PREA AUDIT REPORT ☐ **Interim** ☒ **Final**

COMMUNITY CONFINEMENT FACILITIES

Date of report: 02/26/2016

Auditor Information			
Auditor name: Jack Fitzgerald			
Address: 87 Sharon Drive Wallingford CT			
Email: jffitzgerald@snet.net			
Telephone number: 203 694-4241			
Date of facility visit: August 3-4 2015			
Facility Information			
Facility name: Brooke House			
Facility physical address: 107 Park Drive Boston MA			
Facility mailing address: *(if different from above)* Click here to enter text.			
Facility telephone number: 617 867-0300			
The facility is:	☐ Federal	☐ State	☐County
	☐ Military	☐ Municipal	☐ Private for profit
	☒Private not for profit		
Facility type:	☐ Community treatment center ☒Halfway house ☐ Alcohol or drug rehabilitation center	☐Community-based confinement facility ☐Mental health facility ☐Other	
Name of facility's Chief Executive Officer: Howard Jardine			
Number of staff assigned to the facility in the last 12 months: 19			
Designed facility capacity: 65			
Current population of facility: 32			
Facility security levels/inmate custody levels: minimum			
Age range of the population: 22-50			
Name of PREA Compliance Manager: Howard Jardine		**Title:** Program Director	
Email address: hjardine@crj.org		**Telephone number:** 617 867-0300	
Agency Information			
Name of agency: Community Resources for Justice			
Governing authority or parent agency: *(if applicable)* Click here to enter text.			
Physical address: 355 Boylston Street Boston MA 02116			
Mailing address: *(if different from above)* Click here to enter text.			
Telephone number: 617-482-2520			
Agency Chief Executive Officer			
Name: John Larivee		**Title:** President and CEO	
Email address: jlarivee@crj.org		**Telephone number:** 617 482-2520	
Agency-Wide PREA Coordinator			
Name: Susan Jenness Philips		**Title:** Director of Standards and Quality Assurance	
Email address: sjenness@crj.org		**Telephone number:** 617-423-2020 X2300	

AUDIT FINDINGS

NARRATIVE

The Brooke House Halfway House of Boston MA is one of several facilities in the northeastern United States of the larger organization Community Resources for Justice (CRJ). The Community Resources for Justice, whose administrative offices are located in Boston MA, is an organization with a 130 year history of social activism. From its earliest years the organization was focused on helping individuals as they left prison. The agency's mission today continues to service the disadvantaged dividing their focus into three areas: Social Justice Services, Community Strategies, and Crime and Justice Institute. The Brooke House program is part of the Social Justice Services which include adult and juvenile residential programs. The mission of the facility is "to instill personal and community responsibility in our clients, and to advocate for the elimination of barriers to their success. Our goal is to engage them in positive lifestyle changes, preparing them for successful family reunification and community reintegration."

Brooke House currently employs 13 staff members including administrators, residential staff, and case management workers. The facility can house up to 65 male residents. The program population was reduced significantly in the last year when the Massachucetts Department of Corrections removed clients in a cost saving measure. The two current contracts for this facility are to serve prerelease individuals from Sufflok and Norfolk County Sheriffs departments. The program serviced 303 residents in 2014 with 2-4 months supervision in residence. The administration had to adjust staffing and physical plant use after the removal of the DOC clients. They eliminated the use of one floor of the facility and reduced the staffing of both administrative and direct care positions.

The facility does not employ any direct care medical or mental health services. Residents go to medical and mental health treatment services in the community. No SAFE or SANEs are employed by the facility but are available through agreement with the Brigham and Womans Hospital 24 hours per day. This facility is affilitated with Harvard Medical School and it's website promotes that it is the 6th best hospital in the United States.

