

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

Interim Final

Date of Report 8/30/18

Auditor Information

Name: Jack Fitzgerald	Email: jffitzgerald@jud.ct.gov
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: July 16-17 2018

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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency 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
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: Susan Jenness Phillips	Title: Director of Standards and Quality Assurance and PREA Coordinator
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Email: sjenness@crj.org	Telephone: 617 549-7046
PREA Coordinator Reports to: Christine Cole- Vice President/CJI Executive Director	Number of Compliance Managers who report to the PREA Coordinator 5

Facility Information

Name of Facility: Houston House	
Physical Address: 67 Slater Street Pawtucket RI. 02860	
Mailing Address (if different than above):	
Telephone Number: 401-722-2135	
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 checked="" type="checkbox"/> Halfway house <input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility <input type="checkbox"/> Alcohol or drug rehabilitation center
	<input 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Director

Name: Jeffery Korsak	Title: Program Director
Email: jkorsak@crj.org	Telephone: 401-722-2135

Facility PREA Compliance Manager

Name: Jeffery Korsak	Title: Same
Email: Same	Telephone: same

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: 25	Current Population of Facility: 15
Number of residents admitted to facility during the past 12 months	76
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:	1
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	72
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	76
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 <input type="checkbox"/> Juveniles <input type="checkbox"/> Youthful residents 25-67 Click or tap here to enter text.
Average length of stay or time under supervision:	4-6 months
Facility Security Level:	Community Corrections
Resident Custody Levels:	Reentry
Number of staff currently employed by the facility who may have contact with residents:	13
Number of staff hired by the facility during the past 12 months who may have contact with residents:	8
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Physical Plant	
Number of Buildings: 1	Number of Single Cell Housing Units: 1
Number of Multiple Occupancy Cell Housing Units:	12
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 is equipped with 40 interior and exterior cameras. The facility has a monitoring station from which the staff can observe the movement of the residents. The Physical plant design which has 3 corridors around a center court yard allows staff to see the housing area from the monitoring station in addition to camera. The agency had identified blind spots in at the time of the initial PREA audit and discussed expectations on the tour of staff monitoring this area. The facility is well lit in a neighborhood of multi-family homes bordering the freeway and a church. The program has a rear yard and off street parking for staff.</p>	
Medical	
Type of Medical Facility:	Miriam Hospital
Forensic sexual assault medical exams are conducted at:	same

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:

0

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

11

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 Houston House, the Community Resources for Justice (CRJ) facility in Pawtucket RI, took place on July 16-17, 2018. The Audit was conducted by Mr. Jack Fitzgerald United States Department of Justice Certified PREA Auditor. Houston 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 is an organization with a rich history in providing assistance to the criminal justice population. The agency roots can be traced back to 1878 and it has broadened its mission through the years to help a varied population. Today, the Social Justice department which encompasses Houston 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, 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) and has pursued accreditation of some of its facilities by the American Correction Association (ACA).

Houston House is CRJ's newest facility and is named after Neil J Houston Jr. Mr Houston was one of the prior directors of the organizations that would join together to become Community Resources for Justice. Mr. Houston was a criminal Justice and community reformer and a native of Rhode Island. The Justice Assistance Organization of Cranston RI has been giving awards since 1981 in Mr. Houston's name to deserving Rhode Island Justice advocates.

An announcement posting was provided to the facility on May 22, 2018. The posting included information on the audit including the proposed dates and how to contact the auditor if an individual had comments about the facility's compliance. The posting, as seen on the tour, was visible to staff, residents, and visitors but yielded no correspondence. The Director was informed by the Auditor that the posting is to remain up until the issuance of the final report. Four to six weeks prior to the site visit the auditor began receiving documents supporting compliance and having calls with the agency PREA Coordinator. The agency was responsive to the Auditor's request for additional documentation when requested. The Auditor also received population and staffing information in advance to allow for the selection of individuals for interviews and case file/ HR reviews.

As part of the pre-audit phase the Auditor reached out to a variety of agencies who would have knowledge of the Houston House facility. The Auditor also completed some online research into the agencies providing services in the community. The Auditor has spoken with representatives of the local rape crisis agency, local mental health provider and the local hospital who employs SAFE nurses. The Auditor also spoke with representatives of the Federal Bureau of Prisons who funds Houston House. FBOP refers inmates to Houston House from federal prisons or individuals who are federal probation violators. The Rhode Island State Department of Health reports there is no state certification requirement for Sexual

Assault Forensic Examiners. The State Department of Health provides all hospitals in RI with uniform kits and coordinates with DAY One (statewide rape crisis agency) on promoting awareness and proper evidence collection in sexual assault cases. Web research completed included the Community Resources for Justice (CRJ.org). The Auditor was able to find information about the facility, the agency's PREA policy, contact information for the PREA Coordinator, the agency's annual PREA reports and the prior PREA Audit reports for the agency since this is the initial Houston House Audit.

