidence be used in determining whether an allegation of sexual assault or harassment can be substantiated. Administrative staff have taken the NIC training “PREA: Investigating Sexual Abuse in a Confinement Setting” course which covers this topic. Since there had not been any PREA investigations at Hampshire House there was no case file to review with an investigator. For compliance determination, the auditor had to rely on the interview and training records. CRJ would only complete administrative investigations as such elements in indicator (c) (collection of DNA evidence) would only be done by criminal investigators. Facility Director and the Community Resource for Justice PREA Coordinator confirm that agency and Hampshire House policy 900.00 (page 19) requires that no greater standard than the preponderance of evidence be used in determining whether an allegation of sexual assault or harassment can be substantiated. Administrative staff have taken the NIC training “PREA: Investigating Sexual Abuse in a Confinement Setting”

course which covers this topic. For compliance determination, the auditor had to rely on the interviews, training records and non-PREA Administrative Investigations.

Standard 115.273 Reporting to residents

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

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

The Hampshire House policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) goes beyond the expectation of the standard in 115.273 as it puts forth requirements for reporting to residents victims of Hampshire House on the outcome of all investigations of Sexual Abuse and Sexual Harassment. Agency policy requires notification be made to residents who not only report sexual abuse but also requires notification on claims of sexual harassment.. In determining compliance, the auditor took into consideration the Director’s knowledge in his interview that communication lines between the facility and the investigative agency must be open to allow him to make the appropriate notifications of the victim resident. Since there was no sexual assault by either staff or residents, there was no documentation to review to support indicator (c) and (d).

Standard 115.276 Disciplinary sanctions for staff

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

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

Community Resources for Justice agency policy and Hampshire House policy 900 (pages 18 and 19) states that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions, including termination, which will be presumed consequence for a substantiated finding of sexual abuse. Discipline according to policy will be commensurate to the nature and circumstances of the acts committed and comparable to other staff with similar histories. Hampshire House requires all allegations of sexual abuse to be reported to the Manchester Police regardless of whether the staff resigns or is terminated. No staff has been disciplined for a PREA related violation in the past year as a result of an administrative investigation. As a result, there was no obligation to forward the case to the Manchester Police for a criminal investigation. Compliance for this standard was based on past practice of the agency and the interview with the Director.

Standard 115.277 Corrective action for contractors and volunteers

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

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

Hampshire House has limited contractors, including no direct service contractors, who would be unescorted in the facility. The facility also has limited number of volunteers/interns. The CRJ and Hampshire House policy 900.00 allows the program to bar entry to prevent contact with potential victims in incidents of sexual abuse or harassment. The policy requires the agency to refer incidents involving these individuals for investigation by law enforcement agencies. To date the agency reports it has not had to enact any of these measures to protect the residents. The college intern who are used significantly would be removed immediately for any PREA related violation. Compliance was determined because the facility has the necessary procedures in place to be compliant with the standards expectations should a situation arise.

Standard 115.278 Disciplinary sanctions for residents

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

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

Hampshire House and Community Resources for Justice Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) page 20 addresses the requirements of this standard including the nature of the offense, the resident disciplinary history, and the mental health of the resident. Policy also requires, in discipline events involving sexual contact with staff, the resident can only be disciplined if it is found that the staff did not consent. The agency prohibits consensual relationships between residents and, according to policy, will not consider this abuse unless there is evidence to the contrary. Residents engaging in sexual misconduct could be subjected to discipline. Residents are reminded of this by case managers during orientation and it is also stated in the resident handbook. The facility staff monitor relationships closely and residents are subject to formal discipline following any abuse incident. Residents will have access to appropriate counseling services if they remain in the facility. Depending on the offense, counseling may become part of the residents requirements to continue in the Hampshire House program. Residents report staff address all sexualized behaviors including the topics of conversations. The residents acknowledge that this action by staff make the environment safe and ensures that things do not escalate. Both staff and residents talked about required separation in the common areas that prevents males and females from sitting together. As a community confinement facility all disciplinary findings are relayed to the referring authority who reserves the right to remove residents. If a disciplinary incident was to occur the Federal Bureau of Prison would also be involved in the Disciplinary

process. The agency provided the auditor with a list of federal violations and the corresponding range of sanctions. The facility is determined to be in compliance with the standards based on the policy, interview with the facility Director and agency PREA Coordinator, as well as, consistent statements from resident and staff on the level of behavioral expectations in the facility.

Standard 115.282 Access to emergency medical and mental health services

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

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

The Hampshire House facility has not experienced an incident of sexual assault and as such has not sent a resident out for services. Since Hampshire House does not employ medical or mental health staff they have directed all staff on first responder duties. This training includes the process of sending residents out as soon as possible to the Elliot Hospital in Manchester NH and notifying the YWCA Rape Crisis Center. The hospital has the appropriate SANE nursing services and will be provided treatment without cost. The auditor spoke with representatives of Elliot hospitals and reviewed the New Hampshire Coalition to Stop Domestic and Sexual Violence organization on services. The Coalition certifies the SANE services in the state including treatment requirements which includes HIV, STD, Pregnancy testing and prophylaxis treatments. The neighborhood medical and mental health services, from the auditor’s literature reviews and interviews, appear to be comprehensive. The ReEntry Resource Counseling and RTT Associates can also provide follow up Mental Health treatment if needed, free of charge, to the residents of Hampshire House. These agencies have service contracts with the Federal Bureau of Prisons. Residents in need of ongoing medical services can be seen at the local hospitals or at New Horizons clinic. Hampshire House Policy 900 page 14 confirms that any service related to examinations, transportation and prophylactic and emergency contraception are done free of charge to the victim. Compliance is based on discussions with case management staff, the Director and Assistant Director and the Agency PREA Coordinator. The auditor also took into consideration the agency policy and a literature review of the areas available services.