The audit was completed by Certified PREA Auditor Jack Fitzgerald of Fitzgerald Correctional Consulting. During the pre-audit phase the auditor reviewed the Pre Audit tool, the Brooke House policies and procedures related to the PREA Audit, and the supportive documentation. Coordination and clarification of policy and supporting documentation was done with the Agency Wide PREA Coordinator Susan Jenness Philips during the preaudit preparations. The auditor also called regional sexual assault advocacy organizations including the Boston Area Rape Crisis Center (BARCC) with whom the facility has a memorandum of understanding to provide PREA related services. The representative, with whom the auditor spoke, acknowledged the MOU and reported that they had no historical complaints about the facility. The auditor also spoke with Yolanda Smith, Superintendent of the Suffolk County Sheriffs Department, who has referral and program oversight as part of the audit preparations. It was reported that the facility had no sexual assault claims reported to their staff. Brooke House is subjected to regular and unannounced site visits by the Sherriff's office in addition to their attendance at weekly case review meetings. Superintendent Smith reports that the Brooke House staff "communicate issues very well" and "no PREA related concerns" currently exsist. She described the Brooke House relationship as "very transparent". With equally supportive comments was Mary Kelley Assistant Deputy Superintendent of the Norfolk County Sheriffs Office. Her office also has Case Management and Outreach Services Staff in the facility on a regular basis and described that Brooke House and CRJ administration as being "accommodating" and "professional."

The auditor arrived in the Boston area on Sunday August 2, 2015. The onsite work hours were from 8am to 6pm on August 3rd and 6:00am to 4:30pm on August 4th. An entrance meeting was held on the morning of August 3rd. In attendance were the following: Elizabeth Curtin, CRJ Director of Social Justice Services; Susan Jenness Phillips, CRJ Director of Standards and Accreditation and agency wide PREA Coordinator; Howard Jardine, Program Director Brooke House; and Heriberto Crespo Quality Assurance Manager. The auditor was able to interview eleven (11) random residents including one from each of 11 of the 12 bedrooms being used. There were no residents identified with a disability to interview, one transgender individual was interviewed and one resident to whom English is a second language. There were no residents to interview who had reported a PREA related incident.

Ten (10) random staff members were interviewed including custody, case management and intake staff members. Interviews requirements also included the facility Director Howard Jardine and Elizabeth Curtin the Director of Social Justice Services for the Agency Head. A phone interview occurred with Adrienne Methot, Human Resources Director on August 12th due to scheduling conflict. Susan Jenness Phillips the PREA Coordinator was also interviewed and work with the auditor to clarify concerns that arose during all three audit phases. There were no individuals who had to act in the first responder role but questions were answered by staff as part of the random staff interview.

The residents who were interviewed as part of the site visit reported overwhelmingly that the facility is a safe place sexually. The residents often mentioned the availability and the approachability of the staff of Brooke House and that they addressed any sexualized comments/behaviors swiftly. Staff also reported believing the facility is safe for residents and that staff does a good job addressing any PREA related behaviors.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Brooke House Facility, in Boston MA, consists of one five story brick structure at 107 Park Dive in the Fenway Section of Boston three blocks from historic Fenway Park. Directly across the street, is an expansive city park with multiple recreational opportunities for residents. The facility is in an urban residential area that has small buisnesses and restaurants not far from bus lines or subway lines. The first floor of the facility has a staff monitoring station immediately upon entering the facility. PREA related materials were easily found in this area as was the notice of the audit. The first Floor also has office space, a visting /TV area, and a computer lab. The basement area houses the facility mechanical and storage areas that were locked when on the tour. The basement also houses the kitchen and dining areas. These areas are partially cameraed. The Program Director and a staff member assisting with the tour were aware of the potential hazards and discussed practices employed to address safety of clients. Staff on duty make random tours of the facility all day to ensure client safety and facility security. Since food services are produced off site and delivered to the site residents have little contact with the contractors. Contractors performing maintenance in the facility would also be monitored directly by staff. Each of the facility's 16 cameras captures common areas, staircases and exterior spaces. Staff utilize the cameras to watch residents movement in common areas. Staff perform random tours of the facility including bedrooms and bathrooms hourly. All staff of opposite gender knock and announce presence when entering any bedroom or bathroom. Staff are aware of blind spots in the facility and will add additional tours to areas if residents congregate in these areas. Each of the bedrooms has residents sleeping in bunk beds with areas for personal storage. The agency has a dress code for residents when in common areas. In bedrooms all residents must be fully clothed while sleeping to eliminate incidental viewing incidents. The second floor houses bedrooms, a conference room and the Program Directors office. Housing continues on floors three (3) to Five (5) with case management offices and a weight room (third floor). Currently the fifth floor is off limits to residents as the population reduction do not require the use of this space. This allows staff to better move through the facility and increased their ability to provide random supervision of residents. The facility has not undergone any major renovations or added any technology since 2012. In addition to the formal interviews both residents and staff who were encountered on the tour of the facility were asked general questions about programming, rules and PREA.