The Auditor Arrived at 7:45 am to the Facility on July 16, 2018. After providing identification the staff had the Auditor sign into the program and provided the auditor with a PREA Brochure. The Brochure provides information on the law and how to report concerns. The sign in sheets were reviewed by the Auditor to earlier time periods to support that this process was ongoing. An entrance meeting was held with the Houston House Director, Assistant Director, the CRJ PREA Coordinator and CRJ's Director of Reentry Services. The Auditor was able to see notice of the Audit posted on bright colored paper at the staff monitoring station and later observed these throughout the building. The Auditor was on site at the facility for 21 hours over the two day period including during all three shifts (7:45am-8pm on 7/16 and 6:30am to 3:30pm on 7/17)

Following the entrance meeting the Auditor was given a tour of the facility by the Director Jeff Korsak and Assistant Director Brenda Sarkor-Cheaye. Mr. Korsak had previously worked in the CRJ facility in Albany NY before being named the Director of Houston House in 2017. The Assistant Director Ms. Sarkor-Cheaye has been in her position since January of this year. The tour included all spaces in the facility that residents have the ability to enter. During the tour both the Director and the Assistant Director were able to show their knowledge of PREA issues and concerns by being able to highlight blind spots and discuss the ongoing daily efforts to provide a safe space for residents. They were able to model expectation on staff announcing presence before entering sleeping and bathroom areas. These procedures were later confirmed through staff and resident interviews. The Auditor spoke to residents on the tour to get a general feel for the environment, to see if they were aware of PREA and how to report, if there was information available about PREA, if they knew about the audit and if they were asked to be interviewed by the auditor what the purpose was and the confidentiality of the process. The Auditor observed on the tour and during his subsequent movement within the facility the following; staff/resident interactions, staff announcement before entering bed/bathrooms, postings about PREA reporting options, posting on community resources, visitor and facility logs, camera positions and staffing schedules and coordinated response plans. The Director was also able to explain how the screening tool is used in making housing decisions especially within a co-correctional environment. The Auditor suggested adding additional copies of the client hand book and the PREA brochures to the sitting/ TV areas

Following the tour, the Auditor began the formal interview process, reviewed camera positions, and completed random record reviews of staff, resident and training files. The Auditor interviewed a total of 13 of the 15 residents of which 6 were of targeted populations. The Auditor had to substitute for targeted resident interview categories in which no identified individuals existed (0 residents reported a PREA concern, 0 identify as transgender or intersex). Given the small population both general questions and specialized questions were asked of the identified populations. The identified populations included individuals who had physical or emotional disabilities, identified as gay or bi-sexual, and who reported prior history of sexual assault (not in a institution).

The auditor had informal conversations with at least 6 residents on the tour or in passing while moving about the facility during the audit. The Auditor interviewed 9 of the 12 individuals employed and all the individuals who worked the days of the audit. A thirteenth individual started employment on the second day of the audit, was spoken with, but not included in the audit process. Because of the small staff sample some individuals were interviewed in more than one specialized role (i.e. the facility Director was also the PREA Manager). The Auditor augmented the specialized staff interview through phone interviews with local providers of services not offered on site such as medical and mental health services. In doing so the Auditor was able to see if community-based resources were readily available in making various standard determinations. In addition to the on-site staff the Auditor was able to speak with the agency's Vice President for Justice Services, the Agency PREA Coordinator and the Director of Reentry Services. The

Auditor previously interviewed, by phone, the Director of Human Resources and a Talent Acquisition Officer on the hiring process.

Interviews with residents' support that they were provided information about PREA at intake, and their case managers have completed a follow up assessment. The residents report Case Managers ask key questions indicative of a good screening process including about their feeling of safety each time they meet. Residents were able to point out how reporting a PREA concern could happen at Houston House and where counseling services were available if someone was a victim. Residents, including those with disabilities, were able to report about the various PREA materials given at intake and available in the facility. Residents overwhelmingly report staff would provide assistance if needed in understanding any portion of the program. Residents, most of whom came from higher level of custody environments, report that PREA is not a problem at Houston House. One hundred percent of the residents interviewed stated Houston House is a safe environment. Residents reported that staff would address any sexualized behaviors including humor immediately and they felt any PREA concerns would be investigated. Staff interviews support a small but well-trained staffing compliment who understand their roles in protecting, detecting and responding to PREA concerns. Staff also supported a safe environment and feel that co-workers communicate well if there is any concerning or out of ordinary behaviors being exhibited.

No formal corrective action period was required as part of this audit. The Auditor did make some request for additional supporting documentation during the period between the site visit and this report's conclusion. The Auditor also communicated, during the site visit and the subsequent period with the PREA Coordinator, on ways in which the agency could improve documentation of 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 Houston House Facility, in Pawtucket Rhode Island, consists of one building. The two-story structure at 67 Slayter Street was once a Catholic convent for Nuns. The program can hold up to twenty-five residents who have been determined by the Federal Bureau of Prisons to be eligible to be housed in a community confinement setting as they transition out of custody. On the days of the Audit the facility had thirteen male residents and two female residents.

