

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

Interim Final

Date of Report April 10 2019

Auditor Information

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Company Name: Fitzgerald Correctional Consulting LLC.

Mailing Address: 87 Sharon Drive

City, State, Zip: Wallingford CT 06492

Telephone: 203-694-4241

Date of Facility Visit: 3/4/19-3/5/19

Agency Information

Name of Agency:

Community Resources for Justice

Governing Authority or Parent Agency (If Applicable):

Click or tap here to enter text.

Physical Address: : 355 Boylston Street
Boston, MA 02116

City, State, Zip: Click or tap here to enter text.

Mailing Address: same

City, State, Zip: Click or tap here to enter text.

Telephone: 617-482-2520

Is Agency accredited by any organization? Yes No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency mission: We change lives and strengthen communities by advancing policy and delivering individualized services that promote safety, justice, and inclusion

Agency Website with PREA Information: crj.org

Agency Chief Executive Officer

Name: John J Larivee

Title: President and CEO

Email: jlarivee@cjr.org

Telephone: 617-482-2520

Agency-Wide PREA Coordinator

Name: Heriberto Crespo

Title: Assistant Director of Standards and Quality Assurance

Email: hcespo@cjr.org	Telephone: 617-423-2020
PREA Coordinator Reports to: Vice President of Crime and Justice Institute	Number of Compliance Managers who report to the PREA Coordinator 5

Facility Information

Name of Facility: Coolidge House
Physical Address: 307 Huntington Ave, Boston, MA 02115
Mailing Address (if different than above): Click or tap here to enter text.
Telephone Number: 617-482-0316

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Facility Type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input checked="" type="checkbox"/> Other community correctional facility		

Facility Mission: We change lives and strengthen communities by advancing policy and delivering individualized services that promote safety, justice, and inclusion

Facility Website with PREA Information: crj.org

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

Director

Name: Matthew LeFrancois	Title: Director
Email: mlefrancois@crj.org	Telephone: 617-482-0316

Facility PREA Compliance Manager

Name: Matthew LeFrancois	Title: Director
Email: mlefrancois@crj.org	Telephone: 617-482-0316

Facility Health Service Administrator

Name: N/A	Title: Click or tap here to enter text.
Email: Click or tap here to enter text.	Telephone: Click or tap here to enter text.

Facility Characteristics			
Designated Facility Capacity: 110		Current Population of Facility: 81	
Number of residents admitted to facility during the past 12 months			300
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			300
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			300
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 25-66 Click or tap here to enter text.	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:			4 months
Facility Security Level:			Minimum/Community
Resident Custody Levels:			Minimum/Community
Number of staff currently employed by the facility who may have contact with residents:			29
Number of staff hired by the facility during the past 12 months who may have contact with residents:			6
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		37	
Number of Open Bay/Dorm Housing Units:		0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>The Facility has 36 fixed position cameras over the 6 levels of the Coolidge house Facility. The facility monitors the cameras from the first-floor monitoring station. At least one staff person is at the monitoring station at all time watching the three monitors for resident movements. The system can hold about 30 days of video footage and incidents can be recorded for historic playback.</p>			
Medical			
Type of Medical Facility:		Off-site – Whittier Health Clinic	
Forensic sexual assault medical exams are conducted at:		Off-site – Brigham and Women’s Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			1

Number of investigators the agency currently employs to investigate allegations of sexual abuse:	10
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Audit Findings

Audit Narrative

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

The Prison Rape Elimination Act (PREA) audit of the Community Resources for Justice (CRJ) Coolidge House facility in Boston MA took place on March 4-5, 2019. The Audit was conducted by Mr. Jack Fitzgerald United States Department of Justice Certified PREA Auditor. Coolidge House is one of CRJ's 5 adult residential reentry programs who support men and women leaving correctional environments. By providing structure and supportive living and access to education, treatment and employment they hope to provide a smooth transition from institutional setting to living in the community. CRJ has broadened its mission through the years but its experience with serving the criminal Justice clients can be traced back to 1878. Today, the Social Justice Services division which encompasses Coolidge House is one of a three-part organization that makes up CRJ. The agency's Community Strategies Division looks to support adults with developmental and intellectual disabilities. The third portion of the agency, The Crime and Justice Institute, is committed to improving public safety and the delivery of justice throughout the country. The Crime and Justice Institute completes research, provides technical assistance and supports policy and legislative change on many issues in both the adult and juvenile justice arenas. CRJ shows its commitment to Community Corrections by active involvement in the International Community Corrections Association (ICCA) including the organization's current President Ellen Donnarumma. Mrs. Donnarumma is CRJ's Vice President for Justice Services. The Agency also has pursued peer review by the American Correction Association (ACA). Coolidge House has been successfully Accredited by ACA. The Auditor was able to review the report as part of the audit preparation.

The Auditor and Community Resources for Justice began discussions on potential dates for Coolidge House's second PREA Audit in December of 2018. The facility was previously audited three years earlier in 2016. A contract was finalized in January 2019 and the Auditor provided an Audit Notice in two languages to the facility. The Facility Administrator posted the notice in English and Spanish, the two most common languages spoken at Coolidge House. The Auditor was provided with a picture of the postings up 6 weeks in advance of the audit site visit. The notice provides residents with information about the Audit, how to contact the Auditor and the confidential nature of the mail. The notice did not result in any confidential communication from staff, residents or other interested parties. The contract language includes an attachment which outlines the Audit process over three phases (Pre-Audit, On-Site, and Post Audit) including corrective actions if needed.

The Auditor received a flash drive containing files supporting the Pre-Audit Tool information in Early February. During the Pre-Audit phase the Auditor worked with CRJ's PREA Coordinator Heriberto Crespo the Assistant Director of Standards and Quality Assurance. Information was exchanged through emails and phone contact to provide clarity of information provided and where additional information to support compliance was requested. The Auditor provided to CRJ, during the Pre-Audit phase, a review of information submitted with questions on information provided or request for additional information to support compliance. Much of the information was provided in advance of the site visit while other information was

provided to the Auditor during the site visit. The Auditor provided the agency with a tentative idea of the audit day including approximate times on site and the list of targeted populations that would need to be identified. The Auditor encouraged the agency to use the information on-line about the audit process to work with staff, so they had an increased level of comfort to what the audit process was and what to expect.

The Auditor arrived in Boston on March 3, 2019 in preparation for the audit. He toured the area around the facility and spoke to local police to see if they had any interactions or concerns with the facility. None were reported. After a major snow storm overnight, the Auditor arrived at the facility at 7:45am. The Auditor was greeted by Program Monitors, this position is the title of the primary staff responsible with custody supervision in Coolidge House. The Auditor was required to provide identification and was given a copy of the facility PREA brochure which is consistent with documentation noted in the files. After some informal interactions with residents and staff the Auditor was escorted to a second-floor conference room/computer lab which would serve as the private interview space for the Auditor while on site.

An entrance meeting was held with Mr. Crespo, the Facility Director Matt LeFrancois, Assistant Director Janaya Pierre Mike and Assistant Director Joe Jarvis. Also present were the Case Management Supervisor, a Shift Supervisor, and an Intake Coordinator. The Auditor thanked the facility for the work they had done in preparation of the Pre-Audit tool and supporting documentation. The Auditor then when on to explain his background and experience in Auditing, the goals of the Audit and what to expect throughout the 2 full day process. The Auditor reviewed the tentative schedule; tours, interviews, supporting documentation verifications, and that he expected to be on site for about 20 hours over the 2 days. The Auditor was on site total of 22 hours in the two days (Day 1 7:45a-8:25p, Day 2 6:35a-4p) allowing for observation of staff and resident interactions across the three shifts. The Auditor finished the meeting by reviewed the fairness of process, the reason for random selection of interviewees, and how the Auditor formulates conclusions in determining compliance. The Auditor was provided the current population roster for the facility which included 99 residents of which 18 were on home confinement. Of the 81 residents living on site 8 were female on the first day of the audit.

The Auditor worked with the Agency PREA Coordinator to identify the key staff who would make up the administrative interviews and the specialized interviews.

Administrative Interviews	
Agency Head	Ernest Goodno – Director of Reentry Services
PREA Coordinator	Heriberto Crespo- Assistant Director of Standards and Quality Assurance
Facility Director	Matthew LeFrancois – Coolidge House Director
PREA Manager	Matthew LeFrancois – Coolidge House Director

The Auditor utilized regional resources identified by the facility to address specialized interview topics that the agency does not employ. The goal of this process was to ensure enough resources were available to the clients in event of a sexual assault. The Auditor received information by email or through direct communication with individuals outside Coolidge House to assist in determining standard compliance. The Auditor also did web-based searches for news stories, state laws related to mandated reporting, state required protocols for sexual assault case handling and SAFE/SANE Certification process requirements. The Agency does not employ individuals who provide Medical, Mental Health, SAFE or SANE services, Coolidge House has not had a staff who has acted in the role of First Responder. The facility does not subcontract for housing of residents and prohibits all cross-gender searches of residents. Where appropriate, the Auditor utilized information from random staff interviews to help in the determination of compliance in his review of standards. Community Resources for Justice employs several individuals who have completed the National Institute for Corrections’ training on Investigating Sexual Abuse in a Correctional Setting Including the Facility Director of each of its facilities. Since Director Goodno oversees the Facility Directors and he would approve the report it seemed most appropriate to ask him the

Investigator questions. It should also be noted Director Goodno is a retired law enforcement officer with an extensive investigative background. Absent an actual investigation the Director of Reentry Services provided the agency's vision for both coordination of criminal investigation and administrative investigations. Investigations of a sexual assault at Coolidge House could involve several agencies including the Boston Police, Local Hospital, Local Rape Crisis Agency, the United State Probation Office in Boston and the Federal Bureau of Prisons.

There are two intake release Coordinators at Coolidge House who perform the intake and the PREA Screenings. The Auditor spoke with both individuals on the first day and interviewed the individual working on the second day. Since the second individual was not available the Auditor asked additional questions of their supervisor the Case Management Supervisor. There was no intake going on during the time of the interview, so the Auditor asked to be taken through the steps to complete the PREA screening and intake.

Specialized Staff Interviews	
Position described in standards	Title or agency who provided information to answer required questions.
Agency Contract Administrator	N/A – no subcontracted beds
Medical Staff	Whittier Health Services Brigham and Women's Hospital
Mental Health Staff	Whittier Health Services Hope House
Individuals who have done cross gender searches	N/A Agency Policy prohibit all cross-gender searches.
Administrative Staff	CRJ Talent Acquisition Supervisor
SAFE/SANE	Brigham and Women's Hospital Massachusetts Department of Public Health
Volunteers or Contractors who have contact with residents	Whittier Outreach staff
Investigative Staff	Director of Reentry Services
Screening Staff	Intake and Release Coordinator Case Management Supervisor
Intake Staff	Intake and Release Coordinator
Local Rape Crisis Agency	Boston Area Rape Crisis Center
Individuals responsible for retaliation monitoring	Facility Director
First Responder	Random staff answers were used since no individual has had to act as a first responder.
Funding/ Referral Source	Representative Federal Bureau of Prisons
Referral Source	US Probation Office – Boston region

The Auditor worked with the facility Administration to identify *Targeted Residents* for interviews to be completed. The current population make up did not allow for the identification of residents in each of the targeted categories for Community Confinement facilities as promulgated by Auditor Handbook. Coolidge House did not have any current resident who identified as Transgender or Intersex nor did they have any individual who had made a claim of sexual abuse. Increased interview of other targeted populations was done to make up for the population not identified. The Auditor ensured the *Random Residents* selected for interviews were a diverse representation of the population looking at ethnic, age, gender and housing floor.

Resident Interviews for facilities with 51-100 population		
	# Interviews Required	# of Interviews Completed
Random Residents	8	9
Target resident Interviews	8	9

Resident with Physical Disability	1	3
Resident who are blind, Deaf, or hard of hearing		
Residents who are LEP		
Residents with a Cognitive Disability	1	1
Resident who Identify as Lesbian, gay, or Bisexual	1	3
Residents who Identify as Transgender or Intersex	2	0
Resident who reported Sexual Abuse	2	0
Resident who reported victimization during screening	1	2
Total	16	18

The Coolidge House did not have any allegations of Sexual Assault or Sexual Harassment in the 12 months prior to the PREA audit. This information was documented in reports provided to the Auditor and publicly available on the agency website. The Auditor confirmed this information with Agency and Facility staff and residents while on site. The Auditor also confirmed with community agencies and referral sources, that they were not aware of any such complaints. As a result, there were no criminal or administrative investigative files to review. Similarly, there were no PREA related Grievances, this was confirmed by thru discussions with the Facility Director, the residents and with the Bureau of Prison representative. The BOP was asked about complaints as Inmates at Coolidge House can file it internally to the Facility Director or to the Bureau of Prisons directly.

The Auditor was provided hard copy documentation and shown the electronic case management system *Secure Manage* while on site. The Auditor reviewed 9 files of current residents and 2 former client files including a previous transgender admission from 2018. Additional internal agency reports were shown to the Auditor while on site to support ongoing mechanisms in place to ensure Initial screening and 30-day reassessments of PREA risks are being monitored for timeliness. The Auditor requested dates for various elements of the staff records that supports compliance in advance of the site visit. The agency provided information on all 31 employees who were employed 6 weeks prior to the site visit. Once on-site Auditor met with the Human Resource Department confirming the information proved on seven of the employee files. The Auditor could also take training record rosters and use the information to further verify training information of the remaining 24 employees

Onsite Documentation Reviews			
Client Files	Total population	81	11 reviewed
Human resource files	Total Staff	31	7 reviewed
Medical record	No Medical services on site		
Mental health records	No Mental Health services on site		
PREA Grievances	No Grievances filed		
Written request or third-Party Complaints	No filings related to PREA		
Number of PREA Investigations	There were no claims of Sexual Assault or Sexual Harassment requiring investigation		

At the closure of the second day the Auditor held an exit meeting. In attendance was the Director of Reentry Services, the CRJ PREA Coordinator, the Facility Director, an Intake and Release Coordinator and by

phone Ellen Donnarumma, CRJ's Vice President for Justice Services. The Auditor thanked the members of the team for a supportive audit process by which staff and residents were easily accessible. The Auditor reviewed some of staff and resident comments during the audit process which supported a positive environment. Residents reported the facility is safe especially related to PREA and could approach staff with a problem and felt it would be looked into. The Auditor discussed things that could aid in documenting files moving forward. Finally, the Auditor described the post audit process which will require the Auditor to review the sum of all information provided including documents, interviews and observations. The Auditor went on to state the process must include how all indicators of the PREA standards must be considered in determining compliance.