SUMMARY OF AUDIT FINDINGS

Overall the Brooke House is supstantially compliant with the expectations of the standards at the time of the site audit. The program was initially issued a interim report to allow for corrective action measures to be implemented. The expectations of the standards have all been met and the facility has provided corrective measures documentation over the past six months to support the agreed upon changes.

Number of standards exceeded: 0

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 3 A. Standard 115.212 Contracting for the confinement of residents B. 115.218 Upgrades to the facility and technology C. 115.235 Specialized Training; Medical and Mental Health Staff

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

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

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

Brooke House facility is in compliance with the expectations of this standard in Policy 900.00 – Staff and Resident Sexual Abuse and Sexual Harassment. The agency, Community Resources for Justice, has policy based on the standard requirements used at the Brooke House facility. The Agency employs their Department Director of Standards and Quality Assurance as the agency wide PREA Coordinator and is documented in the agency flow chart. The agency has developed an upper level management team approach to working toward PREA compliance. The PREA Coordinator has influence over policy and works collaboratively with the Director of Social Justice Services. The Brooke House Program Director understands the role of the PREA Coordinator and reportedly communicates issues of concern in an effective and timely manner. Interviews with staff and management show an understanding of the agency's commitment to preventing, detecting and responding to Sexual Abuse and Sexual Harassment within the Facility.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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

N/A This Standard is not applicable as the Brooke House is part of the Community Resources for Justice. This agency is a contractor of the Suffolk County Sheriff's Office and the Norfolk County Sheriff's Office and does not subcontract in any way for the confinement of individuals. In the previous year the facility had also serviced clients from the Massachuetts Department of Correction.

Standard 115.213 Supervision and monitoring

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

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

Brooke House has developed a staffing plan that is in compliance with much of the requirements of the standard. The staffing pattern allows for each shift to have a least a minimum of 2 staff on all shifts of which one must be male. The facility adds additional non security staff, such as case managers, on times when greatest numbers of residents are in the facility and awake. There was no reported instance in which the staffing plan was not met. Policy 900.00 requires if the staffing plan is deviated from the instance is documented and justified. The staffing plan is reviewed annually and was recommended by the auditor that the PREA Coordinator review with the Program Director in advance of the annual planning meeting.
The Brooke House staff's supervision practices support sexual safety through the randomization of tours and responding to blind spots when more then one resident is out of view of staff. Staff were able to identify blind spots and measures taken to ensure safety. The Brooke House Facility has 16 cameras covering the six story facility and its exterior. Staff and resident, report the Program Director tours the facility regularly. The residents comments about the safety of the facility and staff approachability speak to a positive culture. Since the facility had under gone a significant population change in the last 12 months, the auditor required documentation of the reassessment of staffing plan. The facility changes occurred when the population was reduced in June of 2015 as part of a state DOC cost saving measure. The facility had made adjustments to staffing allocation and condenced the number of bedrooms used to improve supervision. On the dates of the audit one floor was closed from use. The observation of staff as well as interviews with staff and residents support an active supervision model.

Standard 115.215 Limits to cross-gender viewing and searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Both agency policy (900.00) and resident and staff interviews confirm that the facility prohibits strip searches of any type including to determine one's genital status. The Brooke House facility does not house female residents so gender specific requirements of this standard did not apply. There are no cross-gender pat searches of males permitted at Brooke House. Pat-down search training was added for staff including respectful communication with transgender and intersex residents. Most recently the facility received it's first transgender resident and staff report getting additional training including a review of the PREA Resouce Center's training video on appropriate pat search training techniques for transgender inmates. The one transgender resident interviewed reported that she had no preference in which sex staff performed her pat searches. All residents report consistent with policy that they are able to shower and perform bodily functions without staff viewing. The transgender resident reported the ability to shower separately from other residents.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