The residential area has an exterior court yard residents can go for fresh air and privacy. The facility has separate day room areas for each of the two housing areas. The basement of the facility has a large laundry room and a large recreation space which is equipped with exercise equipment. The facility is in an urban area on a quiet side street not far from bus lines, highways and the state capital Providence. The first floor of the facility has one single person room and eleven two-person rooms along with a staff monitoring station and a large meeting room that once served as a chapel. The single room can be used to house individuals with a disability or potentially could provide housing for a transgendered individual if it was determined necessary. The first two rooms on the first floor are for female housing. The ladies also have a television in their room and laundry area right outside. The bathrooms are accessed from inside each room with several rooms having a Jack and Jill set up where two rooms share a common bathroom.

Case Management staff and vocational staff have offices in the corridors adjoining the common areas and the dining facility allowing for additional assistance in the monitoring of residents. The Medication office is also equipped with cameras as a safety concern. Each of the facility's 40 cameras capture common areas and exterior spaces. Staff utilize the cameras and direct observations to watch resident's movement in common areas. Staff perform random tours of the facility including bedrooms hourly. All staff 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 beds with areas for personal storage. The agency has a dress code for residents when in common areas and in bedrooms. All residents must be fully clothed in common areas and while sleeping to eliminate incidental viewing incidents. Male and female residents cannot sit next to each other on couches and only across from each other in the dining area. The facility is very clean has ample space, well-lit and is full of natural light during the day time.

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

215 agency efforts support an environment that balances security while supporting personal privacy.

Number of Standards Met: 40

211,212,213,216,217,218,221,222, 231,232,233,234,235, 241,242,251,252,253,254,261, 262,263,264,265,266,267,271,272,273,276,277,278,282,283,286,287,287,288,289,401,403

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.

Number of Standards Not Met: 0

There were no standards that were not in compliance with the expectations.

Summary of Corrective Action (if any)

There were no standards that required the implementation of a Corrective Action Plan. The facility was required to provide different or additional documentation to support compliance on a few standards that is reflected in the report.

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Houston House and the Community Resources for Justice Policy 900.00 – Staff and Resident Sexual Abuse and Sexual Harassment is based on the standard requirements. The 22-page policy defines the facility's and agency's efforts to protect, detect and respond to sexual misconduct. The Agency employs their Director of Standards and Quality Assurance as the agency wide PREA Coordinator. The title of PREA Coordinator is documented in the agency's management chart provided to the auditor. The agency has developed an upper level management team approach to working toward PREA Compliance. The Houston 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 Houston House Facility. Random staff and resident responses supported a safe environment, a zero-tolerance culture toward sexualized behaviors and a facility that seemed to support reporting of concerns without fear of reprisal. Compliance is based on policy, staff understanding of the Zero Tolerance policy and how their day to day actions support such an environment. The Auditor also found a culture that supports reporting concerns. Interviews with the Houston House Director, the agency PREA Coordinator and the Director of Reentry Operations support that PREA zero tolerance culture is taken seriously and is viewed as an important requirement of resident's quality of life. The agency administration communicates about investigations, other concerns and needs as they arise and work closely with the funding source (the Federal Bureau of Prisons).

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Compliant- This Standard is not applicable as the Houston House is part of the Community Resources for Justice. This agency is a contractor of the United States Federal Bureau of Prisons and does not subcontract in any way for the confinement of individuals.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

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

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Houston House has developed a staffing plan that is compliant with the Federal Bureau of Prison (FBOP) requirements. The staffing pattern allows for each shift to have, at a minimum, two staff including one for each gender resident in the population. The facility adds additional non-security staff, such as case managers, on times when greatest numbers of residents are in the facility and awake.

The Auditor was given unfettered access during the site visit to observe staff/resident interactions and the deployment of staffing on varied shifts. The Houston House narrative plan includes FBOP requirements, the physical plant design and the population served. The use of video technology to help monitoring residents is evident in staff knowledge of potential blind spots as is positive lines of site in the facility. The Auditor was provided with floor plans and camera positions as part of the plan. The female resident reported no concern about her ability to participate in programming or go into the community due to a lack of female staff. There was no reported instance in which the staffing plan was not met (indicator (b)). 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 Director in advance of the annual planning meeting. The Auditor spoke with the management team on ways to improve documentation of this process in conjunction with 115.218. In the last 12 months the facility has not had to make adjustments to the staffing plan. As the Program is relatively new the Director and Assistant Director report continual review of needs and how they would communicate to the Agency PREA Coordinator or the Director of Reentry Services.