Facility Characteristics

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

The Coolidge House facility, consists of one five story brick structure at 307 Huntington Ave in Boston. The Community Confinement facility is in an urban mixed residential/business area. The neighborhood consists of small businesses, a large YWCA facility, apartments and condo buildings. The area is also home to universities including Northeastern and Harvard Medical School and cultural sites of the Boston Fine Arts Museum and the Boston Symphony Hall. The facility does not have an exterior space for residents. The facility was previously a hotel and as a result each room has its own bathroom. The facility has made some renovations since it's last PREA Audit in 2016. These renovations have been to accommodate female residents in what was previously an all-male facility. All residents of the facility are admitted from the Federal Bureau of Prisons (the funding source) or the United States Probation Office in Boston. The facility does not house immigration (ICE) detainees or individuals for the US Marshals Service. The facility provided data supporting its population over the last 12 months, the average population was 92. As a large community release facility, the majority of residents are going into the community daily. There entrance and exit are monitored by staff and recorded. Residents are pat searched, or wand searched upon return from the community and residents are subjected to urine screens monitored by the same gender staff as the resident.

After completing the entrance meeting on day one of the audit the Facility Director and an Assistant Director provided me a tour of all spaces in the facility including locked secure spaces normally off limits to residents. The Tour began in the basement area. Half the space is locked secure storage for program and agency needs, building mechanicals and maintenance workers workshop. The space open to residents includes washers and dryers for the male residents. The space is covered by 5 cameras and overall it has limited blind spots where residents are allowed. The facility has a mirror to aid in the observation of residents coming up from the basement to the Program Monitoring Station on the first floor. The Facility Director, throughout the tour, showed his knowledge of the potential blind spot hazards and discussed practices employed to address safety of clients. He discusses, in one area of the basement he is hoping to extend a wall to limit a small hiding space. Staff on duty make random tours of the facility all day to ensure client safety and facility security. The facility also has mandatory counts that occur six times during the day

The first floor includes the main entrance to the building. A round elevated Program Monitoring station provides direct sight to the entry point to the program and to the visiting and male TV area on the first floor. The space has three monitoring screens for the 36 cameras throughout the facility. The screens can be adjusted to show different groups of 12 cameras at a time while one of the units cycled through all camera locations continuously. The space is always staffed and has two computers for the staff to record resident movement on the agency electronic case management system Secure Manage. The front door is secured and has an intercom. PREA related materials were provided upon arrival to the facility as was the notice of the audit. The first floor also serves as check-in point for all residents when entering or exiting the facility and where formal counts are done. The visiting area also houses vending machines. Female residents must be escorted into the visiting area when occupied to purchase items or to borrow books from the facility's reading selection. There are seven cameras on the first floor of Coolidge House.

Cameras by floor	
Location	Number of fixed cameras
Basement	5
First Floor	7
Second Floor	11
Third Floor	4
Fourth Floor	4
Fifth Floor	4
Elevator	1
Totals	36

The housing areas of Coolidge House are contained on floors two through five. There are 37 multi-person rooms over the four housing floors. In addition to the bedrooms each floor contains at least two other offices for administrative or case management staff. The spaces allow for informal assistance in the monitoring of residents. The Auditor found the doors were often left open when they were occupied which could aid in hearing any commotion that may arise. The bedrooms vary in capacity from two to four beds in a room. The former hotel has adjacent small bathrooms to the common sleeping space containing a toilet, sink and a shower. The second floor has undergone renovation to provide the capacity to house female residents. Coolidge House moved the facility primary office to the third floor to be able to reconfigure sleeping units, to create a separate TV common area for females and a separate laundry. The second floor also contains the kitchen and dining facilities. Food services are produced off site and delivered to the site, but residents have little contact with the contractors who only deliver food.

Staff perform random tours of the facility including bedrooms and bathrooms hourly. Residents confirm 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 facility has Handicapped accessible rooms for those with disabilities. The facility does not have single occupancy rooms but has two person rooms which could be used to house Transgender residents with a private bathroom if needed.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations*

made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

Number of Standards Exceeded: 1

115.215 Agency efforts support an environment that balances security while supporting personal privacy.

Number of Standards Met: 40

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

As noted in the individual standards, no elements required the development of a corrective action plan. The agency was able to provide additional documentation when needed to support compliance prior to or during the site visit.

Number of Standards Not Met: 0

Click or tap here to enter text.

Summary of Corrective Action (if any)

There was no required corrective action plan

PREVENTION PLANNING

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

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

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
 FBOP- Sexually Abusive Behavior Prevention and Intervention Program
 Documentation that Supports who is PREA Coordinator (b)
 Documentation that Supports PC role/authority with-in agency
 Documentation that Supports who is the PREA Monitor (c)
 Documentation that Supports PM role/Authority in the facility

Individuals interviewed/ observations made.

Interview with PREA Coordinator (PC)
 Interview with PREA Manager (PM)
 Interview with Agency Head confirming PC authority/duties
 Interview with Staff
 Interview with Residents
 Tour Observations

Summary determination.

Indicator (a). The Community Resources for Justice (CRJ) has developed an agency wide Policy on efforts to ensure compliance with the Prison Rape Elimination Act. Policy 900.00 *Staff and Resident*

Sexual Abuse and Sexual Harassment (PREA) was written to address the various requirements of the standards. Pages 1 and 2 of this policy set forth a zero-tolerance expectation for any sexual activity. The policy states there is no consensual contact between residents and staff or between residents. It further identifies screening, education and monitoring, along with other elements that supports prevention, allows for detection, and ensures a full legal and medical response to any complaint. The Federal Bureau of Prison (FBOP) ensures “its contracts with private facilities and Residential Reentry Centers include in its contract their obligation to adopt and comply with the PREA standards.” The FBOP completes announced and unannounced site visits throughout the year.

Indicator (b). Coolidge House is one of several adult Reentry facilities run by CRJ. PREA policy 900.00 defines the role of the PREA Coordinator (pages 1,3). The policy (900.00) defines the duties of the PREA Coordinator including “coordinate and develop procedures to identify, monitor, and track sexual misconduct incidents occurring in CRJ programs”. It further authorizes the PREA Coordinator to supervise all PREA activities, to maintain statistical records, and “conduct audits to ensure compliance with CRJ policy” on PREA. The Auditor was provided an agency flow chart showing the relationship between the PREA Coordinator who works in Standards and Accreditation Department and the Program Director of Coolidge House. Page 3 of the policy defines the on-site individual responsible to act as the PREA Liaison is the Program Director. Policy language further defines the requirements of communication with the Agency PREA Coordinator, data collection, ensure training and responsibility to monitor expectations to ‘prevent PREA violations.

Conclusions: Coolidge House is compliant with the standard by providing a zero-tolerance culture toward Sexual Assault and Sexual Harassment. CRJ has a policy that utilizes the standard’s language to set forth expectations of those living and working in the environment. Staff interviewed were able describe how their job promotes detection, prevention and a knowledge of how to respond to a sexual misconduct claim. In addition, Auditor was able to see various aspects of staffs’ daily interactions which promote these goals. The Coolidge House staff were able to describe how their daily duties promotes a PREA safe environment. The staff gave examples of random tours, active listening, knock and announcing before entering rooms, screening, enforcing house rules, making treatment referrals and knowing their first responder duties as examples of how they promote the Zero Tolerance culture. The Auditor observed information posted throughout the facility that promotes reporting PREA concerns. Residents and staff alike confirmed the environment was sexually safe. The PREA Coordinator for CRJ took over the role after the retirement of the Director of Standards and Accreditation in late 2018. Heriberto Crespo, the current PREA Coordinator and the Assistant Director of Standards and Accreditation, had been involved early in the CRJ efforts toward providing PREA safe environments. The PREA Coordinator confirmed, in his interview, he has regular access to the facilities and data necessary to track the agency efforts toward PREA compliance at five facilities. The PREA Manager at Coolidge House is the Facility Director, Matt LeFrancois. Staff members and residents were able to identify who oversaw PREA at Coolidge House. Interviews with the Agency Director and the PREA Coordinator confirm regular communication on all major incidents including sexual misconduct. This monthly meeting allows for input on policy changes, tracking data to make informed decisions, and plan for changes when necessary.

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Individuals interviewed/ observations made.

Agency Head
PREA Coordinator
FBOP Representative

Summary determination.

Indicator (a) Coolidge is part of CRJ, a non-profit organization who does not subcontract beds to any other institution. Coolidge House is a federally funded reentry facility of the Federal Bureau of Prisons.
Indicator (b) There is no contract with any entity as stated in indicator (a).
Indicator (c) There is no contract with any entity as stated in indicator (a).

Conclusions:

The Standard is compliant as none of the required conditions applies to Coolidge House. The Auditor confirmed with the Agency Head and the PREA Coordinator, during the onsite portion of the Audit, that there is no subcontracting of services for residents assigned to Coolidge House. This information was also verified by the funding source the Federal Bureau of Prisons.

Standard 115.213: Supervision and monitoring**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.213 (a)**

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

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Original Staffing Plan

Documented of Adjustments subsequent the closure of McGrath House

Individuals interviewed/ observations made.

Agency Head

Facility Director/ PREA Monitor

PREA Coordinator

Random Staff

Female Residents

Summary determination.

Indicator (a). The Coolidge House has developed a staffing plan that is approved by the Federal Bureau of Prisons its funding source. The Coolidge House plan development reportedly took into consideration the physical layout of the facility, the population it services, the frequency of client incidents (PREA related and other safety concerns) and the location of video monitoring systems to help in the surveillance of residents on 6 different floors. In addition to a narrative document, the Auditor was provided a floor plan with makings of potential blind spots from the current 36 camera monitoring system. Agency and Facility administration support the process of assessing staffing deployment and monitoring needs is an ongoing process. The Director of Reentry Services and the Facility Director both support that all incidents, not just PREA related complaints, are reviewed with an eye toward staffing and monitoring needs. The Agency PREA Coordinator confirms he has regular communication with the Facility Director which will allow him the capacity to advocate for resources (staff and cameras) as needed. The PREA Coordinator meets monthly with the Director of Reentry Services and the Director of Innovation, Implementation, and Development.

Indicator (b). The Facility Director reports at no time has the facility not met its minimum staffing compliment. The facility can utilize a process of mandating staff to ensure there is sufficient coverage at all times. Senior managers are on call and can report to the facility to support the Program Monitors in an emergency until replacement staff can be on site. The staffing plan routinely schedules more than the minimum compliment to account for time off, illness etc. The facility adds case managers and administrators across the shifts to further support Program Monitors. The Facility Director reports all callouts are logged and reported to the on-call administrator. Payroll records can confirm attendance along with surveillance reviews of the camera system.

Indicator (c). The Auditor was provided with an adjusted staffing plan taking into account the adjustments made with the closure of McGrath House. The all-female McGrath program closed in April of 2018 with Coolidge House absorbing the residents and staff to the programs second floor. In addition to some physical plant changes the facility enacted procedural changes to limit unsupervised interactions between male and female residents. Both residents and staff were trained on new expectations. Actual staffing attempts to assure that at least one staff of each gender is onsite. The Auditor witnessed staffing compliments of three or four staff on excluding managers and case management staff.

Conclusion: The Coolidge House is compliant with the various Indicators of this standard. The Agency has written documentation that describes, consistent with interviews, how staffing and monitoring needs are continually assessed. Coolidge House has made physical plant changes, staffing changes, surveillance enhancements and procedural changes since their last PREA Audit to ensure the safe housing of female residents. As noted in 115.218 Physical plant and surveillance changes made to accommodate the prior McGrath population also allowed a reassignment of offices across all housing floors. This ensures there is administrative and case management staff offices dispersed throughout the facility to assist in the monitoring of the client population. The Auditor did make some suggestions on ways to improve the documentation supporting this standard. The Auditor also took into consideration the female residents feeling of safety and feeling they had appropriate access to same gender staff.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

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

115.215 (c)

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

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

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

information as part of a broader medical examination conducted in private by a medical practitioner?
 Yes No

115.215 (f)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

Policy 1.4.5 Searches

Former Transgender Resident file documenting search preference

Training records on cross gender searches and searches of transgender and intersex clients

Training materials (videos/ power point /syllabus)

Individuals interviewed/ observations made.

Random Staff

Random Residents

On-site Observations of Announcement

On-site Observation of a resident search

Summary determination.

Indicator (a). The Coolidge House does not complete strip searches or visual body cavity searches of its residents. *Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)* page 9 strictly prohibits these types of searches. Random Residents and staff confirmed strip searches, regardless of gender, are not part of the program at Coolidge House. Coolidge House Search Policy *1.4.5 Searches* (page 2) prohibits strip or body cavity searches and sets forth an expectation of all pat searches are to be completed by same gender staff.

Indicator (b). The facility Policy only allows pat searches of either male or female residents by the same gender staff person. The policy goes on to further require, "The employee conducting this type of search shall be thorough yet must not offend the dignity of the resident being searched." The Auditor was able to visually observe a resident being searched. The Facility Director reported no exigent circumstance having occurred that required an opposite gender staff to complete a search. The Director and the PREA Coordinator confirmed if a cross gender search was to occur the incident would be documented in their Secure Manage electronic case management system. The Auditor confirmed there were no cross-gender pat searches with both random residents and staff. The residents confirmed if a same gender staff is not immediately available, the resident would undergo a wand search. The wand search would identify illegal electronic devices or weapons. Female residents confirmed there would be no prohibition of female residents leaving the facility or attending programming due to the lack of female staff.