The Brooke House facility has implemented handbooks, posters and brochures in Spanish the second most common language spoken by residents. As part of the audit, the auditor was not able to speak with a resident with disabilities. I was able to speak with a resident in which English was his second language but he had English abilities. The resident reported he had complete access to understanding of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The residents felt they had several options if they needed assistance but most reported comfort in approaching staff with concerns. Policy 900.00 Section IF2 outline the agency's requirements in this standard including equal opportunity and access to information for those residents who are disabled or have limited English proficiency as well as the protection of confidentiality through the prohibition of resident interpreters.
The Brooke House program has limited English as a Second Language (ESL) population. At the time of the audit the facility had no individuals with a disability, Site visit interviews revealed several staff were not sure how to access language line or other interpretive services and the staff answers were inconsistent on prohibition of the use of resident interpetors. The Auditor and the facility agreed upon corrective measure to impove staff understanding of related PREA requirements. The program completed the retraining of the staff and provided documentation of its efforts to ensure staff know how to acess interpretive services and best protect the sensitive information in event of a PREA incident.

Standard 115.217 Hiring and promotion decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

The Community Resources for Justice is compliant with the hiring and promotion decisions required by PREA. The agency has policies (900.00 and HR hiring policy) in place to address the requirements of the standard including the screening of individuals for sexual abuse or harrassment histories. The agency has all staff working in their Social Justice Services Division undergo criminal background checks. Interviews with HR staff and documentation supports that systems put in place in a previous facility audit are being completed across the agency. Since Brooke House has not hired any new staff the agency was able to provide documentation of other new social justice staff who had in addition to record checks completed documentation to supporting the requirements of this standard including a form in which employees are asked about the requirements in section (f) and are given notice of the (g) the continued disclosure requirements. HR staff report that the agency had previously waited for contract renewals to perform seconday criminal record checks but were now going to exceed the standards by performing them on the employee's work anniversary. The agency has limited contractors; none of whom provide direct service to clients, but still under go employee criminal background checks. The agency was able to provide documentation of contractors who have also completed the Massachusetts Criminal Offender Record Information check (CORI).

Standard 115.218 Upgrades to facilities and technologies

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

NA the Brooke House facility has not undergone any facility upgrades since 2012 or technological inprovements that would affect PREA supervision.

Standard 115.221 Evidence protocol and forensic medical examinations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

The Brooke House has not had a sexual assault case. In the event of a sexual assault, the criminal investigation would be completed by the Boston Police department in conjunction with the Suffolk County Sheriffs Office. Brooke House has had communications with the Boston police department about their uniform evidence protocol and PREA requirements. A letter was provided to document the parties agreement.
Broooke House has trained their staff about measures to preserve evidence. This was evident in the staff interviews and training logs. All residents who are victims of sexual assault will be sent to Brigham and Woman's Hospital, who has SAFE and SANE examiners available 24 hours per day, at no cost to the resident. A letter of agreement between the hospital and Community Resources for Justice was provided to confirm this; as does information from the Hospital website. The agency has also entered into a Memorandum of Understanding with the (BARCC) Boston Area Rape Crisis Center. Policy 900.00 and interviews with the Facility Director and the Agency PREA Coordinator confirms requirement of this standard. A victim's advocate could, as part of this agreement, accompany the resident victim of sexual assault as they undergo forensic exams and investigatory interviews.

All administrative investigations are conducted by the senior administrative team of Community Resources for Justice including the PREA Coordinator, Deputy Director of Social Justice Services and Human Resource Officer of the agency. These investigations are initiated at the facility level. The listed staff have successfully completed the NIC "Investigating Sexual Abuse in a Confinement Setting' course.

Standard 115.222 Policies to ensure referrals of allegations for investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Agency policy 900.00 Staff and Resident Sexual Abuse and Harrassment (PREA) , page 19, sets forth obligations that all Sexual Harassment and Sexual Assault cases are investigated. Since the agency did not have a sexual assault incident there was no referral for investigation to the Boston Police Department. The Agency has posted onto its website it's PREA policy which sets forth obligations for referring incidents for criminal and administrative investigations that could be done by either the contracting agency or the CRJ. The referring agencies and BARCC confirm they have not had any reported incidents of sexual abuse or harassment.