The Houston House management team has instructed the staff on supervision practices that support sexual safety including randomization of tours and responding to blind spots when more than one resident is out of view of staff. Staff were able to identify blind spots and measures taken to ensure safety. The Houston House Facility has 40 cameras to cover the exterior, the two main floors and the downstairs laundry and exercise rooms. The Staff monitoring station uses the video monitoring screens to help staff monitor resident movement and support fellow staff members on tour. The residents' comments about the safety of the facility and staff approachability speak to a positive culture. Compliance was determined based on the plan provided, the documentation of shift reviews on site consistent with the schedule and discussions with facility and agency management on how vacant shifts are backfilled.

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*)

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.

Houston House policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) (page 9) prohibits strip searches of any type including to determine one's genital status. The facility prohibits cross gender pat-down searches of female residents except in exigent circumstance 115.215 (b). As noted in the previous standard, interviews with female residents support there is no negative impact on female residents ability to access services due to staffing. They are compliant with these elements even though they the facility houses less than 50 residents. The residents interviewed confirmed no cross-gender pat searches of males or females are permitted at Houston House and no strip searches of any type.

Pat-down search training includes respectful communication with transgender and intersex residents. The agency utilizes the curriculum consistent with the National Institution of Corrections on this subject matter. Since its opening the facility has not housed a transgender resident. The facility staff, in random interviews, were able to explain the training received in regards to performing respectful pat searches of transgender or intersex residents. The training is consistent with the Guidance in Cross-Gender and Transgender Pat Searches produced by the Moss Group.

Policy 900.00 (page 9) sets for the conditions in indicator (d) that residents can shower, change and perform bodily functions without opposite gender staff seeing them. Residents reported consistently that opposite gender staff and most same gender staff knock and announce their presence. This practice was observed on the tour and during the Auditor's on-site time. The residents also report only same gender staff perform the urinalysis collection observations.

The standard is considered compliant based on the policy and its consistent application as confirmed in the interviews with residents and staff. The Auditor considered the pat searches observed onsite and staff announcing presence on tours in making this determination. The practices in place which eliminates strip searches and prohibit cross gender searches of both male and females protect any individual with prior trauma while improving the overall comfort of residents is beyond the standard expectation. The residents support the environment is not only safe sexually, but the staff are respectful. CRJ and Houston House, providing a policy and procedure that promotes sexual safety, reduces potential trauma and maintains an overall secure and safe setting, have exceeded the standard expectation.

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No

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

115.216 (b)

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

115.216 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Community Resources for Justice has a division that works specifically on behalf of individuals with intellectual and developmental disabilities. As a result, the agency is committed to serving the various needs of all residents in their custody. The Houston House has a TTY machine, the AT&T language line and other resources available to the disabled and those with limited English proficiency. The facility also has bilingual staff. The facility has implemented handbooks, posters and brochures in Spanish related to PREA. Spanish is the second most common language spoken by residents according to staff and these resources can assist residents to whom reading English may be difficult. The agency also reports the ability to provide additional translated materials to other languages. (Indicator (b).

Policy 900.00 (page 7) outlines 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. During the visit the Auditor was able to speak with a resident who did not speak English. The resident was fully aware of PREA and able to report how he could report a concern. The resident spoke highly of staff's willingness to explain things if needed including PREA. As part of the audit, the auditor was able to

speak with residents with disabilities (Physical, developmental and emotional), residents who were bilingual (English/Spanish) and one resident who was Limited English Proficient (LEP). In each case residents reported that they 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. Random staff interviewed reported that resident interpreters were not allowed and were viewed as inappropriate given the confidential and sensitive nature PREA reporting (indicator (c)). As a smaller facility the program has had limited residents with any language barriers but has the support of CRJ to respond to these needs as they arise. Given CRJ history work with individuals with intellectual or developmental disabilities it is understandable that they have agency resources in place to support Houston House's work with these populations. Compliance was determined based on the interviews with targeted residents including LEP and those with emotional and physical disabilities. Also supporting compliance was the postings, other documents and technology that support overall compliance. The Auditor was also able to confirm that the facility makes a concerted effort to identify residents with limited reading skills including those who are LEP.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Community Resources for Justice is compliant with the hiring and promotion decisions required by PREA. The agency has policies (900.00 and HR hiring policy) in place to address the requirements of the standard including the screening of individuals for sexual abuse or harassment histories. The agency has all staff working in their Social Justice Services Division undergo criminal background checks. Interviews with HR staff and documentation supports that systems are being completed across the agency. Interviews with the CRJ Human Resource Director and a Talent Acquisition staff occurred earlier this year as part of another CRJ facility PREA audit. Houston House has hired eight staff and promoted one staff in the last year. On the second day of the audit the staff personnel records were reviewed. The Auditor selected six staff files on-site to review in addition to a portion of the staff the auditor requested information on in advance. Documentation from the personnel files supported the requirements of this standard including a form in which employees are asked about the past sexual misconduct in indicators and the requirements in indicators (f) and are given notice of (g) the continued disclosure requirements. All staff of Houston House have their information forwarded prior to hire to the Federal Bureau of Prisons (FBOP) for criminal background checks. Contract renewals of the FBOP require the resubmission of names for criminal background checks which usually puts them in compliance with the five-year requirement. Because the facility is new only the Director has worked for CRJ for more than 5 years. The staff files reviewed contained the acknowledgement the criminal background checks were completed. File review revealed no current employees had previously worked in another institutional setting requiring the agency to complete the institutional check required by PREA. The agency has no contractors who provide direct services to clients or any regular services. The agency and facility compliance are 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.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Community Resources for Justice had the advantage of designing Houston House after the PREA standards. Both current and former CJR Social Justice Administrative staff were involved in the planning. The Facility has excellent lines of sight and the staff utilized *Secure Manage* software to record random tours completed. The Program Director and Assistant Director pointed out on the tour limited blind spots that they would like to eliminate. They also were descriptive of how housing decisions are made to allow for extra observations of potential aggressive or potential victims. CRJ management staff reported, and the Auditor viewed on the tour, that staff office placement was purposeful to allow extra eyes and ears near the sitting rooms in each floor. The standard is compliant in part given the excellent lines of sight and the outstanding video surveillance coverage provided by 40 cameras. The Auditor took into consideration the comments of staff, resident, overall observations during the days on site as well as the Directors understanding of how to access resources if he identifies issues. The Auditor was appreciative of the explanation of the thought process in place to