Indicator (c). As noted in the first two indicators of this standard CRJ policy prohibits strip or body cavity searches of any resident. The facility does not complete cross gender pat searches by practice and has not had an exigent circumstance in which has required this measure. As a result, there is no documentation to review to support or deny the practice is in place. Staff were aware of the agency practice of wand searching residents if a same gender staff is not immediately available. Female residents supported the stated practice.

Indicator (d). *Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) page 9* requires residents are able to shower, perform bodily functions, and change clothing without opposite gender staff viewing them. To support this expectation staff knock and announce their presence on the bedroom doors before entering, (bathroom doors are internal of each bedroom). Random residents interviewed formally supported the practice is ongoing. The Auditor was able to observe the practice on the formal tour and make other observations of this and opposite gender staff announcing when they entered a housing floor during the two-day audit.

Indicator (e). As a community confinement facility, the Coolidge House receives residents who are known to the federal court system. As such they are given gender information about the resident ahead of time as part of the referral packet. The facility does not complete a strip search as part of any intake process

Indicator (f). Coolidge House has imposed a process that limits trauma to residents by eliminating strip searches and cross gender pat searches. The staff have been trained and refreshed on the pat search techniques of a transgender or intersex resident. Staff described, training materials, consistent with **Guidance in Cross-Gender and Transgender Pat Searches by the Moss Group**. The staff were able to describe the information they learned including effective communication practices, and proper techniques for completing these pat searches.

Conclusions:

Coolidge House has exceeded the standard expectation by providing a secure environment that is viewed by its occupants as a safe space. They have accomplished this through the elimination of potentially traumatic strip searches and by enacting a prohibition of cross-gender searches of both male and female residents. The standard only requires a prohibition on cross gender searches of female residents. Coolidge House has eliminated all cross-gender pat search by having staff wand opposite gender residents if same gender staff is not readily available. The Auditor took into consideration that the staff members had retained information on the search training of transgender or intersex residents. The facility did not have a current transgender resident or a staff who previously had completed a cross

gender search to use as part of the calculation. The facility was able to provide records supporting a prior transgender resident was asked about search preference. Finally, the Auditor considered the viewed practice of all staff announcing their presence before entering any of the bedroom areas.

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

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

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

Policy 1.1.6 Intake Process

CyraCom interpretive services

Resident Handbook

Referral Paperwork/ Intake Paperwork
Training records on CyraCom use

Individuals interviewed/ observations made.

Agency Head
Random Staff
Inmates with Disabilities
LEP Inmates
Intake Staff
Screening Staff
PREA Signage in multiple languages
Handbooks in rooms or common areas

Summary determination.

Indicator (a) Both the PREA Policy and the Intake Policy require the identification of populations who may have difficulty in understanding information. The PREA Policy (pages 6-7) requires facility staff to ensure residents all understand, regardless of disability or language barriers the facilities efforts to maintain a PREA safe environment This includes how to keep oneself safe, the facility zero tolerance stance, how to report a concern and how to access treatment. As a Reentry facility, the majority of admissions are coming from federal prison and the remaining are referred by the US Probation Office in Boston. As a result, Coolidge House receives some information about residents with significant medical issues/disabilities or other mental health disorders that may make understanding PREA information difficult. The Intake/Release Coordinators sit with each new resident and screens for any missed medical information or other factor that may impair their understanding of the facility rules including the Zero Tolerance policy toward Sexual Abuse and Sexual Harassment. This screening would help identify those who have comprehension or limited reading ability. CRJ can provide written materials to clients in various formats and languages as needed and has access to a TTY for individuals who are deaf or a new Interpretive service that can use video assistance to have a person sign (VRI) for the hearing-impaired resident. CRJ has resources available to aid staff in working with individuals with intellectual or developmental disabilities. The agency provides programming for these populations in another division of the agency.

Indicator (b). Coolidge House has signage up related to PREA and other important information in both English and Spanish. Intake paperwork and handbooks can be translated into multiple languages as needed. These are the two most commonly used languages in the facility. The agency has provided access to interpretive services through the AT&T language line in the past and has now moved to a new online system called CyraCom. The new system uses either telephonic or web video interpreters to aid resident and staff communications. The Auditor was able to be shown by the Case Management Supervisor, how staff would access the system if needed. CyraCom's website supports the service can translate in over 80 languages including VRI (American Sign language). The Auditor spoke with residents who were bilingual and but did find any resident whose English abilities required translation. Residents acknowledged there were some staff whom they could approach who could aid in their understanding of information. Both staff and residents agree the facility could benefit from more bilingual staff especially for brief daily interactions and clarifying situations. Random staff interviewed acknowledge they cannot use resident interpreters to ask any sensitive information including PREA related questions.

Conclusion:

Coolidge House is in compliance with the standard expectations. The facility provides information in written forms in more than one language. The Coolidge House staff were aware of reasons why the use of resident interpreter would be inappropriate. Random staff interviews confirmed the staff were aware translation services are available. The Auditor was able to see how it would be used by key staff members. During the pre-audit phase the auditor identified there was a lack of staff trained in the new translations service. During the period prior to the site visit Coolidge House provided a second training to staff on the use of the new technology. Both the Intake Policy (1.1.6) and the PREA Policy (900.00) set forth the requirement to identify individuals with disabilities, individuals who are limited English proficient, and those individuals who lack the ability to read. The compliance determination was based on the interviews conducted, materials available to residents in multiple languages, observation during the tour of PREA information in more than one language, Coolidge house policy and interpretive services available to staff.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

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

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

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

115.217 (g)

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

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

CRJ Employee handbook
Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
Criminal background checks initial
Criminal background checks 5 years
Documentation Supporting prior institutional employment checks
Employee acknowledgement form (f)
Employee Applications

Individuals interviewed/ observations made.

Interviews with Human Resources
Interview with Facility Director
Interview with PREA Coordinator

Summary determination.

Indicator (a). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) page 4 addresses the requirements of this indicator. The Policy strictly prohibits the employment or contracting the services of individuals who have engaged in, have been convicted of engaging or attempting to engage in, or administratively been adjudicated for sexual assault. The policy utilizes the language of the standard and all employees, upon hire, sign a form which directly asks if they have engaged in the prohibited behaviors. The form was added in 2015 and all existing employees were required to complete this *PREA Employment Questionnaire*. This form is also required to be filled out each time an individual is promoted.

Indicator (b). Coolidge does not contract with individuals who provide direct services to residents. The agency will review all employees recommended for promotion, require the PREA Employee Questionnaire be completed followed by a complete Human Resources file review. If the Talent Acquisition Specialist identifies sexual harassment concern in the staff file, reportedly the case would

be referred to the Director of Human Resources and the Vice President for Justice Services before a promotional offer would be extended.

Indicator (c). As a contractor of the Federal Bureau of Prisons all Coolidge House employees are subjected to a criminal background check by the Federal Bureau of Prisons. CRJ has to file all employees with FBOP prior to employment offers. FBOP completes NCIC/NLETS and fingerprint and send approval letter to CRJ. The Agency utilizes an outside organization to complete prior employment checks including PREA related questions of prior institutional employers. The Auditor was able to see examples of these documents in the sample file he requested to view.

Indicator (d). Coolidge House does not employ contractors who provide direct services to the clients. Food Service is provided by an outside vendor who delivery food twice a day under staff supervision. These individuals undergo criminal background checks and are the closest thing to an individual not employed by CRJ who may be on-site routinely. Coolidge House currently does not have any college interns, but the Auditor has seen prior interns in CRJ FBOP programs who have had criminal background checks.

Indicator (e). Policy 900.00 requires all employees and contractors undergo a criminal background check every five years. As a FBOP contractor, the agency must resubmit all employee names at each contract renewal period. In most cases the FBOP contracts are for no longer than 5 years. In the event the contract was extended to a sixth year CRJ has implemented a procedure to ensure any individual who reaches their 5th year between checks would get a criminal record check paid for by the agency.

Indicator (f). Noted in Indicator (a) all Coolidge House employees are asked to complete the PREA Employee Questionnaire. This document asks all prospective employees about the required element in the aforementioned indicator. CRJ had all existing employees complete the form after it was initiated in 2015. The form is signed by the employee after they read information including the following: "CRJ shall impose upon employees a continuous affirmative duty to disclose any such misconduct".

Indicator (g). Contained also in the PREA Employee Questionnaire is the following passage: "any material omissions regarding such misconduct, or provision of materially false information, shall be grounds for disqualification from employment or termination."

Indicator (h). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) allows for the agency, with proper releases of information, to disclose to other institutions any PREA related concerns. Interviews with Human Resources staff confirm they make requests of outside employers when hiring, they report they do not frequently receive similar requests for prior employees. There was no request of former Coolidge House staff in the past year.

Compliance:

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 the Talent Acquisition staff and review of sample staff files were completed at CRJ corporate offices also located in Boston on the second day of the audit. The Auditor requested in advance of the on-site visit the following information: dates of hire, original and 5-year background check, dates the staff signed acknowledgement on continuing obligation to report the behaviors listed in indicator (a) and if the individual had prior institutional employment. This process allowed the Auditor to select a diverse sample of staff to be reviewed. The Auditor reviewed a sample of seven of the current

twenty-nine employees. Documentation from the personnel files supported the requirements of this standard including asking employees about the past sexual misconduct, responsibilities of continued disclosure and consequence for omission or falsification of information. Coolidge House's compliance was determined by the review of the staff files, the policy supporting the required elements of the standard and the interview with CRJ Human Resource staff and the agency PREA Coordinator. The Agency has policy, procedures and practice in place to support ongoing compliance.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Memos supporting Need

Purchase Orders

Facility Plans showing Blind spots and camera locations

Incident reviews supporting need

Individuals interviewed/ observations made.

- Agency Head
- Facility Director
- Physical plant upgrades/ expansions
- Camera Locations
- Camera Monitoring station
- Lines of Site

Summary determination.

Indicator (a). Since, the 2016 PREA Audit the Coolidge House has undergone a planful transition of female residents from it's former McGrath facility. As part of that transition plan the facility renovated a former office space into a female living room. The room is set back from the main hall and away from traffic flow to the dining area. The facility removed the main office of the facility to increase bed space and limit the times when residents of different genders were on the second floor to meal periods only. The Coolidge House Director, having previously worked in another CRJ co-correctional Reentry facility, implemented a gender separation plan which limits the interactions between those housed as females and those housed as male residents. The Director of Reentry Services confirmed the planful process the agency takes in considering renovations of spaces and that client safety is always at the forefront of the discussions.

Indicator (b). As part of the renovation plan noted in Indicator (a) Coolidge House has added 5 cameras to bring the facility total to 37 fixed cameras all of which are recorded. The Facility Director pointed out on the tour the newer cameras and why the locations were chosen. The female living room and second floor landing were areas the facility needed closer attention. Staff manning the monitoring station were able to show the auditor how the system works including how some cameras are always visible while other cameras cycle through the screens and how staff can view areas if needed.

Conclusions: In additions to the measures described in Indicator (a) the Auditor was able to learn about the Facility Director's knowledge of blind spots during the tour. The Director went on to point out further areas he would like to address to limit further blind spots or areas where he would increase coverage. The agency administrative and staff interviews confirmed a thorough transition plan was put to accommodate the females into the facility. Though a one resident stated that the gender separation plan was "a bit much" they further stated they realized why it was in place and it did keep them feeling safe. Female residents spoken to formally and informally reported no unwanted advancements by males. Compliance is based on the evident changes made to accommodate the female residents, the residents feeling of safety, and the Directors knowledge of future improvements. The Auditor made recommendations on how to improve documentation in support of this standard in the future.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

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

115.221 (d)

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

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

2016 Massachusetts Statue on Sexual Assault forensic evidence and requirements.

Police Protocols for evidence collections in sexual assaults.

2017 MA Adult Sexual Assault Law Enforcement Guidelines

Letter from Boston Police confirming their role of investigating sexual assault at Coolidge House.
Letter from Boston Area Rape Crisis Center (BARCC) confirming willingness to service victims of SA/SH.

Letter from Brigham and Women's Hospital confirming SAFE/SANE Services
PREA Signage (English/Spanish)

Website of MA Bureau of Community Health and Prevention. (SANE Training Program)

Websites of BARCC and Brigham and Women's Hospital

Individuals interviewed/ observations made.

Brigham and Women's Hospital representative

Discussion with BARCC staff

Coordinated response plan visible in the facility.

Summary determination.

Indicator (a). Coolidge House staff would not be involved in evidence collection. The staff of the facility are trained as part of first responder duties to seal off potential crime scenes and how to instruct potential victims and perpetrators to preserve evidence. The State of Massachusetts sets forth the state protocols for sexual assault cases. The 2017 state guidelines help investigators to maximize the collection of evidence that can be used in the prosecution of perpetrators. Topics included in the document included *The Role of the Sexual Assault Investigator* and *Crime Scene Management and Evidence Collection*. The Massachusetts Department of Public Health also provides the training of all SANE nurses in the state.

Indicator (b). Coolidge House would not house any youthful adult inmates. The state has separate guidelines for sexual assault of juveniles and adults. The guidelines were developed utilizing the collective effort of some 40 individuals who are experts in legal, criminal, medical and mental health services. Included in the experts involved in the development of the document was a representative of Boston Area Rape Crisis Center. (BARCC). Similar to the national protocol the document includes both technical aspects of evidence collection with information about working with victims of sexual abuse.