Standard 115.231 Employee training

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

The Brooke House policy 900.00 addresses the requirements of the standard in Section D pages 5 and 6 including the required areas of education,and the frequency of training. All employees have recieved PREA training with an agency staff member. A copy of the slide show portion was reviewed by this Auditor. The staff found the training program to be informative and especially liked the interactive portions of the program. All staff interviewed confirmed the 10 required areas were covered in the training often by giving examples. Staff also reported taking additional training from the PREA Resource center on the searching of a transgender resident. They felt that the timing of the new training was important as they had just received a transgender resident for the first time. Training sign in logs were modified to have staff acknowledge their understanding of PREA. In (b) the additional training requirement was not required as no staff were transferred from the female only facility CJR runs in Boston to Brooke House.

Standard 115.232 Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

The contracted service providers do not provide any direct services to clients at the Brooke House facility. The contractors who drop off prepared food or perform maintenance services do so under staff supervision. As they have limited contact with resident they are provided information at entry to the facility about PREA and the agencys efforts to keep residents safe. Upon signing into the facility this auditor was provided a copy of the agency's brochure on PREA. The agency has created a log that individuals acknowledge the receipt of PREA information. The Facility PREA brochure (located at the front desk) tells of the zero tolerance policy of CRJ and Brooke House. The brochure notifies individuals on how to report an incident. CJR requires that other Social Justice staff who are not part of the Brooke House complement but who access the facility undergo full PREA training. The Auditor was able to interview one such individual and confirmed their knowledge of PREA.

Standard 115.233 Resident education

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Residents of Brooke House report receiving PREA education at prior correctional settings and were educated upon admission. All residents report receiving PREA education during their admission meeting with the Intake/Release Coordinator. Interviews and file reviews support in most cases education occurred in the first 24hours which exceeds the standard. A checklist of information is reviewed, signed and placed in their case record. The majority of the residents reported that their Case Managers, consistent with policy, also reviewed PREA related information in their orientation meetings. The facility has PREA educational materials available to residents in the form of brochures and posters in addition to the client handbook. Residents were able to confirm they knew how to the agencies Zero Tollerance stance on sexualized behaviors, how to report a concern about seual assault or harassment, their right to be free from abuse. Random files of active clients were reviewed to ensure timeliness and consistency of the education.

Standard 115.234 Specialized training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Brooke House and Community Resources for Justice will only complete administrative investigations in conjunctionwith criminal justice agencies investigations of Sexual Assault Cases. Brooke House has not had to complete an administrative investigation related to a sexual abuse case. Policy 900.00 page 18 requires CRJ to have staff trained investigators including interviewing potential victims of sexual abuse, requirements of substantiation of a case and the issuance of Garrity warnings. Four employees of Community Resources for Justice completed the National Institute of Corrections online training program on PREA related investigations. The NIC training PREA: Investigating Sexual Abuse in a Confinement Setting addresses the requirement of (b) including the issuance for Garrity warnings, evidence requirements for substantiating a case. Those individuals who completed the course were Howard Jardine, Program Director, Susan Jenness Philips, PREA Coordinator Community Resources for Justice; Dick Guy, Deputy Director Social Justice Services; and Maria Alexson, Employee Benefits/Training and Development Manager.

Standard 115.235 Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard 115.241 Screening for risk of victimization and abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Brooke House policy 900.00 page 7and 8 requires screening of all residents upon admissions within 72 hours. File review shows, by practice, the facility completes screening usaully within hours but not longer than 24 hours. All residents are screened using an objective

tool. The staff person responsible for screening reports the tool is used as a questionare and the majority of information required is done through direct interview with the inmates. Residents confirm the staff asked them questions that would be part of the tool within the first 24 hours of their admission. All but one inmate reported being asked at admission about their history of sexual abuse victimization, their sexuality and their perception of safety. What could not determined consistently at time of the site audit, is that all residents were reassessed as required. The Program Director and agency PREA Coordinator have implemented a new process to ensure consistent documentation of 30 day reassessments(f). Documentation of these reviews were completed over the corrective action period with copies forwarded to the auditor to ensure institutionalization of the process. The facility was able to chart that 88 residents were in the facility more than thirty days during the corrective action period and if information obtained required a rescreening or a change in their scoring on the objective PREA tool. All information on the client's screening is kept in the residents case file which is locked when not with the case managers. Sensitive information is not available to other residents and there is no labeling system that would lead to exploitation by fellow residents.