support the smaller female population including the separate laundry, and seating areas. Compliance is based on the factors stated here and strong evidence that resident safety was used in the initial planning and supported through operational policies

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

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

115.221 (d)

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

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The Houston House has not had a sexual assault case since the facility opened. In the event of a sexual assault, the criminal investigation would be completed by the Pawtucket Police Department. Houston House has had communications with the Pawtucket police department about uniform evidence protocol and PREA requirements. All residents who are victims of sexual assault will be sent to the Miriam Hospital who has SAFE and SANE examiners available. The Hospital representative stated, absent a trained nurse examiner, the collection would be completed by a medical doctor (MD) without cost to the resident. The state of Rhode Island does not have a certification process for SAFE/SANE Examiners. The state does provide kits to be used at each local hospital. A second Providence based hospital (Women and Infants Hospital) provides training to nurses on current procedures consistent with national best practice. The training is available to Miriam Hospital nurses but there is no regional on call SAFE/SANE process if one is not on duty.

The portion of element (b) addressing Youthful Inmates (under 18) does not apply since the facility does not serve that population. The agency has also entered a MOU with Day One. Day One is the local agency who provides comprehensive services to victims of sexual assaults including support during forensic exams and during investigative interviews. Policy 900.00 and interviews with the Facility Director and the Agency PREA Coordinator confirms requirement of this standard to support victims with an advocate during these traumatic portions of an investigation. Houston House has trained their staff about measures to preserve evidence.

All administrative investigations are conducted by the senior administrative team of Community Resources for Justice including the Facility Director, PREA Coordinator and Director of Reentry Services. These investigations are initiated at the facility level. The listed staff have successfully completed the NIC Investigating Sexual Abuse in a Confinement Setting course. The Director of Reentry Operations Ernie Goodno has an extensive background in law enforcement and has worked as a Detective in an urban city in another state. The Standard is compliant because the facility has entered into the appropriate agreements to ensure a thorough examination is completed, trained staff to ensure evidence is properly preserved and the victim has the appropriate supports. The Auditor also considered Interviews with: CJR and Houston House management, with local hospital SAFE, with Rape Crisis agency staff, and information provided by the Rhode Island Department of Health.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In the Community Resources for Justice policy 900.00, page 4, it sets forth obligations that all Sexual Harassment and Sexual Assault cases are investigated. Since the Houston House facility did not have a sexual assault incident there was no referral for investigation to the Pawtucket Police Department. The Agency has posted onto its website the agency PREA policy which set obligations for referring incidents for criminal investigation, and administrative investigations that could be done by either the contracting agency (FBOP) or the CRJ. Absent a complaint of sexual assault the Auditor relied on policy and staff knowledge to determine compliance. One administrative investigation occurred in the last 12 months which was unsubstantiated. The administrative investigation report was reviewed with the investigator. Administration is aware of the need to keep victims informed at different points during the investigation and subsequent prosecution. They are committed to assisting external investigators and keeping lines of communication open. In helping to determine compliance without a sexual assault investigation at Houston House the Auditor took into consideration CRJ's past experience in cooperating with investigations and the positive communication lines experienced by FBOP representatives .

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)

Instructions for Overall Compliance Determination Narrative

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Houston House employees are trained annually on PREA. The education starts as part of CRJ's trainings for new employees. The training program is initially provided in a classroom setting. The Auditor reviewed the content of the PowerPoint presentation to confirm the 10 required topics in indicator (a). Random staff interviewed were able to identify examples of various components of the training program and what they learned. Employees gave examples of how to detect victims of sexual abuse, how to effectively communicate with LGBTI inmates, what they do in their jobs daily to protect, detect inmates from sexual abuse and how to respond as a first responder. As a co-correctional facility Houston House has educated on gender specific issues related to sexual assault. There were no employees who transferred to Houston house from another CRJ single gender facility.