Indicator (c). Coolidge House has provided documentation of the intention to send all victims to the Brigham and Women's Hospital. The Hospital provided documentation of staff nurses who are trained as SANE. The Auditor spoke with hospital representatives as well as confirmed SANE availability at the hospital through the state Department of Public Health website. The Auditor confirmed, through interviews and what the website states, victims of sexual assault are provided service free of charge. The cost is covered by the state's Attorney General's Office through its Victims Compensation funds. If a SANE is not immediately on-site they have the ability to call one in.

Indicator (d) CRJ has entered into a working relationship with the Boston Area Rape Crisis Center or BARCC for short. BARCC is a regionally recognized leader in providing rape crisis services to victims of sexual abuse. The organization was one of the agencies who "contributed significantly" to the revision of the state's 2017 Adult Sexual Assault Law Enforcement Guidelines. BARCC representatives sit on the Fenway Advisory board in which community and CRJ leadership seek to strengthen community support systems. A letter outlines BARCC's willingness to work with Coolidge and CRJ's other Boston facility Brooke House.

Indicator (e). Representative of BARCC confirmed they provide support for victims of sexual abuse including: Support during forensic exams, during investigative interviews, on going support services. The agency confirmed they would aid a resident at Coolidge house in finding a support network if they

move to another area at time of release. Hospital Staff confirm it is protocol to offer BARCC services to victims of sexual assault. The Coolidge House's Coordinated Response plan requires the Program Supervisor or Case manager on Duty to notify BARCC to request they come to meet with a victim or to meet the victim at Brigham and Women's Hospital if the client is agreeing to go for an exam.

Indicator (f). The Auditor was presented with a letter from the Boston Police acknowledging the responsibility to investigate sexual assault cases at Coolidge House. The Facility Director confirmed he would be the point of contact if an investigation occurred. The Director was aware of the need to obtain sufficient information to aid any administrative investigation and to ensure proper notifications are made consistent with PREA standards (115.273).

Indicator (g). Auditor is not required to audit this provision

Indicator (h). The agency will make a victim advocate available through BARCC.

Conclusions: The Auditor finds Coolidge House in compliance with this standard's expectations. Though the facility does not provide many of the services directly covered in the standard, being in Boston the required elements are all found in the community including SANE services at the local Hospital, a major metropolitan police force with significant experience investigating sex crimes and an active Rape Crisis Agency. In addition to the interviews the Auditor found a great deal of information on the state website which was consistent with the information I received verbally from Coolidge House management and the community contact referenced above.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
Community Resources for Justice website (annual report, posting of policy)
Letter from Boston Police confirming their role of investigating sexual assault at Coolidge House.

Individuals interviewed/ observations made.

Agency Head
Facility Director
Investigator
FBOP Representative

Summary determination.

Indicator (a) Coolidge House did not have a PREA related claim in 2018 or the beginning of 2019. Agency records noted, in 2017, there were incidents at Coolidge House that were investigated for sexual harassment. The agency's annual reports show a commitment to investigation of incidents.

Discussions with the Director of Reentry Service on behalf of the Agency Head confirms the expectation of immediate notification in the event of a sexual assault to local authorities, FBOP and to agency administration. Interview with the Coolidge House Director confirmed the process described by the Director of Reentry Services and both reported the similar expectation for Sexual Harassment investigation including the need to act immediately to any allegation.

Indicator (b) Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) pages 10 and 11 outline the responsibility of cooperation with criminal investigators. The policy further defines responsibilities including crime scene protection, ensuring availability of witnesses and preservation of written and electronic evidence relevant to the investigation This policy is publicly available on the CRJ agency website. Coolidge House will not perform any criminal investigations. Criminal investigations will be conducted by the Boston Police Department. Administrative investigations would be completed by the facility or CRJ administrative team. As a contractor of the Federal Bureau of Prison the facility will also collaboratively work with FBOP on any investigation. The policy requires a written report of the investigation be completed, a file maintained and an agency administrative review process.

Indicator (c) Policy 900.00 (pages 10-11) describes the role of both agencies in the completion of an investigation. The Auditor was also provided with documentation confirming the relationship with Boston Police. The Auditor also confirmed the Facility Director knew that communication with the Police would be critical for informing other standard requirements such as required notifications to victims

Indicators (d) & (e) Auditor is not required to audit these provisions

Conclusions: Coolidge House is prepared to ensure all incidents of sexual assault or sexual harassment are investigated. The Auditor concludes the facility is in compliance with the standard. There were no incidents of Sexual Assault or Sexual Harassment in the last year. Random residents report no such behavior has occurred but felt if a situation was to arise the facility would actively investigate the case. Representatives of the FBOP report a cooperative relationship with Coolidge House and that they are good in communicating any critical event.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No

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

115.231 (b)

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

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
PREA Training PowerPoint
PREA Training Scenarios

Individuals interviewed/ observations made.

Random Staff
(agency Trainer)

Summary determination.

Indicator (a). Coolidge House staff are trained using the same curriculum that other CRJ facilities use. The training often occurs with staff members from different facilities in the same training at the Boston administrative offices of CRJ. This allows for open discussion between individuals working in different physical plant structures and different size facilities. Staff report the training is informative and has exercises that allow discussion on how to handle real life situations. A review of the PowerPoint presentation and the accompanying exercises shows the 10 topics required were addressed. The topics included 1) zero-tolerance policy for sexual abuse and sexual harassment 2) the duty to protect, detect and respond to incidents of Sexual Assault or Sexual Harassment 3) the residents right to be free from abuse 4) both the staff and resident right to make a report without fear of reprisal 5) the dynamics of Sexual Abuse in institutions 6) signs and symptoms of a victim of sexual abuse 7) how to act in response to a disclosure of Sexual Assault 8) How to avoid inappropriate situations with residents 9) How to effectively communicate with LGBTI and gender non-conforming residents and 10) what mandated reporting requirements.

Indicator (b). Community Resources for Justice centralizes the training of all staff. As a result, the training provided addresses how male and female victims of abuse might react differently and supervision considerations. In preparing for the closure of McGrath House, the former federal reentry facility for women in Boston, the staff were required to work a shift in the opposite program. This allowed the staff an opportunity to increase skillsets and comfort working with a new population in

advance of the closure. Once the female population was absorbed into Coolidge House, regular staff meetings provided employees an opportunity to get additional information, discuss concerns, and go over policy changes/ additions. The facility enacted a gender separation plan that limits the interactions and potential contact between male and female residents. All staff have been trained in this plan and are aware of the facility response plan.

Indicator (c). The employee are trained in the 10 items required in indicator (a) upon hire and at a minimum of every other year. Staff participate in other PREA related topics at a minimum of once per year. FBOP or Coolidge House administration give classes in searches, ethics and boundaries. Staff interviewed supported that PREA training and related topics occur two or more times per year. Training records were provided to the auditor to support the ongoing training has happened in addition to the file reviews.

Indicator (d). Employees complete onsite training in which the training form states the following “By signing this training roster, we hereby acknowledge that we understood the material presented” Additional training courses such as those provided through the National Institution of Corrections have a score showing the individuals rate of comprehension of the materials presented.

Conclusions: The Auditor was able to speak to the Lead trainer while on site at the CRJ administrative offices. While on-site at the administrative offices the agency was providing PREA training refreshers to employees. Compliance is based on the materials presented relating to the training consistent with indicator (a). The agency provided documentation of all employee’s original PREA training and ongoing training in the form of Training Rosters and Human Resource records. Training dates were provided for all but the newest employees who were hired in the last month. Seven staff records were reviewed as part of the Human Resources file reviews completed for 115.217. The final factor given consideration in determining compliance was the random staff interviews. Staff spoken with were able to relate information they learned as part of the agency trainings including examples of all ten elements covered in indicator (a). The staff reported to the Auditor the training was effective; this was evident by the knowledge staff were able to relate back to the Auditor.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
PREA Training PowerPoint
PREA Training Scenarios
Contractor/ Visitor log showing PREA information provided
Training Confirmation for the ongoing volunteer.

Individuals interviewed/ observations made.

Facility Director
Sign in logs at front
Health Clinic staff providing information onsite.

Summary determination.

Indicator (a). Coolidge House does not routinely contract for services to their residents and only has one individual who provides routine group work with residents one night per week. Policy 900.00 sets forth that all individuals who have contact with residents have some level of education on the agency Zero tolerance expectation and the efforts to prevent, detect and respond to sexual assault and sexual harassment claims. Facility Director confirms if the volunteer has routine contact with residents they are required to meet with an administrator for PREA education. Visitors who are one time or not routine will be provided the Brochure which tells them about PREA and ways to report concerns

Indicator (b). Page 6 of Policy 900.00 states "All volunteers and contractors (as stipulated above in Section 1.) shall have at least been notified of the agency's zero-tolerance stance regarding sexual abuse and sexual harassment and informed how to report such incidents." The Director reports and material presented confirmed that one-time visitors like the Auditor, are given a PREA Brochure upon entry as part of the signing in process. Individuals providing more frequent visits who have contact with residents get a more formal discussion about PREA with an administrator. If they had an intern the individual would receive the full PREA training course like any new employee.

Indicator (c). All visitors are required to be registered at the front desk. Documents were provided that all contractors are provided information about PREA. Volunteers who provide services are educated by the facility administration on PREA. Policy 900.00 page 6 states “The program shall maintain documentation confirming that volunteers and contractors understand the training they have received” The Director provided documentation of PREA education for the one volunteer who provides weekly support group to the population.

Conclusions: The Auditor was not able to see the one volunteer that provides routine group services (once per week) to the residents of Coolidge House. The Director provided documentation of the Volunteer who provides a support group to resident once per week. In addition to policy 900 which addresses the standard language expectations the Auditor was able to speak with Health Service agency staff who were performing an outreach session to confirm that they were given information about PREA. One of the individuals was at Coolidge House for the first time and the other had provided the same information session to clients previously. The visiting individuals were escorted during the time onsite by one of the Intake and Release Coordinators. The Facility also provided documentation to support visitors are all offered PREA information upon entrance to the facility. The Auditor requested 6 month of documentation and it was provided. Absent any contracted staff the information provided, the observation of individuals entering the facility and the interviews all support a determination of compliance.

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

Policy 1.1.6 Intake Process

Individuals interviewed/ observations made.

Random Resident

Targeted Residents

Summary determination.

Indicator (a). All residents are provided PREA Education upon admission. They are educated on the client handbook including PREA information, the facility's Zero Tolerance for sexual misconduct and a PREA Brochure. The Intake and Release Officers have the residents sign for the education they receive. The forms can be provided in multiple languages. The Auditor was provided a handbook and brochure in English and Spanish the two most common languages spoken. Resident interviews support they know several ways they could report PREA concerns, that they would be protected from retaliation, and that being free from abuse is their right. Policy 900.00 provides specific information on content of resident education

Indicator (b). The facility does not routinely transfer residents, but the Auditor confirmed all females were given an orientation last year when McGrath closed down and the remaining population moved over.

Indicator (c). The Auditor was provided materials in 2 languages. The facility has video and audio translation services to aid those who are limited English proficient or have a hearing disability. Individuals with visual impairments can get larger print materials. A resident with a cognitive disability confirmed there are enough staff available that someone can help you if you have trouble reading. Policy 900.00 requires "These residents (LEP and Disabled) are provided equal opportunities to participate in or benefit from all aspects of CRJ's efforts to prevent, detect, and respond to sexual abuse and sexual harassment." The Auditor spoke with bi-lingual residents as part of the process to determine perceived resources.

Indicator (d). Each resident's PREA Intake Orientation Sheet is signed and dated by the resident in a paper format that is then placed in their file. The Auditor reviewed a sample of current and prior residents form. Resident interview randomly confirmed the orientation process does occur in most cases within hours of their admission.

Indicator (e). The Auditor was able to confirm that residents had handbooks and there were postings (English and Spanish) about PREA and how to report a concern on each level of the facility. Resident Interviews support they were aware of the information even if they said they were not worried about PREA.

Conclusions: The random resident Interviews supported all residents of Coolidge House are provided education related to PREA, Zero Tolerance and how to report a concern. Residents confirmed they did receive the information in a timely basis upon arrival. One resident reported that the education took place 2.5 days into his stay where most reported the education took place within a few hours of the admission. Two policies, Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) (pages 6-7) and Policy 1.1.6 Intake Process (page 1-2), address the requirements of education of residents on PREA. Materials are available in more than one language and the staff were aware of the translation services available. The Auditor saw the web-based translation service that allows for either phone or video translation. Residents support they understand their rights under PREA and know where to turn for information if needed. Residents and agency both acknowledge the need to employ

more bilingual staff persons. Finally, The Auditor also considered the documents found in client files consistent with policies supporting PREA education has occurred in determining compliance.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Reviewed the NIC training on Investigating Sexual Assaults in a Correctional setting
Certificates of CRJ staff who have completed the training

Individuals interviewed/ observations made.

Investigator

Summary determination.

Indicator (a). Coolidge House and CRJ would not be responsible for completing criminal investigations. The Boston Police Department would have the primary responsibility for completing criminal investigations at Coolidge House. The Federal Bureau of Prisons would also be informed on any PREA related investigations. The agency has trained ten staff in completing an administrative investigation in a reentry facility. The agency has used the NIC training on investigating sexual assault in a confinement setting.

Indicator (b). The NIC training provides the individual with the required content of the standard indicator. The information includes; interviewing techniques with victims of sexual abuse, how to provide a Garity or Miranda warnings, the importance of sexual abuse evidence collection in a confinement setting, and the factors used in substantiating a finding in an administrative or criminal case. The Auditor reviewed the NIC course to ensure the course content met the standards obligations.

Indicator (c). The Community Resources for Justice has provided the Auditor with the certificate's supporting the training of investigators. The Auditor was provided with five certificates showing that each person had completed the National Institution of Correction's training on Investigating Sexual Assault in a Confinement Setting. The Auditor was provided certificates for the Facility Director, two Assistant Directors, the Director of Reentry Services and the agency's PREA Coordinator.