Standard 115.242 Use of screening information

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

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

Brooke House policy 900.00 page 8 and 9 describe the use of the screening tool. All residents who are screened as potenatial sexual predators will be roomed by themselves. As a community release facility the residence are approved to move into the community to seek and obtain employment. Residence who have an identified abuse history can be refereed out to BARCC or the local Mental Health clininc. Transgender and intersex residents own views of safety are taken into consideration. The facility does not employ the use of separate housing rooms based on LGBTI identification. The transgender resident reported feeling comfortable in the facility. She reports that she is able to shower separate from other residents

Standard 115.251 Resident reporting

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

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

Brooke House Policy 900.00 addresses the requirements of this standard in Section K page 15 and Section H page 10 addresses the staff responsibility to accept all forms of resident reported Sexual Abuse and Harassment claim and the mechanism for residents to report. The facility Sexual Assault Brochure, the Resident Handbook and posters throughout the facility all give direction on the importance and methods of reporting Sexual Assault and Sexual Harassment. Interviews with staff were consistent in their understanding of their duties of accepting and responding to all reports of Sexual Assault or Sexual Harassment whether it was done verbally, in writing, anonymously, or by a third party including representatives of the local Sheriffs office who regularly are at the facility. Staff knew their duties also included

the documentation of all claims. All residents were aware of multiple ways in which they could report including the letter to the Program Director. Residents consistently reported comfort in speaking with staff and or the Program Director. They also were able to identify the posted hotline information and the ability to speak to the County Sheriff staff persons who come to the facility if they had any concerns in speaking with Brooke House staff.

Standard 115.252 Exhaustion of administrative remedies

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

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

The Brooke House facility has a grievance policy in addition to 900.00. The facility has not had any grievance related to a PREA issue. The Program Director knows that PREA related complaint must be accepted without any time constraints.The Policy meets the requirements of the standard in that it does not require informal resolution with the potential abuser and allows the victim to submit the grievance to people other than the abuser. The Policy also addresses the timeline in which a grievance outcome would be addressed but the Program Director reports they would seek to resolve the grievance much quicker than the standard requiremen allows.

Standard 115.253 Resident access to outside confidential support services

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

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

Comminity Resources for Justice entered into an agreement with Boston Area Rape Crisis Center (BARCC) to provide counseling and support services to resident victims of sexual abuse in Brooke House and the agency's other Boston area facilities. Information about the service is available in pamphlets and on posters in the facility. Residents are also made aware of the services via their case management staff. Residents can also seek assistance through the local mental health clinic and are aware that these services are confidential. Residents from Brooke House go into the community frequently so if they were not comfortable making the call while in the facility, even though it is not monitored, they could call when out at the job site. The relationship with BARCC is realatively new to Community Resources for Justice. BARCC representative reports a willing to also provide staff training on topics such as "Responding to Disclosures in a Correctional Institution". Both residents and staff understood manditory reporting requirements and the level of confidentiality consistent with maintaining a safe environment

Standard 115.254 Third-party reporting

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

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

Policy 900.00 page 15 describes the requirements of the standard as it relates to third party reporting. The agency website provides information on PREA and how an individual could file a Third Party Report. The website includes a form that could be printed and mailed. The form and website give information on how to contract the agency's PREA Coordinator. Neither the Program Director Howard Jardine or the Agency PREA Coordinator Susan Jenness Philips reports receiving any third party notifications.

Standard 115.261 Staff and agency reporting duties

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

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

Brooke House policy (900.00) requires, and staff interviews confirm, that staff are aware of the immediate need to report all accusations of Sexual Assault or Sexual Harassment including third party and anonymous complaints. Staff are aware of the importance of timely reporting and the need to provide confidentiality about information except when reporting to supervisory, investigative staff or information needed to secure treatment or provide for the safety/security of others. The facility does not employ a mental health clinician and does not service individuals under the age of 18. Staff are aware of mandated reporting and their legal responsibility to report all PREA events or any concerns of retaliation of those individuals who have reported such events.