The Auditor was able to review the training records of the staff. The records included the staff acknowledgement through signature that they understood the training. All staff are refreshed annually on all elements in indicator (a). The FBOP provides additional refreshers on ethics and boundaries for employees of Reentry centers. Community Resources for Justice trains all staff in the International Community Corrections Association Code of Ethics. This policy is part of the employee handbook and requires that staff not exploit the client/staff relationship and other themes prominent in the PREA education requirements.

Compliance was determined on the content of the PREA course CRJ has created and the staff ability to verbalize what they had learned in the course. Staff were able to take information and explain how they could apply the lessons learned in their day to day work. The staff training records further support compliance in that all staff members trainings were up to date and the new employees receive PREA training shortly after hire. The Auditor also considered the content of the additional trainings that reinforces the PREA requirements.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed

how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Houston House facility does not use contractors to provide direct service to the residents at the facility. All individuals not employed by Community Resources for Justice, including the Auditor, are required to sign into the facility. As part of the sign in process they are given a copy of the facility Sexual Assault Awareness brochure. This process would include one-time service contractors such as a plumber who would be escorted by staff. The brochure shares key information including the agency Zero Tolerance stance, how to report an incident, and information on Day ONE's Sexual Assault Hotline. The requirements of this standard, the training of volunteers and contractors, is addressed in Policy 900.00 (page 6). Since there are no current volunteers or contractors the auditor could not complete an interview about what they had learned. The Facility Director is planning on tapping into the colleges in the area for possible interns and understands that training related to PREA is required. The Auditor's question of line staff about the information provided to all individuals entering that facility and documentation supporting this process was also considered. Compliance was based on interviews, materials provided at sign-in and policy requirements.

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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All residents report they are given PREA education during their admission meeting with the Intake/Release Coordinator for the facility. Residents confirm consistent with policy this meeting occurs in the first 24-48 hours. A checklist of information is reviewed, signed and placed in their case record. Houston House policy does require PREA education for all admissions including transfers from other CRJ facilities (indicator (b)). The random residents interviewed reported their Case Managers, consistent with policy, also reviewed PREA related information in their orientation meetings including the facility's Zero Tolerance Policy and how to report. The facility has PREA educational materials available to residents in the form of brochures and posters in addition to the handbook. The Auditor was able to see information on the tour of the facility giving residents multiple resources to report concern internally and externally and how to access support.

Interview with targeted residents and staff of Houston House support the facility has the ability to provide education to individuals with disabilities or who are limited English proficient. The Auditor was able to speak to individuals with Physical, developmental and mental health disabilities. These individuals supported the staff would assist individuals in understanding PREA educational materials if needed. There was one bilingual and one resident with limited English proficiency who were interviewed. The residents report that bilingual staff were available to assist them in communication including any PREA related concerns. The facility has access to interpretive services and as a FBOP Reentry facility they are provided information on potential needs of inmates, including language barriers, in advance of the admissions. Compliance is based on the interviews completed, the documentation of resident education and the materials that were visibly available to residents on the tour. The facility added copies of the bilingual handbook to the common areas after recommendation on the tour.

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*)

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Houston House and Community Resources for Justice will only complete administrative investigations. The facility will work to support criminal justice agencies investigations of sexual assault cases. Houston House has completed one administrative investigation related to a sexual assault/harassment case in the last three years. Policy 900.00 page 18 requires CRJ to have staff trained investigators including interviewing potential victims of sexual abuse, requirements of substantiation of a case and the issuance of Garrity warnings. The Facility Director and several administrative staff of Community Resources for Justice completed the National Institute of Corrections online training program on PREA related investigations. The NIC training PREA: Investigating Sexual Abuse in a Confinement Setting addresses the requirement of (b) including the issuance for Garrity warnings, evidence requirements for substantiating a case. Those individuals who completed the course included Jeff Korsak, Program Director; Susan Jenness Phillips, PREA Coordinator for Community Resources for Justice; and Ernie Goodno Director of Reentry Operations all who participated in the onsite audit. Mr. Goodno, a retired urban police Detective will be an invaluable resource to CRJ's Reentry Directors. Compliance, is based on administrative investigation completed, the training material presented, and the trained investigator's understanding of the requirements.

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*)

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The Houston House does not employ any licensed mental health staff or medical staff. According to Federal Bureau of Prisons resident victims who are identified receive mental health services in the community at the Codac Behavioral Healthcare. As a contractor of the Federal Bureau of Prison the service providers are reportedly aware of PREA requirements. Miriam Hospital employs SAFE trained staff and will provide medical services consistent with the community. The Auditor was able to determine the training of SAFEs, Rape Crisis Counselors and local Mental Health professionals in determining compliance. SAFE trainings are provided by the Providence based Women and Infants Hospital. A representative confirms that the training is based on national standards. Though Houston House does not employ the service providers there is sufficient evidence services are accessible to residents and the facility has made these connections. As a result, the Auditor determined compliance

based on resources available and staff knowledge to be able to access these services in an emergency.