Indicator (d). Auditor is not required to audit this provision

Conclusions: The Auditor finds Coolidge House to be in compliance with the standard. In determining compliance, the Auditor took into consideration the materials provided in the NIC course. The Auditor also used the certificate's provided as proof of training. The last factor the Auditor considered was the interviews with the Facility Director, the Director of Reentry Services and the agency's PREA Coordinator. The Director of Reentry Services was asked the questions on investigation. The Director

of Reentry Services is a former law enforcement officer with years of criminal investigation experience, he was chosen by the Auditor to answer the questions since he oversees all of the FBOP Reentry facilities that CRJ runs.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for

circumstances in which a particular status (employee or contractor/volunteer) does not apply.]

Yes No NA

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Individuals interviewed/ observations made.

Whittier Health Services

Summary determination.

Indicator (a). Coolidge House does not employ any individuals in either a capacity of a medical professional or mental health professional. The facility works with local medical and mental health service providers to ensure residents have access to a full array of services. The Auditor confirmed with one of the local providers that they are aware of PREA and would notify the facility of any concerns.

Indicator (b). Indicator B is not applicable as the facility does not employ any individuals in a medical provider capacity

Indicator (c). Since Coolidge house does not employ any medical or mental health professionals there is no record of training for the auditor to review.

Indicator (d). Since Coolidge house does not employ any medical or mental health professionals there would not be any records of CRJ specific PREA training nor the specialized training required for medical and mental health staff.

Conclusions: Since the Coolidge House to not employ medical or mental health professionals the Auditor, in determining compliance, relied on community agencies in helping to determine compliance. The Auditor spoke with a representative of the Whittier Health Services. The individual confirmed that the staff working with Coolidge house residents are aware of how to work with victims of sexual assault. The individual also confirmed that residence are given an understanding on the limits of confidentiality. Compliance in this standard, absent the targeted staff, is based on the relationships the facility has developed with local service providers.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No

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

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
Policy 1.1.6 Intake Process
Coolidge House case files
Coolidge House case notes

Individuals interviewed/ observations made.

PREA Coordinator
PREA Manager
Intake and Release Coordinator

Summary determination.

Indicator (a). All residence admitted to Coolidge House either as direct admissions or for transfer will be screened according to both PREA and intake policies. Both of the same policies require a free screening process to occur.

Indicator (b). Coolidge House policy requires that residents are screened within 48 hours. The Auditor found, through random resident interviews, that all but one resident met this policy expectation. The outlying resident reported his education and screening was completed within 72 hours. The review of case files supports residence are screened within the 72-hour period required by this indicator.

Indicator (c). The PREA screening tool used at Community Resources for Justice facilities including Coolidge House is an objective instrument. The Auditor reviewed with Intake and Release Coordinator the process by which the tool is used. During the screening process residents are asked a series of questions that covers standard requirements. Depending on the resident's answers, direct observation and information obtained through file to review the screener scores the category either yes or no. The tool is broken into two sections, one looking at victimization potential and the other looking at predatory behaviors. All residents are scored with the designation as either a known victim, a potential victim or a non-victim. Similarly, all residents are given a designation as a known predator, a potential predator or a non-predator.

Indicator (d). The Intake and Release Coordinator confirmed, consistent with policies and the Auditor's review of the screening tool that the following are included: if the resident has been a prior victim of rape or sexual assault in an institution, if they are significantly younger or older than the current population, if the physical stature of the individual is smaller than the average population, if the individual has any developmental or mental health issues, if the resident is (or is perceived to be) LGBT or gender non-conforming, has a prior history of sexual abuse, has a prior history of engaging in sexual acts in prison, has a history of protective custody and finally, if the resident perceives that he or she would be at risk in the institution.

Indicator (e). The tool also looks for predatory factors including a history of predatory sexual behaviors in prison, a history of physical or sexual abuse toward adults or children, a current gang affiliation, a history of consensual sex in institutions and a history of violent criminal behavior.

Indicator (f). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) sets forth on page 8, the requirement that all residents been reassessed within 30 days. At Coolidge House the intake and release coordinators do both the initial and reassessments of all residents. The reassessments are completed with the assistance of information obtained by the case management staff.

Indicator (g). PREA coordinators/managers are aware that reassessments should occur whenever appropriate information is obtained that might impact a resident's scoring. Reasons for additional screenings can be new information has been obtained supporting aggressive or victimization histories, behavioral observations, or actual incidents related to sexual abuse or sexual harassment in the facility.

Indicator (h). The Auditor confirmed with an Intake and Release Coordinator that at no time would residents be disciplined for failing to answer questions related to their physical or mental disabilities, their victimization history, their sexuality or being perceived as LGBTI. Policy 900.00 also states (on page 8) that residents' failure to answer or to disclose the aforementioned topics would not result in discipline.

Indicator (i). The Auditor confirmed through interviews with the PREA Coordinator and the Intake and Release Coordinator that PREA sensitive information used in the scoring process is kept confidential. Coolidge House uses Secure Manage, a case management software product, that allows information access to be segregated by the employee's job description. This process will protect information from

being disclosed or being used against a resident. It further ensures that only those with 'a need to know' have access to the information.

Conclusions: The Auditor finds the standard to be in compliance with expectations. This conclusion was made based on a review of client files at Coolidge House, interviews with key individuals, and policies that support the standard expectations. The screening instrument provided an objective scoring process and the individuals charged with administering it were consistent with policy on description of scoring and security of information. The Auditor reviewed 10 case files to confirm the timeliness of the screenings and was able to confirm the screening process was applied consistent with the described procedures.

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present

management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

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

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
Memo from Facility Director on Housing and search preference of former resident.
Resident casefiles including former transgender client.

Individuals interviewed/ observations made.

Facility Director
Screening Staff

Summary determination.

Indicator (a). The Coolidge House administration uses the information from the PREA Screening to inform housing, bed, programming and vocational decisions. Coolidge House does not provide any educational services. The agency uses screening information to identify which bedroom is most appropriate for the resident. The agency will not put known or potential victims in the same sleeping space as those who are known or potential perpetrators of sexual violence. Residents with prior histories of sexual violence would often be required to attend specific treatment. Referrals to these programs may be required by the Federal Bureau of Prisons. Case management staff and employment staff will use screening information to ensure victims and perpetrators are not employed at the same location. Residents with proper training histories may have limitations placed on employment locales depending on their histories.

Indicator (b). Coolidge House's Intake and Release Coordinators are responsible for utilizing the screening information to provide the most appropriate housing in a given population. The screening instrument helps to identify parameters that ensure potential victims are not housed with individuals who may be prone to perpetration. Residents can be moved when needed to ensure the most comfortable setting is possible. If needed the facility can create single room only situations which could be used in the housing of transgender or intersex residents.

Indicator (c). Policy 900.00 states "The program makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis considering whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems." The Auditor also reviewed documentation of a 2018 transgender admission to confirm the resident had a say in their housing

Indicator (d). Transgender and intersex residents entering Coolidge House are asked about their feelings of safety and where they would feel more comfortable being housed. Page 8 of Policy 900.00 states "A transgender or intersex resident's own views with respect to his or her (if applicable) own safety shall be given serious consideration." Documentation of the last transgender residents

Indicator (e). Transgender or intersex residents at Coolidge House would be housed, according to the facility director, in one of the smaller rooms to provide the greatest level of privacy. Bathrooms located adjacent to sleeping quarters are designed for one person's use at a time. Policy 900.00 Staff and

Resident Sexual Abuse and Sexual Harassment (PREA) (page 9) insure resident's ability to shower and change by themselves.

Indicator (f). Coolidge House does not use an individual's LGBT status as a mechanism to place all similar status individuals together. There is no state law in Massachusetts that would require the housing of LGBT individuals together. Policy 900 0.00 prohibits this practice on page 8.

Conclusions: Compliance was determined based on policy language, interviews with screening staff and the review of case files. The Auditor, in determining indicator (f), relied on random staff and residents who identify as LGBT to ensure this practice was not utilized. The facility did not currently house any transgender or intersex residents, as such, interviews with these populations could not occur. Interview with the Facility Director supports Coolidge House utilizes the screening information in a manner which protects all residents from sexual assault or sexual harassment. File reviews support screening information is used for housing (including bed assignments), treatment referrals and employment search when appropriate.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

Individuals interviewed/ observations made.

PREA Coordinator
 Random Staff
 Random Inmates
 BARCC representative
 FBOP representative
 US Probation Office Boston representative
 Whittier Health Services representatives

Summary determination.

Indicator (a). Coolidge House provides its residents with multiple ways to report concerns related to sexual assault, sexual harassment, retaliation or staffs neglect of duty that leads to sexual misconduct. Random residents reported to the Auditor they can report a concern to any staff they feel comfortable with, to any case management or senior management staff members or to the agency PREA Coordinator. Residents knew that in addition to direct verbal conversation they could call the Agency PREA Coordinator or leave a note in either the Facility Director's box or the box of other administrative or case management staff.

Indicator (b). Residents of Coolidge House can report concerns to the Boston Area Rape Crisis Center, to FBOP, to their Federal Probation Officer or any community medical or mental health staff person. All the respective organizations listed informed the Auditor that they would notify the facility immediately upon receiving any allegation to ensure prompt investigation. Contact information for the listed

organizations or all observed during the tour of Coolidge House or was found in the client handbook. Residents can report to these agencies in a confidential manner

Indicator (c). Random staff interviews consistently support that staff know that any and all allegations of sexual misconduct must be reported immediately even if they do not believe the allegation to have occurred. Staff are aware that they must report any allegation no matter if it is verbal, written, from a third party or if the report was anonymously reported. The staff know they are required to produce written documentation in addition to the verbal notification to a supervisory staff person who is not the subject of the allegation.

Indicator (d). Staff report they can report outside of the chain of command if they feel the need to. Random staff report they could go to any supervisor, to the Director of Reentry, to the PREA Coordinator, to Human Resources, or to the Vice President of Justice Services. Staff could also file an anonymous report to the PREA Coordinator through the third-party reporting system which is available on the agency website.

Conclusions: The Auditor found that both staff and residents had a good understanding on the ability to report any concerns of resident or staff engaged in sexual misconduct. The Auditor considered not only the random staff and resident interviews in determining compliance, but the consistent answer of the multiple outside agencies with whom the resident may contact. The Auditor tested the third-party reporting system (as part of standard 115.254) and received a response in under one hour to an unannounced email. Compliance is based on the above-named factors and that information reminding residents and staff is prominently displayed throughout the facility.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

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

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (f)

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
Policy 1.1.8 Resident Grievance and Appeal Process
Resident Handbook

Individuals interviewed/ observations made.

Facility Director
FBOP Representative

Summary determination.

Indicator (a). This indicator applies to Coolidge House. Residents can file a grievance internally to the facility director or as inmates of the Federal Bureau of Prisons, they may file a BP9 form to the Bureau of Prisons. The facility has a policy on grievances in addition to the information provided in the resident handbook that supports the standard on exhaustion of administrative remedies.

Indicator (b). Pages 15 and 16 of Policy 900.00 *Staff and Resident Sexual Abuse and Sexual Harassment (PREA)* provide direction related to residents filing a grievance. The policy states, consistent with the facility grievance policy (1.1.8) that residents are not required to resolve incidents through an informal process. The policy also states there is no time frame in which the PREA related grievance must be filed. Interview with the Facility Director confirms the standards conditions.

Indicator (c). Grievances at Coolidge House are generally submitted directly to the Facility Director. If the Facility Director is the subject of the grievance it may be submitted to either an Assistant Director, the Director of Reentry Services or the CRJ PREA Coordinator. Both policies acknowledge there is no informal resolution attempt requirement and the resident handbook (page 6) states there is no time frame requirement for filing a PREA related grievance.

Indicator (d). Coolidge House PREA policy 900.00 addresses the maximum time frames in which a grievance must be resolved. The time frames includes an initial 90 days with an extension of an additional 70 if notice is given in writing. In discussions with the Facility Director it is clear that grievances, in general, do not take that long to be resolved.

Indicator (e). Random staff interviewed confirmed that third-party grievances are possible. Staff acknowledged that complaints and/or grievances may be filed by resident's family members, attorneys, community agencies, or other professionals working with the client. Interviews with residents and staff confirmed there is no formal policy that prohibits a resident from filing a grievance on behalf of another resident or a resident assisting a fellow resident in the preparation of a grievance. Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) (page 15) also covers the requirements of this indicator. According to this policy the alleged victim in a third-party grievance has a right to decline the grievance be processed.

Indicator (f). Policy 900 page 16 the conditions for emergency grievances related to sexual assault or sexual harassment cases. The policy addresses time frames in which emergency grievances must be responded to including an initial response within 48 hours and a final resolution within five days. A policy also covers the requirements of determining if imminent or substantial risk of sexual abuse exists for the client. The emergency grievance procedures are also outlined in the resident handbook (pages 6-7).

Indicator (g). Language in policy 900.00 (pg.16) states that residents who file a grievance can only be disciplined if after an investigation it is determined that the grievance was filed in bad faith. Coolidge

House has not had any cases in which a PREA grievance was purposefully filed in bad faith. As a result, there is no disciplinary process to review.

Conclusions: Coolidge House has not had any cases in which a grievance was filed related to PREA including any third-party grievance complaints. As a result, there are no grievance files to review in determining compliance with the standard. The Auditor relied on interviews with staff, residents and the Facility Director along with policy reviews to determine compliance. Staff interviewed were aware that they must accept all grievances including from a third-party. Residents were aware of their rights under the grievance policy and the related language in PREA policy 900.00. The Facility Director, who oversees the grievance process, was familiar with PREA requirements related to time and response requirements. The stated results of interviews, the information available to residents in their handbook and policy language confirm compliance expectations. The Auditor also took into consideration that residents are given the option of filing the grievance directly to the FBOP.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
PREA Brochure
Resident Handbook

Individuals interviewed/ observations made.