Standard 115.262 Agency protection duties

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

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

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

The Brooke House facility has not had to protect a resident in imminent risk of sexual abuse. Random staff were able to identify what to do in these situations to provide immediate safety including immediate separation of parties, increasing contact and support to the residents. The Director of Social Justice Services, Elizabeth Curtin, and Howard Jardine, Program Director of Brooke House both acknowledge that the agency response would be swift and the efforts would include both facility based changes to increase safety and contacting the referral source. The agency PREA Coordinator Susan Jenness Phillips would also be notified of these events.

Standard 115.263 Reporting to other confinement facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Policy 900 does cover the requirements of reporting abuse to other confinement facilities including the timing and documentation of such incidents. Director Howard Jardine reports not having had any resident disclose any prior institutional abuse which required him to put these steps into action. He was aware of the time line requirements and his obligation to similarly investigate all alligations he receives from other institutions.

Standard 115.264 Staff first responder duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Brooke House Policy 900.00 covers the requirements of the standard. The facility trains all its staff as potential first responders and interview supports they know the steps required to ensure quick access to care while protecting potential evidence. The Brooke House facility has not had a sexual assault incident so there was not staff to interview who had responded as a first responder. The agency has developed a quick reference guide that staff could refer to to ensure the first responder duties are met

Standard 115.265 Coordinated response

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

CRJ and Brooke House policy 900.00 has extensive directions for staff on the steps for responding to a sexual assault and providing a coordinated effort. A quick reference guide to ensure that staff know the appropriate steps and phone numbers to contact outside agencies, such as the Brigham and Womans Hospital and Boston Area Rape Crisis Center. A copy of this document is available in the control monitoring station of the facility. The facility Director was able to describe the plan and communication efforts that would occur in a timely fashion with local service providers, the local police, the referral and funding authorities, and the agency management including the PREA Coordinator should an incident occur.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Brooke House is part of Community Resources for Justice which does not employ individuals as part of a collective bargaining agreement. The agency policy 900.00 section IH7 and prior practice allows for the removal or reassignment of staff to no contact positions while an investigation occurs. This practice was confirmed by the Program Director Howard Jardine and the Director of Social Justice Services Elizabeth Curtin.

Standard 115.267 Agency protection against retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Brooke House and Community Resources for Justice policy 900.00 covers the requirements of this standard. Since there has not been an incident of sexual abuse there is no documentation to review. The Director of Social Justice Services on behalf of the agency head and the Program Director both described multiple mechanisms that would be put in place to protect individuals who report sexual assaults which include changing housing, preventing contact between the accused and the victim, monitoring reports about the resident or staff to see if there is any change in frequency or tone. Howard Jardine the Brooke House Director reports he would lead the monitoring of these events due to the small size of the facility and that he would inform PREA Coordinator Susan Jenness Philips about the resident's progress.

Standard 115.271 Criminal and administrative agency investigations

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

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

Community Resources for Jusitce would only complete administrative investigations at the Brooke House facility. All criminal investigations would be done through the local law enforcement agencies. To date the facility has not had an incident requiring a criminal or an administrative investigation. Agency Policy 900.00 (page 19-20) addresses the standards expectations. The facility does not require the use of polygraph examination or other truth telling devises. Agency policy states that record retention rules require PREA investigation files be retained for a minimum of five years from the date the alleged abuser is released from the custody or employed by the Community Resources for Justice. Staff who would complete administrative investigations were able to identify the steps for a prompt, thorough investigation including if staff actions or inactions led to potential abuse.

Standard 115.272 Evidentiary standard for administrative investigations

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

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

Facility Director and PREA Coordinator confirm that agency policy 900.00 (page 19) requires that no greater standard than the preponderance of evidence be used in determining whether an allegation of sexual assault or harassment can be substantiated. Since there has not been any investigations there was no case file to review with an investigator. Administrative staff have taken the NIC training "PREA: Investigating Sexual Abuse in a Confinement Setting" course which covers this topic.

Standard 115.273 Reporting to residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

The agency policy 900.00 covers the requirements for reporting to residents of Brooke House on the outcome of investigations. Residents who report sexual abuse or sexual harassment will be informed of the outcomes. Since the facility has not had any PREA incidents, requiring notifications, the determination for compliance relied on the Program Director's and the Agency PREA Coordinator's knowledge of standard requirements.