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

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

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

Hampshire House is committed to ensuring residents have ongoing access to services if they have been a victim of sexual abuse in any criminal justice setting. Agency Policy 900.00 Page 14 speaks to each aspect of this standard. The availability of YWCA Rape Crisis Services and the local mental health clinics (RRC and RTT) allows for ongoing treatment services. Ongoing health services for victims of sexual assault could be provided at Elliot Hospital or the Catholic Medical Center or care can be transferred to the local health services

organization New Horizons. In a phone interview with staff member of Elliot Hospital it was confirmed that in each case of sexual assault the resident can be treated free of charge and receive all pregnancy related services as well as STD and HIV testing and treatment (indicators (d), (e), (f) . The services are the same as any other Manchester resident who use these facilities. Resident on resident abuser would be evaluated with-in 60 days by a Mental Health provider according to policy. This is if the resident has not been removed to a higher level of custody. Though the agency has not had to put to use the requirement of this standard it appears to have the plan to initiate services if needed. The auditor reviewed website information on RTT Associates who have several Psychosexual treatment programs. The auditor also relied on conversations with community hospitals and service providers to fill in the understanding of services available. Compliance was determined based on the availability of services, policy that supports access to care, residents understanding of community based service options for medical or mental health needs, discussions with case management staff, and the interview and web research on the community based services available

Standard 115.286 Sexual abuse incident reviews

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

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

Hampshire House and Community Resources for Justice Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) pages 19 and 20 requires the completion of the steps outlined in this standard. As there were no incidents of sexual abuse, there is no incident reviews required and no documentation to review. Interviews with Hampshire House Director Ernest Goodno and the agency PREA Coordinator Susan Jenness Phillips support they are aware of the requirements of sexual assault incident reviews. Both individuals were aware of the elements in indicator d that the review team must consider as well as the corrective steps-in indicator e. As the PREA Coordinator is the agency Quality Assurance Director it is understood that she would play an active role in the team and the potential changes that would be recommended. Policy and interviews support that the facility is prepared to meet the requirements of this standard if an incident was to occur and as such they are determined to be in compliance with it’s expectations.

Standard 115.287 Data collection

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

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

Community Resources for Justice has collected data related to PREA in all of its facilities. Since all CRJ Social Justice

facilities use the same policy the definitions are uniform. Hampshire House staff have been tracking a variety of information related to PREA that includes information for the Survey of Sexual Violence and other PREA related measures. The agency tracks, by facility through the PREA Coordinator's office, monthly and aggregate data relating to twenty-one (21) different PREA standards. Since the PREA Coordinator also oversees quality assurance for the agency she has access to all incidents, investigations and is a member of all review teams. The agency does not subcontract for confinement therefore indicator (e) is not applicable. The Department of Justice had not requested the facilities data in the last year making indicator (f) also not applicable. Compliance is based on the information provided and documentation of the data. Interview with the agency's PREA Coordinator was also considered in determining compliance. As the agency's Director of Standards and Accreditation she has the responsibility for evaluating data and working with programs to assist in improvement efforts.

Standard 115.288 Data review for corrective action

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

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

Community Resources for Justice policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) pg. 22 addresses the standard's requirements. The data elements have been collected for the past year. The management teams on the facility level and the agency level will utilize data to make informed decisions on programmatic and policy needs. Though there were no incidents at Hampshire House, the agency still looks at ways to improve the safety of the facility. With the PREA Coordinator overseeing the agency's Standards and Accreditation Unit the parent agency CRJ has created a system in which problem areas can be identified and a corrective action plan monitored. The agency publishes data in an annual report of its programs. The agency also has put completed PREA reports on its website from CRJ Community Confinement facilities. The annual report does not have identifying information. The compliance with the standard is based on information provided and the interviews with the Director of Social Justice Services for the Agency Head and the Agency PREA Coordinator.

Standard 115.289 Data storage, publication, and destruction

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

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

corrective actions taken by the facility.

Hampshire House and Community Resources for Justice Policy 900 addresses the requirements of this standard. All facility data is provided to the agency PREA Coordinator who is responsible for maintaining and securing all data. If the facility had an incident, all identifying information would be removed before any information is made public. Compliance is based on the information provided in the annual report, the policy indications on how to handle information and interview with the agency’s PREA Coordinator.

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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Jack Fitzgerald – Certified Auditor – Fitzgerald Correctional Consulting LLC. _____ 11/6/2016 _____

Auditor Signature

Date