Representative of BARCC
Representative of local Mental Health services provider
PREA Monitor
Case Manager
Random residents
PREA related postings in the facility

Summary determination.

Indicator (a). At Coolidge House residents are provided information on accessing services for individuals who may have been the victim of sexual abuse. These organizations include two local mental health service providers with whom the agency has a relationship and the Boston Area Rape Crisis Center. The residents are provided information in written form as part of their initial packet upon admission. The facility's PREA brochure and the resident Handbook each have information about these organizations. The Auditor also was able to see information posted about these organizations in hallways, common areas and case management staff offices. Resident of Coolidge House have access to a phone onsite that is not recorded. Residents may also have cellular phones which would allow private communication with representatives of these organizations.

Indicator (b). In discussions with a representative of the local mental health service provider the Auditor was able to confirm that all residents of Coolidge House who seek treatment are provided notice related to the limits of confidentiality. Case Management staff also inform residents about the services available and what information is considered confidential and what information may need to be shared back to the facility or FBOP.

Indicator (c). The Community Resources for Justice has had a standing relationship with Boston Area Rape Crisis Centers (BARCC) for several years. BARCC is reportedly a state and national leader in the advocacy of individuals who have been the victim of sexual abuse. The letter from BARCC's Executive Director supports they 'provide comprehensive, free services, including a 24-hour hotline, 24-hour medical advocacy, individual and group counseling, legal advocacy and case management. BARCC also provides community awareness and prevention services through partnerships and training with organizations and communities.' Representatives of BARCC sit in Community Resources for Justice's Fenway Advisory Board. This Board serves as a conduit between CRJ's two Boston Reentry Centers

(Coolidge and Brooke Houses) and the community. PREA services and training opportunities, according to BARCC representatives, are routinely discussed as part of the meeting.

Conclusions:

Reentry Residents at Coolidge House are provided access to outside confidential support services. The residents, through the Federal Bureau of Prisons have access to two local mental health services providers in addition to the services available through the Boston Area Rape Crisis Agency. The agency provided documentation that supported the appropriate relationships required in indicators (a) and (c) exist. Interviews with the Coolidge House PREA Monitor and case management staff confirm how residents can be assisted in making an appointment for counseling. Observation during the tour supported that information about services was available in both English and Spanish. These languages are the two most common languages spoken by residents entering Coolidge House. Resident interviews supported victims of sexual abuse could get supportive confidential counseling services. The residents did not all know the names of the various service providers but were aware that there were postings with contact information if needed. Compliance is based on the materials available, the relationships developed with community providers and the resident's knowledge of how to access the resources. Further supporting compliance, residents who could not name the rape crisis agency or the local mental health provider were still aware of postings and believed that various staff would help them with accessing such services if need.

Standard 115.254: Third-party reporting

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

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

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

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

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
Agency Web Site (third party reporting form)
Brochures for Residents and Visitors on PREA

Resident Handbook
Memo on Third Party Reporting

Individuals interviewed/ observations made.

PREA Coordinator
Facility Director
Local Rape Crisis Agency
Local Mental Health Agency
US Probation Representative
Resident Interviews
Staff Interviews
Visitor sign in process showing the distribution of Brochure on PREA
Signage posted throughout the facility.

Summary determination.

Indicator (a). Community Resources for Justice has established systems to receive third party reports on sexual assaults or sexual harassment. The agency website provides a phone number and Email address and a printable form to aid in filing a complaint on behalf of a resident. The agency PREA policy 900.00, page 15, The policy goes on to state that the program is to distribute information on how to report concerns related to PREA. This is accomplished at the facility level through the distribution of Brochures on PREA which give information on how to report a concern internally to the agency-wide PREA Coordinator. Residents are provided information on how to report a concern related to PREA in their handbook and postings in the facility. The random residents interviewed supported they could make a complaint on behalf of a peer, if for some reason, they were too fearful. They also reported confidence that the situation would be investigated. Residents also were aware they could make reports through outside agencies including BARCC, Whittier Health Services and the US Probation Office. Staff interviewed were aware that all third-party complaints needed to be taken seriously and referred immediately to the Facility Director and the Agency PREA Coordinator.

Conclusions:

The Coolidge House and Community Resources for Justice have successfully provided multiple means for residents and other interested parties to make a PREA complaint as a third party. The information is publicly available on their website, is provided to visitors as they enter the facility in the form of brochures and postings. The facility has trained the Coolidge House staff on the need to accept all complaints no matter the source and refer them so they can be investigated. Interview with staff and residents support the policy 900.00 expectations are understood. The Facility Director and the agency PREA Coordinator both reported not having received any third party PREA related complaints in the past year. The Auditor also went as far as to test the third-party reporting system by sending an email to the address listed on the website. The Auditor received a response in under one hour. Compliance is based on all the factors listed here which support multiple avenues to report a concern of Sexual Harassment or Sexual Assault.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

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

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

Staff PREA Training materials

Massachusetts state website on reporting requirements of elder abuse, and disabled individuals

Individuals interviewed/ observations made.

Facility Director

PREA Coordinator

PREA Manager

Random Staff

Community Mental Health Staff

Summary determination.

Indicator (a). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) (pg. 17) requires "Upon receiving an allegation that a resident was sexually abused while residing at the program, the staff receiving this information must immediately notify the Program Director or designee, the SJS Deputy and the SJS Department Director" The policy goes on to address the reporting of disclosure of abuse that occurred in previous institutions and the duty to report retaliation incident and incidents where staff duties may have contributed to abuse occurring. In random interviews, staff consistently reported they understood their responsibility to report in the areas described in indicator (a).

Indicator (b). Policy 900.00 (pg. 18) requires the staff to keep confidential any PREA disclosure except to agency administrators and supervisors to facilitate treatment. Staff in random interviews repeatedly confirmed their awareness of the importance to protect the victim and the investigative process by limiting the disclosure to those with a need to know.

Indicator (c). Since Coolidge House does not employ staff in medical or mental health services the Auditor spoke with the community agencies which often service residents of Coolidge House. Agency spokes persons confirmed that there is in fact a limitation on the confidential nature of the treatment services if another individual is at risk of harm. They also confirm the residents of Coolidge House sign acknowledgements to this practice upon the initiation of services.

Indicator (d). Coolidge House would not receive a resident under the age of 18. Staff are trained in mandatory reporting laws and the local police could apply additional charges to crimes against these populations. The state of Massachusetts website confirms that residents over the age of 60 and those with disabilities have special protection under the law from sexual abuse.

Conclusions:

The Auditor concludes the standard is compliant based on training materials, policy and interviews completed. Since there were no sexual assaults, investigative file reviews and direct interviews of victims or first responders were not possible. The Auditor spoke with the Facility Director/ PREA Manager, the CRJ PREA Coordinator random staff and representatives of Community Mental Health Programs that service residents off site. The Auditor concludes that policy addresses for staff the need to report all incidents of Sexual Assault or Sexual Harassment while protecting the resident victim's privacy and the investigative process. Further supporting compliance is the interview with the local medical/mental health agency who confirmed that residents of Coolidge House seeking services are educated on the limitations of confidentiality. The Facility Director provided an in-depth memo on how the standards elements are addressed in daily operations.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

Individuals interviewed/ observations made.

Director of Reentry Services
Facility Director
Random Staff
Random Residents

Summary determination.

Indicator (a). Coolidge House has not had a situation where a resident has been in need of protective services from substantial or imminent risk of sexual assault. The facility has trained its staff to handle these situations consistent with first responder expectations including taking immediate actions to ensure safety, keeping them apart from any perceived threat and notification to supervisory staff.

Conclusions: Since Coolidge House has not had to provide protection duties for a resident in danger of sexual assault the Auditor relied on interviews extensively in determining compliance. Interviews with the Reentry Director and Facility Director confirmed multiple steps and would be enacted to ensure the safety of all clients involved. Those steps would include; moving the resident's room, identification of the potential threat, investigation and the possible transfer of one or the other parties depending on aggression. Random staff who were interviewed stated they would immediately respond to any concern related to residents' safety. The random staff reported they would speak to the at-risk client in a private setting to gain a better understanding of the situation. After discussing with the resident, they would notify supervisory staff so a solution could be determined. Interviews with random residents supported that they could approach staff with a concern related to PREA and felt it would be addressed.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

Individuals interviewed/ observations made.

Facility Director
PREA Coordinator

Summary determination.

Indicator (a). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) requires that the Director of Coolidge House notify the director of another facility if a resident reports the incident of previous sexual assault at the other facility. Interview with the Coolidge House Director confirms he is aware of this responsibility.

Indicator (b). In the interview the Coolidge House Director was aware that notifications must be made within 72 hours of his staff being made aware of a sexual assault at another institution.

Indicator (c). The Director of Coolidge House reports he would document the notification by making a follow up email after making initial contact with the Director of the other facility.

Indicator (d). The Facility Director and PREA Coordinator confirmed that an investigation would be enacted immediately upon notice from another institution of any criminal behavior that occurred at Coolidge House.

Conclusions: CRJ has not received any reports from other correctional institutions about claims of sexual assaults that occurred at Coolidge House. The facility did not have to report any claims of sexual assault to any other correctional institution. Compliance, absent a claim that has to be reported to another facility, relied on the knowledge of the Facility Director who was aware of the standards requirements including timeframes for reporting to other institutions. The Auditor also took into consideration CRJ's PREA policy which addresses the standard language requirements.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
Coolidge House Coordinated Response Plan
CRJ PREA Training materials
Memo from the director on the lack of incident requiring a First Responder
Agreement with local hospital to provide SANE services.

Individuals interviewed/ observations made.

Random Staff

Summary determination.

Indicator (a). Coolidge House has not had a case requiring a staff member to act as a first responder to a sexual assault or sexual harassment complaint. The Auditor had to rely on random staffs' ability explain their first responder responsibilities. The random staff interviewed were able to describe the steps that they were trained on including; separating the victim and the potential threat, securing the crime scene, asking both the victim and the accused perpetrator to not shower, wash, brush, eat, drink or take any other actions that would effect the evidence on them or their clothes.

Indicator (b). All staff at Coolidge house are trained to be first responders. All staff are trained in the facility's Coordinated Response Plan. The first four steps of the plan describe the actions is that person could undertake in event of a sexual assault.

Conclusions: As stated above, Auditor had to rely on random staff interviews in determining compliance for the standard. The facility has yet to have a staff person act as a first responder. The Auditor relied on staff's ability to describe training expectations. The staff were well versed in the expectations of a First Responder including the protection of the potential victim and the preservation of evidence be it a physical space or on an individual, Individual staff also noted that the Coordinated response plan could be used as a reference if they were not sure what to do. The plan was visible on the tour in several locations. The Auditor also reviewed the PREA training to get an understanding of the information provided.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Coolidge House Coordinated Response Plan

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

Individuals interviewed/ observations made.

Facility Director

Random Staff

Summary determination.

Indicator (a). The Facility has a Coordinated response plan available to staff. The plan focuses on the actions of the first responder, The Program Director and the Case management staff. Since the agency does not employ medical or Mental Health staff there are no specific duties for these positions. Local Rape Crisis Agency and the Local Hospital with SANE nurses is listed in the plan.

Conclusions: The plan is available to all staff. It is colorful, making it easy to identify, with each step indicating a required action and the individual responsible ensuring it occurs. The staff awareness of the PLAN, which some staff called “the rainbow sheet”, supports compliance. The Auditor believes that Coolidge house staff are sufficiently trained in the implementation of the plan if an incident occurs. The Facility Director further supported compliance by his knowledge of the plan and the expectation that multiple individuals will have responsibility including himself.

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Employee handbook

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

Individuals interviewed/ observations made.

Director of Reentry Services

Summary determination.

Indicator (a). CRJ, the parent organization of Coolidge House, does not employ unionized employees. The agency's employee handbook does a that individuals debate waste out on administrative during an investigation.

Indicator (b). Auditor is not required to audit this provision.

Conclusions: Auditor finds the standard to be compliant. The agency has an employment policy that allows Coolidge House to put an accused staff person out on administrative leave. In doing so they would be able to protect a resident from any further abuse or subsequent harassment. The employee handbook also further supported that there were no collective bargaining contracts.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
Whittier Health Services
CRJ Employee Handbook on LifeWorks Support and Services (EAP services)

Individuals interviewed/ observations made.

Director of Reentry Services
Facility Director
Random Clients

Summary determination.

Indicator (a). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) establishes, on page 11, an expectation to keep both staff and residents who report or corroborate with an investigation into sexual assault or sexual harassment from any form of retaliation. The Facility Director reports he would be the facility's primary individual responsible for monitoring any negative outcomes after a claim has been made.

Indicator (b). The Facility Director and the Director of Reentry Services both spoke to the multiple options Coolidge house has to protect residents from retaliation. This includes, reassigning rooms or moving resident from one floor to another. In more extreme cases the agency can explore with the Federal Bureau of Prisons, permission to have a client move to another CRJ facility. If there is an identified aggressor, the facility can request the individual be removed from the program altogether. Residents can be referred to BARCC or local Mental Health Services and staff have access through EAP (Employee Assistance Programs) to supportive counseling.

Indicator (c). The Coolidge House facility has not had a PREA related complaint that would require the monitoring of residents or staff. The Coolidge House Director was aware that staff and residents who report or cooperate with a PREA investigation should be monitored for a period of 90 days. He was able to describe things that would be reviewed as a possible symptom of retaliation. Examples include; monitoring for discipline, changes in attitude or behaviors, changes in interactions with peers.

Indicator (d). The Coolidge House Director reports there would be periodic check ins made by him to any individual who cooperated in the investigation. He reports his contact with clients would be in addition to the regular case management check ins required for residents. By practice, Coolidge House case management staff routinely asked residents about their feeling of safety as it relates to sexual misconduct.

Indicator (e). As noted in indicator (b) the protections enacted by Community Resources for Justice would extend to any individual who cooperated in the investigation of sexual misconduct.