Standard 115.276 Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Community Resources for Justice agency policy 900 states that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions including termination which will be presumed consequence for a substantiated finding of sexual abuse. Discipline according to policy will be commensurate to the nature and circumstances of the acts committed and comparable to other staff with similar histories. Brooke House requires all allegations of sexual abuse to be reported to the Boston Police regardless of whether the staff resigns or is terminated. No staff has been disciplined for a PREA related violation.

Standard 115.277 Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

corrective actions taken by the facility.

Brooke House has limited contractors, including no direct service contractors, who would be unescorted in the facility. The facility also has limited number of volunteers/interns. The CRJ and Brooke House policy 900.00 allows the program to bar entry to prevent contact with potential victims in incidents of sexual abuse or harassment. The policy requires the agency to refer incidents involving these individuals for investigation by law enforcement agencies. To date the agency reports it has not had to enact any of these measures to protect the residents.

Standard 115.278 Disciplinary sanctions for residents

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

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

Policy 900.00 page 21 addresses the requirements of this standard. The agency prohibits consensual relationships between residents. Residents are reminded of this by case managers during orientation and it is also stated in the resident handbook. The facility staff monitor relationships closely and residents are subject to formal discipline following any abuse incident. Residents will not be disciplined for staff involved events unless it is determined that it was non consensual. Resident will have access to appropriate survivor counseling services if they remain in the facility. Residents report staff address all sexualized behaviors including the topics of conversations. The residents acknowledge that this action by staff make the environment safe and ensures that things to not escalate.

Standard 115.282 Access to emergency medical and mental health services

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

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

The Brooke House facility has not experienced an incident of sexual assault. Since Brooke House does not employ medical or mental health staff they have directed all staff on first responder duties. This training includes the process of sending residents out as soon as possible to the Brigham and Womans Hospital and notifying the Boston Area Rape Crisis Center. The neighborhood medical and mental health services, from the auditor's literature reviews and interviews, appear to be comprehensive. Brooke House Policy 900 page 14 ensures that any service related to examinations, transportation and prophylactic and emergency contraception are done free of charge to the victim.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Brooke House is committed to ensuring residents have ongoing access to services if they have been a victim of sexual abuse in any criminal justice setting. Agency Policy 900.00 Page14 speaks to each aspect of this standard. The availability of BARCC and the local mental health clinic allows for ongoing treatment services. Ongoing health services for victims of sexual assault would be provided at Brigham and Womans Hospital which is approximately 6 blocks away from the facility.

Standard 115.286 Sexual abuse incident reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Brooke House and CRJ Policy 900.00 page 21 requires the completion of the steps outlined in this policy. As there were no incidents of sexual abuse, there is no incident reviews required and no documentation to review. Interviews with Brooke House Director Howard Jardine and the Agency PREA Coordinator Susan Jenness Philips support they are reportedly aware of the requirements of sexual assault incident reviews.

Standard 115.287 Data collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

corrective actions taken by the facility.

Agency has collected data related to PREA in all of its facilities. Brooke House staff have been tracking of a variety of information related to PREA that includes information for the Survey of Sexual Violence and other PREA related measures.

Standard 115.288 Data review for corrective action

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

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

Community Resources for Justice policy 900.00 pg 22 addresses the standard's requirements. The data elements have only been collected for the past year. The management teams on the facility level and the agency level will utilize data to make informed decisions on programmatic and policy needs. With the PREA Coordinator overseeing the agency's Standards and Accreditation Unit the parent agency CRJ it has created a system in which problem areas can be identified and a corrective action plan monitored. The agency publishes data in an annual report of its programs. The agency also has put completed PREA reports on its website from other CRJ Community Confinement facilities.

Standard 115.289 Data storage, publication, and destruction

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

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

Data storage, publications and destruction standard expectations are defined in the 900.00 Policy. The agency has posted data to the website information without personal identifiers. 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. Susan Jenness Phillips, the Agency's PREA Coordinator, also serves as the Director of this unit.

AUDITOR CERTIFICATION
I certify that:

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

Jack Fitzgerald – Certified Auditor – Fitzgerald Correctional Consulting LLC. 2/26/2016

Auditor Signature Date