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*)

Instructions for Overall Compliance Determination Narrative

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The Community Resources for Justice has implemented a policy and a screening tool to objectively assess residents risk for sexual aggressiveness or sexual victimization. Houston House and CRJ policy 900.00 page 7 and 8 requires screening of all residents upon admission within 72 hours. File review by the auditor showed, by practice, the facility completes screening within the first 24 hours of admission. The auditor looked at a sample of both current and former resident files as part of the onsite visit. All residents are screened using an objective tool. The staff person responsible for screening reports the tool is used as a questionnaire and the information is obtained through direct interview with the residents and a review of the resident's records. The Auditor was able to confirm through interview and the review of the actual tool that all elements of indicator (d) were present.

Residents confirmed in interviews that the staff asked them questions that would be part of the tool within the first 24 hours of their admission. Residents reported consistently about being asked at admission about their history of sexual abuse victimization, their sexuality and their perception of

safety. File reviews is confirmed in the documentation reviewed by the auditor that the residents signed they were asked these questions as part of the PREA Intake Orientation Checklist. The questions are part of the orientation checklist on PREA that the resident and Intake Officer signs. Residents support the case manager reassesses them and asks about the safety in the environment and if they choose to not answer questions about sexuality or victimization they would not be punished. The PREA Coordinator has worked across the agency to improve the level and consistency of documentation of the initial screenings and the reassessment questioning of residents.

All information on the resident's screening is kept in the resident's case file which is locked when not with the case managers in the administrative offices. Sensitive information is not available to other residents or line staff and there is no labeling system that would lead to exploitation by fellow residents. The facility reports in the past year there were no reasons to reassess a resident after the 30-day period as the result of new information, the result of a significant incident of victimization or aggressiveness, or the development of a disability that may affect the individuals score. The Facility Director, Case Manager, and the Intake staff routinely meet to track progress and discuss incidents that may result in a recommendation to reassess the individual's score. Compliance is based on the consistent documentation of the tools being completed, the interviews with screening staff who understood the standard expectations and interviews with residents who confirmed that they are questioned at intake and throughout their stay on elements of the tool. Residents report that they would not get in trouble if they choose not to answer any of the screening questions.

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*)
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Policy 900.00 Staff and Resident Sexual Assault and Sexual Harassment (PREA) page 8 and 9 describes the use of the screening tool in the development of plans for programming, employment and the assignment of roommates. All residents who are screened as potential sexual predators will be roomed by themselves or with those who are not potential victims. Since the facility has housing on multiple floors for male residents there is the ability to keep potential victims and potential perpetrators apart. Female residents are housed in two rooms on the first floor. As a FBOP Reentry facility, the residents are approved to move into the community to seek and obtain employment. Residents who have been identified with either abuse or perpetrator histories can be referred out to Codac Behavioral Healthcare services, the local Mental Health clinics. Residents with sexual offense histories may be required to undergo ongoing treatment. The Facility team meets weekly to discuss treatment needs, progress in the facility, vocational/job placements and discharge planning.

Houston House has not had a transgender resident since the facility opened. CRJ policy requires transgender and intersex resident's own views of safety would be taken into consideration in the implementation of housing. The facility does not employ the use of separate housing rooms based on LGBTI identification consistent with agency policy which prohibits this practice (900.00 pg8) (indicator (f)). The facility can provide a room that is a single and has its own bathroom. The agency has considered housing and private bathroom use accommodations for Transgender and Intersex residents at Houston House. Policy and staff training require all staff to take seriously any room change request by a resident and ask them about their feeling of safety.

Compliance determination, without transgender or intersex residents to interview, relied heavily on interviews and existing policy. Indicators (c) and (d) were reliant on the interview of the screening officer, the Facility Director and the PREA Coordinator. LGBTI identified residents, the Assistant Director and the Screening Officer and random staff confirm (indicator (f) that LGBTI resident are not segregated as a practice. The Auditor also considered that the facility was able to give examples how the screening information was used to make housing, programming and employment decisions. The Auditor made suggestions on improving the consistency of this documentation of employment opportunities based on PREA score results.

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

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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CRJ and Houston House Policy 900.00 addresses the requirements of this standard in Section K page 15 and Section H page 10. The policy addresses the staff responsibility to accept all forms of resident reported Sexual Abuse and Harassment claims and the mechanism for residents to report. Interviews with random staff supported an understanding of this policy expectation. The facility Sexual Assault Brochure, the Resident Handbook and posters throughout the facility all give direction on the importance and methods of reporting Sexual Assault and Sexual Harassment. In interviews with the residents, the auditor received multiple examples of avenues in which residents felt they could report concerns regarding Sexual Assault or Sexual Harassment. Residents consistently reported comfort in speaking with staff, case managers or the facility Director. They were able to identify the posted hotline information (Day One and the CRJ PREA Coordinators numbers) and the ability to speak to the Federal Bureau of Prisons or the Federal Probation Office or family members who come to the facility if they had any concerns in speaking with the facility staff.