Indicator (f). Auditor is not required to audit this provision

Conclusions: The Auditor finds that Coolidge House is compliant with the expectations of this standard. The Facility Director and the Director of Reentry Services are both aware of the conditions they need to monitor for retaliation against any individual who cooperates in an investigation. Supporting this determination of compliance was the policy statement, the counseling services available to staff and residents and the interview results. Included in consideration was the residents who consistently supported they could approach any staff and believed they would be kept safe.

INVESTIGATIONS

But

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

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

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
FBOP- Sexually Abusive Behavior Prevention and Intervention Program

Individuals interviewed/ observations made.

Facility Director
PREA Coordinator
Investigator

Summary determination.

Indicator (a). Policy 900.00 sets forth the requirements of the standard, including an immediate notification by the Program Director to the local police department. Since Coolidge House or CRJ staff would not complete a criminal investigation they will promptly report any allegation of sexual abuse or sexual harassment that appears to be criminal to Boston Police Department. The Investigator interviewed reported that the administrative investigation would happen immediately, and it would include a thorough and objective review of the facts. The only delays in the administrative investigations are when those actions would impede the criminal investigation. All staff who were interviewed understood the need to accept all allegations including third party and anonymous reports and report them immediately.

Indicator (b). As noted in 115.234 all CRJ Social Justice Facility Directors and Assistant Facility Directors are trained in investigating sexual assault in a criminal justice facility. The training they received was from the National Institute of Corrections.

Indicator (c). As stated above, Coolidge House would not employ an investigator who would gather DNA or other physical evidence associated with a criminal investigation. The CRJ investigator would ensure that BPD would have access to all electronic monitoring information or any written reports completed by employees related. During an administrative investigation interviews would be completed with alleged victims, suspected perpetrators and any appropriate witness. The investigative staff would also look at the suggested perpetrator's records (residents or staff) to determine if there were prior reports or complaints of sexual misconduct.

Indicator (d). This indicator would be the responsibility of the Boston Police Department who would perform a criminal investigation.

Indicator (e). Interviews with the investigator support that at no time does the Community Resources for Justice require individuals, during an investigation, to undergo a polygraph or other truth-telling device as a condition of said investigation. The investigator confirmed that the credibility of each individual is determined on an individual basis and not based on the individual's status as a staff member vs. a resident.

Indicator (f). The Investigator confirmed that as part of the administrative investigative process he would make a determination if staffs actions or failures contributed to the incident occurring. Since there was no investigation to review the auditor took into consideration the investigators knowledge of what should be in an administrative investigation report.

Indicator (g). Criminal investigation including report content would be the responsibility of the Boston police department.

Indicator (h). The determination of a criminal investigation, if an allegation is substantiated, would be the responsibility of the Boston Police Department who would refer to the Suffolk County Prosecutor for criminal prosecution.

Indicator (i) The CRJ PREA coordinator would retain all investigative reports related to any PREA incident. The agency policy requires retention for a period of 10 years after an individual has left the facility.

Indicator (j) The Investigator interviewed confirmed that the departure of an alleged abuser or victim would not result in a premature conclusion of the administrative investigation. Policy 900.00 page 20 confirms that "departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation".

Indicator (k) Auditor is not required to audit this provision.

Indicator (l) Coolidge House has provided documentation of a working relationship with the Boston Police Department. The Facility Director reported that he would ensure open communication between the two agencies so that federal requirements of PREA, including required notifications can be completed in the timely fashion. Policy 900.00 (page 20) requires the Director should remain informed about the progress of the outside investigative agency.

Conclusions.: There was no individual who was a reported victim of sexual assault at Coolidge House for the Auditor to interview as part of this standards review. Absent a criminal or administrative investigation, the Auditor relied on interviews, policy, training records and prior experience with CRJ investigative files to determine compliance. The interviews showed an understanding of the steps necessary to complete a thorough administrative investigation. The information included steps necessary to determine credibility of witnesses, determining how staff actions impacted the incident, collaboration with outside agencies, and the retention of records. The facility's relationship with BPD supports there are systems in place to ensure a prompt criminal investigation. As a community confinement facility, it is likely that the perpetrator of sexual assault or sexual harassment would be removed from the facility, but the investigator understood the necessity of completing an administrative investigation and making a determination to substantiate or not substantiate or make a determination that the claim was unfounded. The interviews support the agency's commitment to ensure safety by training all staff to report every claim no matter the source. The investigators statements on the investigative process determining if staff actions or inactions aided in potential abuse occurring.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

Individuals interviewed/ observations made.

Investigator

Summary determination.

Indicator (a). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) (page18) stated that no greater standard than preponderance of evidence will be used in substantiating an administrative investigation. The Interview with an investigator confirmed this expectation.

Conclusions: The Auditor spoke with the Director of Reentry Services as the Investigator. This was done to spread out the individuals being interviewed and absent an investigation get an understanding of the individual who will approve any administrative investigation. The Agency Policy also supports a determination of compliance.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
Notification to resident form

Individuals interviewed/ observations made.

Facility Director
Investigator

Summary determination.

Indicator (a). At the conclusion of an investigation Coolidge House Administration will ensure, according to interviews, that resident victims are informed of the outcome including a determination that the claim is substantiated, unsubstantiated, or unfounded.

Indicator (b). As noted in 115.271 (l) if the criminal investigation is being completed by BPD then the Facility Director would open up channels of communication to ensure sufficient information is obtained in a timely fashion to report to victim residents. CRJ would complete administrative investigations.

Indicator (c). CRJ according to Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) page 11 following an allegation of abuse by a staff person “supervising staff shall take steps to separate them so there is no possibility of further unmonitored contact between them until an investigation is completed. The appropriate staff shall determine if the staff member should be placed on administrative leave pending the results of an investigation”. The Facility Director is aware of the required notifications to the victim if an allegation involves a staff person including: when the staff person is no longer employed, has been indicted or when the staff person is convicted.

Indicator (d). The Director is also aware of notification to a victim when a resident perpetrator has been indicted or convicted. Since Coolidge House’s length of stay is usually under six months, notification on convictions would be unlikely and become the responsibility of the Victims’ Assistance Office of the Suffolk County Courthouse.

Indicator (e). The Facility will provide the resident with a written notification of the investigative outcome. This will also go in the client’s permanent record and a copy forwarded to the PREA Coordinator. Documentation can also be written into the SecureManage.

Indicator (f). Auditor is not required to audit this provision

Conclusions: The Community Resources for Justice has put in place mechanisms to ensure residents are reported to on the outcome of sexual assault and sexual harassment claims. In determining compliance, the Auditor reviewed policies, web sites, reporting forms and conducted interviews with the Facility Director, the Investigator and agencies PREA Coordinator. It was determined based on the above stated factors that Coolidge House is compliant in its ability to report to residents. Since they have not had the incident which required resident notification the Auditor relied on the interviews, the reporting form and the policy in determining compliance

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
Employee handbook

Individuals interviewed/ observations made.

Human Resources staff.

Summary determination.

Indicator (a). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) states staff can be subjected to "disciplinary sanctions up to and including termination for violating CRJ sexual abuse or sexual harassment policy." (900.00) CRJ employee handbook (page 15) further informs staff of potential discipline. Employees may also be disciplined or terminated for gross misconduct.

Indicator (b). Policy 900.00 states “Sexual abuse, sexual harassment or sexual contact with residents shall subject staff to appropriate discipline, up to and including termination.” The Employee handbook states “Gross misconduct, including, but not limited to violations listed below, may result in the employee being terminated for a single violation.” Gross Misconduct includes acts which are criminal or presents a threat to the agency, its residents or staff. Human Resources staff confirmed the ability to terminate individuals for engaging in sexual harassment or sexual assault.

Indicator (c). As an at will employer CRJ has the ability to determine appropriate sanctions for non-criminal behavior. Policy 900.00 utilizes the standard language to state consequences should be commensurate with the nature of the offense and the employee’s history with the agency.

Indicator (d). Coolidge House does not employ any individuals who perform duties in a licensed capacity. The facility will notify the Boston Police Department of all sexual assaults or sexual harassment behavior that appears to be criminal in nature even if the employee has left the agency.

Conclusions:

The Community Resources for Justice has policy in place that states staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action (900.00 pages 20). Disciplinary actions, up to and including termination, will be taken for a substantiated finding of sexual abuse. Discipline, per policy, will be commensurate to the nature and circumstances of the acts committed and comparable to other staff with similar histories. CRJ requires all allegations of sexual abuse be reported to the local authorities regardless of whether the staff resigns or is terminated.

No Coolidge House staff has been disciplined for a PREA related violation in the past year because of a criminal or administrative investigation. Absent a recent incident of staff discipline, compliance for this standard was based on policy and the interview with the Coolidge House Director, the Agency PREA Coordinator and the Human Resources staff. The agency has previously disciplined staff related to PREA concerns at their other facilities. The Auditor also took into consideration the CRJ employee handbook which described the discipline process for staff including grounds for immediate termination for “gross misconduct”.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

Individuals interviewed/ observations made.

Facility Director

Summary determination.

Indicator (a). Coolidge House does not employ any individual contractor to provide direct service to residents in the licensed capacity. The facility has no direct service contractors, all contractors entering the facility are supervised by staff. The contractors entering are one-time individuals with the exception of Pine Street Food Service company. Pine Street staff are escorted by staff to drop off meals while on-site 2 times per day. Coolidge House only has one volunteer who visits on a weekly basis. Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) allows for the immediate cessation of visits by any contractor or volunteer accused of engaging in sexual misconduct. The agency policy requires all criminal behavior be reported to the police no matter if the individual is an employee, a contractor, a volunteer or a visitor.

Indicator (b). In the case of any violation of boundary issues by any contractor or volunteer, the Facility Director will determine if the violation is non-criminal actions should result in the termination of their contact with residents. Criminal actions according to the Facility Director would result in notification to the policy and FBOP who would also require immediate termination of access to residents during a investigation.

Conclusions: Coolidge House as stated above does not employ contractors who provide direct services to the clients at the facility. Coolidge House does not currently have any college interns and only one regular volunteer. Coolidge House policy (page 18) requires the notification to law enforcement of any PREA violations and the misconduct would be grounds for barring admission to the facility (page 20). As noted in 115.232 all individuals entering the facility are educated about PREA and Contractors or volunteers are supervised. The facility has not employed or received any voluntary services of a professional to whom a license board would be informed for violations of PREA. The Coolidge House Director reports, that in the past year, no volunteer or contractor required any corrective actions.

Compliance is based on policy, documentation of education materials available to educate volunteers and interview with the Director.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
Coolidge House Resident Handbook

Individuals interviewed/ observations made.

Facility Director
Whittier Health Services

Summary determination.

Indicator (a). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) sets forth the requirement of any resident found to have engaged in resident on resident sexual abuse can be subject to discipline. As a community confinement facility, Coolidge House, would not normally have a resident involved in a criminal investigation remain in its current population. Local Police or FBOP (Federal Bureau of Prisons) would remove the individual to a higher level of custody during the investigation.

Indicator (b). The Coolidge House Director reports that the discipline process is fair and based on FBOP guidelines. The Client handbook (page 26) states that informal sanctions may be enacted by the facility but for serious offences including sexual assault or any threats of violence the resident's discipline would be determined through the FBOP and result in a return to higher level of custody.

Indicator (c). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA), page 21 requires consideration of the resident's mental illness or disability in determining appropriate sanctions.

Indicator (d). As noted, it would be unlikely the perpetrating individual would stay in the facility. CRJ has the ability to refer individuals with sexual abuse histories to outside counseling. The community agency confirms they can provide this level of counseling.

Indicator (e). Policy 900.00 confirms on page 21 that residents will not be disciplined for engaging in consensual sexual contact with the staff.

Indicator (f). Policy 900.00 and the resident handbook (page 7) confirm that a resident can be disciplined if they purposefully lied in the submission of a PREA related complaint. CRJ administration confirmed that this would only occur after the completion of an investigation which supported such intent in its findings.

Indicator (g). CRJ will not determine if sexual contact was consensual, that would be determined by the police in the Sexual Abuse investigation. Residents may be disciplined if the sexual contact is consensual, but the consequences are less severe.

Conclusions: Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) pg. 21 addresses the requirements of this standard. In the policy, it addresses the conditions in which a resident could be disciplined, that sanctions be equivalent to the nature of the misconduct, requires administration to take into consideration the resident's mental health or functioning level and that discipline in an incident involving staff only occur if the staff did not consent. The policy also sets forth an obligation to offer counseling services to the resident. Discussions with the referring agencies would also be required in any discipline situation as the perpetrator of sexual misconduct may be required to be moved to a higher level of custody. If the resident can stay in the community, CRJ can make treatment a requirement of their continuing in the program. Coolidge House Director reports that there has been no discipline of a resident in the past year for a PREA violation or sexual conduct violations. The facility does not permit sexual activity between residents. The Director is aware incidents of this nature need to be investigated but cannot be considered abuse if the actions were not coerced. The Director is aware of the standard conditions and a resident can only be disciplined for making a PREA claim if it can be proven that the claim was made in bad faith. Interviews with residents confirm that they are told of this condition at admission and are provided a handbook that outlines the discipline process. Compliance, absent a disciplinary event, is based on policy, information available through the client handbook and administration, line staff and resident interviews.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

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

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
Coolidge House Resident Handbook
Coordinated Response Plan
Mass Department of Health Website
Memo from CH Director

Individuals interviewed/ observations made.

Whittier Health Services
Brigham and Women's Hospital

BARCC
Random Staff training as First Responders

Summary determination.

Indicator (a). Coolidge House has in place emergency medical treatment for victims of sexual abuse. The facility has entered into a relationship with Boston's Brigham and Women's Hospital who can provide emergency services including access to trained Sexual Assault Nurse Examiners. The facility coordinated response plan requires potential victims be sent to the hospital. In addition, the local rape crisis agency BARCC would also provide assistance to the victim at a hospital.

Indicator (b). Since Coolidge House does not employ medical or mental health the staff, all victims would be sent to the hospital. All staff are trained as first responders and their interviews and the facility's coordinated response plan confirms this practice.

Indicator (c). Interviews with representatives from Whittier Health Services and Brigham and Women's Hospital confirms residents would be offered information on emergency contraception and prophylactic medication. After the emergency visit to the hospital they may do follow up care at either facility and can receive appropriate services including medication even if initially refused.

Indicator (d). Agency policy, interview with community service providers and information on the Massachusetts Dept of Public Health website all confirm there is no cost for the treatment of victims of sexual assault. The funds are provided by the state Victim Compensation Fund.

Conclusions: Coolidge House does not employ Medical or Mental Health staff, as a result they have trained all staff in the duties of the first responders including the importance of getting the victim to treatment services as soon as possible. Line staff are aware they should only ask the victim enough information to be able to obtain appropriate treatment. They are also aware of the importance of protecting evidence including informing resident victims to not take any action that would degrade evidence. Victims of Sexual Assault at Coolidge House would be taken to Brigham and Women's Hospital where the hospital staff have confirmed medical services would be offered free of charge. The cost of examinations of rape victims is covered by the Massachusetts Department of Public Health. The Hospital has SAFE nurses on staff or through a network of on call trained forensic nurse examiners. The Auditor, in discussions with hospital representatives, confirmed victims would be offered prophylactic medications and STD testing. The Hospital staff would set a discharge plan in place which would include referrals for follow up care with community based medical and mental health providers. Case management staff confirmed they would work with the resident victim to ensure the supports are in place. The residents would be referred to the Whittier Health Services for both medical and mental health services post support. The Auditor also confirmed the BARCC (Boston Area Rape Crisis Center) would also be called at time of the incident by both the program and the hospital staff. It is confirmed BARCC can provide supportive counseling services and referral to ongoing supports post discharge.

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

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

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
Coolidge House Resident Handbook
Memo form CH Director

Individuals interviewed/ observations made.

Whittier Health Services
Brigham and Women's Hospital
BARCC representative
Resident with victimization history

Summary determination.

Indicator (a). Coolidge House will offer medical or mental health evaluations and treatment as needed to individuals sexually abused either at the facility or during a previous institutional stay. A resident who reported prior victimization history at admission confirmed the Coolidge House Staff offered to refer him for counseling services.

Indicator (b). BARCC and Whittier representatives confirm they can provide ongoing services while the individual remains at Coolidge House and if the victim resident leaves the area they can make referral recommendations close to their next local.

Indicator (c). Medical and Mental Health services are provided at a community based provider. The Auditor was told by representatives, that FBOP clients have no greater restriction on care access than any other individual seeking services.

Indicator (d). Both medical facilities confirm resident victims would be offered pregnancy testing

Indicator (e). Both medical facilities confirm if the assault results in a pregnancy the victim would receive counseling on pregnancy related medical services.

Indicator (f). Both medical providers confirmed Sexually Transmitted Disease testing is provided to all victims of sexual abuse.

Indicator (g). Treatment services are provided to victims even if they do not name the abuser or cooperate fully with the investigation. This was confirmed in interviews and is stated in CRJ policy 900.00 (page 14).

Indicator (h). The CRJ policy does put into place a requirement of a follow up assessment if a perpetrating individual was to remain in custody. Community agencies confirm this evaluation can be provided if required. As a Community Confinement Facility, it would be unlikely a perpetrating individual would remain in such level of custody. Such individuals would most likely be transferred back to a federal institution or into custody of the local police as part of the ongoing criminal case.

Conclusions: The Community Resources for Justice is committed to ensuring residents in all their programs 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 BARCC and the local mental health clinic (Whittier Health Services) provided by the CRJ allows for ongoing treatment services. Ongoing health services for victims of sexual assault could be provided at Whittier Health Services.

Interviews with Brigham and Women's Hospital representative confirmed residents can be treated free of charge including STD and HIV testing and treatment as well providing pregnancy testing and related services. The residents of Coolidge House have access to community-based health services. The services are the same as any other Boston area resident who uses the hospital facilities. Policy is in place to evaluate a resident on resident abuser within 60 days by a Mental Health provider. Given the nature of a Reentry Facility it is likely the perpetrator would be removed to a higher level of custody. Though Coolidge House has not had to put to use the requirements of this standard, they do have a plan to initiate services if needed. The Auditor, in determining compliance, considered conversations with the community hospital and service providers to gain an understanding of services available. The Auditor also completed internet research on the various health service agencies to further support the finding of compliance. Finally, the Auditor took into consideration Coolidge House residents who had an understanding of the medical and mental health services available.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

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

115.286 (c)

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

115.286 (d)

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

115.286 (e)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Individuals interviewed/ observations made.

Agency Head

Facility Director
PREA Coordinator
Review Team Member

Summary determination.

Indicator (a). Pages 21 and 22 of the CRJ PREA Policy (900.00) sets forth the obligation to review all incidents of sexual abuse. The policy language matches the standard. Though the facility has not had to complete a PREA investigation in the past the facility Director and the agency PREA Coordinator both are aware of the standard expectation. Critical incident reviews are a normal operational practice according to the Director of Reentry Services. The Coolidge House Emergency Plan policy 2.2.1 Page 3 describes a similar review process requirement for all critical events.

Indicator (b). The PREA Policy, Interviews with the Director and PREA Coordinator, all support an understanding that the Incident review should take place within 30 days of the conclusion of the investigation.

Indicator (c). The PREA Policy and a memo from the Coolidge House Director support the review team would be a multi-disciplinary team of case management, operations, facility and agency management. The agency does not employ a nurse of mental health.

Indicator (d). Absent an actual incident to review the Auditor relied on Program Director and agency's PREA Coordinator's knowledge of the indicator requirement. Policy 900 (pages 21-22) address the items that must be considered by the review team. The Auditor has seen review forms from other CRJ facilities that are consistent with the standard expectation.

Indicator (e). Without an incident to review the Auditor relied on discussions with various CRJ administrative team members to support that the agency has a practice of reviewing all critical incidents to determine if policy or procedural changes are needed.

Conclusions: Coolidge House is compliant with the expectation of this standard. Since there was no actual case to review the Auditor relied on the policies that are in place, the agency's prior track record of completing reviews consistent with the standard, the facility and agency's practice of reviewing critical incidents and the interviews and discussions with the Facility Director, the PREA Coordinator and the Director of Reentry Services.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
PREA Annual report
PREA Data Spreadsheet

Individuals interviewed/ observations made.

PREA Coordinator

Summary determination.

Indicator (a). CRJ collects uniform data on all its facilities. The Auditor was provided with a spread sheet of Data which includes some 56 data points related to PREA. The spread sheet collects not only information on PREA complaints/investigation, it also tracks screening information, population, grievances, searches and number of notifications of investigation outcomes to name a few items. The definitions used by the agency in Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) are consistent with the PREA guidelines for Sexual Abuse and Sexual Harassment

Indicator (b). The agency takes collects aggregate data, both at the facility level and the agency level, to attempt to identify trends. CRJ management interviews support an active review of all incidents to determine trends or needs. A client safety issues identified in non-PREA incidents could result in a solution that could also benefit sexual safety (i.e. Camera purchases). The facility has completed an annual report which shows aggregate data.

Indicator (c).Interviews with the Agency PREA Coordinator and information from the PREA DATA Spreadsheet were compared by the Auditor to the SSV-4 form. The Auditor was able to complete the document minus the end of the year population number.

Indicator (d). All incident reports and investigations are forwarded to the agency PREA Coordinator for required storage.

Indicator (e). N/A- the facility does not contract for confinement of residents.

Indicator (f). N/A- The Department of Justice has not asked Coolidge House for the SSV data, though the elements collected support an ability to complete said report

Conclusions: The Community Resources for Justice collects information sufficient to complete the Survey of Sexual Victimization (SSV) in all its programs including Coolidge House. Indicator (e) does not apply as CRJ does not contract for beds. Coolidge House has not been requested to complete the SSV report or provide other related data to the Department of Justice (indicator (f)). The Auditor was also able to see a summary report of all programs CRJ runs and their incidents of PREA related events. The report ensures uniformity of data and incident-based tracking of sexual assaults and sexual harassment complaints. The agency policy 900.00 (page 22) commits the agency to comply with the data collection requirement of the standard. Compliance is based on the information provided to the Auditor and the interview with the Agency PREA Coordinator who oversees Quality Assurance in the Reentry facilities. The agency PREA Coordinator is responsible for maintaining the agency aggregate data on all facilities.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

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

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

Individuals interviewed/ observations made.

PREA Coordinator
Director of Reentry Services
Facility Director

Summary determination.

Indicator (a). CRJ's PREA Coordinator reportedly meets with the Social Justice Services leadership on a monthly basis. The group reviews any PREA related concerns or other client safety issue looking for trends. If a sexual abuse incident review identified a concern this group would further assess the nature of the corresponding response. Since the member of this group would also be involved in the facility level, reviews would enable change when needed across all facilities. These steps provide the basis for the annual report analysis.

Indicator (b). The Auditor's review of the annual report shows a comparison with the previous years data.

Indicator (c). The Annual Report is on the agency website. The last 4 years reports are currently available

Indicator (d). The agency has not had to redact information to date that would impact the security of the facility

Conclusions:

Coolidge House and the Community Resources for Justice policy 900.00 addresses the standard requirements on the use of data for corrective action on page 21. CRJ's Standards and Quality Assurance Department has developed a data base that supports corrective action through routine monitoring of elements. The department collects over 50 elements related to PREA and has in place the mechanism to assess agency-wide needs/improvements. The elements look at various indicators in the facility's efforts to prevent, detect and respond to PREA incidents including: education, screening and the investigatory requirements. Since the facility does not have a history of PREA incidents there is limited data from which to make critical analysis. As a result, the agency looks at these events along with other non-PREA events when determining safety concerns. With the PREA Coordinator leading the agency's standards and accreditation process it has created a system in which problem areas can be identified and corrective action plans monitored. The agency PREA Coordinator, the Facility Director and the Director of Reentry Services all committed in interviews to using data to inform practice and identify change when needed. The Agency has posted to the website an annual report approved by the agency's Chief Executive Officer. The report looks at the data across the system and points toward the agency's ongoing efforts to be responsive. Compliance is based on the data provided, the information posted to the agency website and the interviews. The interviews supported a consistent message; that data analysis for program improvement is an agency wide practice.

Standard 115.289: Data storage, publication, and destruction**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

115.289 (a)

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

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
Policy 1.1.4 Case Record
CRJ website
Annual PREA reports

Individuals interviewed/ observations made.

PREA Coordinator
Facility Director
Tour of Administrative Offices of CRJ
Tour of Coolidge House

Summary determination.

Indicator (a). Agency records are maintained securely in the SecurManage software program. The system reportedly utilizes access controls to different fields of information based on employee job description. The facility has a Policy 1.1.4 Case Records that defines the confidentiality of the records.

Indicator (b). CRJ Website has the last 4 years of annual reports available to the public.

Indicator (c) The Auditor's review of aggregate reports shows no identifiers are used that could result in the identification of any victim of sexual abuse.

Indicator (d). The PREA Coordinator reports PREA data will be maintained for at least 10 years.

Conclusions: The Community Resources for Justice PREA policy 900.00 addresses the requirements of this standard on pages 21- 22. 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. CRJ has a unit dedicated to Standards and Quality Assurance, it is this unit's responsibility to maintain data for a minimum of 10 years. There is no state or local law requiring longer maintenance of the records. The PREA Coordinator works with the Agency's Head and the Vice President of Justice Services in the development of an annual report.

Compliance is based on the information provided in the annual report which includes no identifiers and includes information on all PREA required facilities run by CRJ. The policy indications on how to handle information supports compliance as did interviews with the agency's PREA Coordinator and facility Director. The interviews support an understanding that all data is maintained for at least 10 years. The annual report is posted on the agency website as required.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

CRJ Website/ PREA

Individuals interviewed/ observations made.

TOUR

General observation of staff and resident interactions by the Auditor

Summary determination.

Indicator (a). CRJ is in its second cycle of audits. In the first three years the agency had 5 adult Reentry programs all of which were audited on compliance with PREA. The agency has closed one program that would have been due for an audit in 2019. The Agency added the audit of a new program (Houston House) in 2018 after the completion of the first year of operation.

Indicator (b). CRJ has Audits spread out over all three years of the Audit cycle. The agency has added and lost programming but has still maintained audits in each of the cycle years.

Indicator (h). The Auditor was not only provided access to all areas during the tour, he was able to move freely about the facility to observe staff and resident interactions

Indicator (i). The Auditor was permitted to request and receive copies of relevant documents. Information was provided in advance and more was furnished at the auditor's request when on-site.

Indicator (m). The Auditor was able to meet in a private space with clients and staff. The second-floor conference room/ computer lab was the space most used by the auditor on days one and two. The Auditor went to CRJ administrative offices in Boston to review HR files with the Talent Acquisition Supervisor

Indicator (n). Posting notifying the Auditor's contact information was posted throughout the facility. The Auditor confirmed the postings were up for weeks prior to the site visit.

Conclusions:

The standard is Compliant based on evidence that the organization Community Resources for Justice has maintained a consistent application of PREA including required audits over the last 5 years. As an Auditor the facility was helpful in the preparation of documents and the support of staff to get the identified individuals to the interviews in a timely manner.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Overall Compliance Determination Narrative

Policies and written/electronic documentation reviewed.

Individuals interviewed/ observations made.

Summary determination.

Indicator (f). The Auditor is familiar with the agency website and saw a previous report from 2018 was posted on the website within 90 days of the date on the report.

Conclusions: Compliance is based on the Auditors review of the PREA page of Community Resources for Justice at CRJ.org and that the publishing of the report to the website was timely.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Jack Fitzgerald

4-10-19

Auditor Signature

Date

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

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