Interviews with staff were consistent in their understanding of their duties of accepting and responding to all reports of Sexual Assault or Sexual Harassment whether it was done verbally, in writing, anonymously or by a third party. Staff knew their duties also included the documentation of all claims and immediately reporting them up the chain of command. Staff were also aware of options to privately report PREA concerns, if needed, outside the chain of command. Compliance is based on policy, documents reviewed prior to site visit, signage observed on tour and interviews with the PREA Coordinator and Facility Director. Staff and resident random interviews supported a consistent understanding of the standard expectations.

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

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Houston House is not exempt from the exhaustion of administrative remedies. The facility tries to resolve grievances in the facility as a whole, but inmates, as part of the federal prison system can also file complaints (BP-8) through the Bureau of Prisons. The Houston House facility has received no complaints through this process relating to PREA. This was confirmed with the Director, the PREA Coordinator and the Bureau of Prisons. In interviews the Program Director confirmed policy 900.00 (pages 16-17). He was aware of the requirements of the standard: including (b) no time limits on submission of grievances or requirements of informal resolution meetings with staff member. The policy also states residents do not have to submit grievances to any staff person who is subject of the complaint (c) and covers the obligation for timely responses (d). The policy also set forth a process for emergency grievances (f) and the right to hold residents accountable when they can be proven to have filed knowing the information was not true. Requirements that there is no time limits to submit allegation, require the use of informal grievance. CJR administration report grievance outcomes are generally responded to by Facility Directors within a few days. The facility has not received any third-party grievance related to PREA. Residents were aware of the grievance process and its potential use for reporting a complaint of Sexual Abuse. Residents were aware that grievances could be filed with the FBOP and that they could only get in trouble if they purposefully lied about the event (g). Compliance determination without a PREA related grievance relied on the policy that is in place and the auditors interview results in speaking to inmates and administration.

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

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- 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.

Community Resources for Justice entered into an agreement with Day One to provide outside confidential counseling and support services to resident victims of sexual abuse in Houston House. Information about Day One is available in pamphlets and on posters visible to the Auditor during the tour of 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 (Codac) that are part of the services provided by the Federal Bureau of Prisons. Residents are aware that these services are confidential up to the point that someone was being hurt or mistreated. Residents from Houston House have their own phones and go into the community frequently so if they were not comfortable making the call while in the facility they can make it in an outside environment where they feel more confidential. The facility allows calls to also be made on an unrecorded land line in the former chapel area. Both residents and staff understood mandatory reporting requirements and the level of confidentiality consistent with maintaining a safe environment. Compliance is based on the interviews with random residents who knew of counseling services available in the community and the level of confidentiality. Houston House residents report PREA is not a concern and they are aware that the facility has access to services.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Residents of Houston House have multiple ways of reporting concerns both internally and externally. The residents reported that they can file reports directly with staff, through the request form, or through the Agency PREA hotline. Residents confirm there are no restrictions on reporting on behalf of other residents. The Auditor also reviewed the resident handbook and found no such restrictions. Residents consistently stated that they could go to staff directly if they had a PREA concern and felt it would be addressed. The Agency also is able to accept third-party and anonymous complaints through its website which has information including a report form, with phone, email and mailing address to the Agency PREA Coordinator.

Residents were also able to explain various external organizations they could report a concern to if they had concerns reporting internally. Residents report they could reach out to the FBOP, to local Police, to the local rape crisis agency or to family. Residents acknowledged posters in the facility about PREA had phone numbers they could call. Compliance is based on resident interviews which support they know how to seek assistance if needed. The residents know that they can report on behalf of a peer if needed or they could seek assistance of an outside agency who could report on their behalf. Random staff interviews also support compliance through confirmation that they report all accusations related to PREA including third party complaints. Information on FBOP reporting of concerns along with Rape Crisis Agency posting give residents options to seek assistance if a PREA concern arose. Compliance also is based on the publicly posted third party reporting options available on the agency website and visible on the brochures, handbooks and other documents visible at the facility.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

115.261 (b)

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

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Houston House staff were consistently aware of the requirements of this standard. Random staff interviewed were able to confirm that they must accept and report all accusations of sexual misconduct. The Auditor was able to provide scenarios to which staff reported how they would report the event to their supervisor including in situations that they received anonymous information, situations they believe might not have happened or in situations where their co-worker's actions or inactions contributed to the incident. The staff interviewed confirmed their role as first responders. Included in their responses was the duty to protecting the confidentiality of victim's information and others who report PREA concerns. They are aware of the need only to disclose information to investigative staff and facility management to enable the victim to get to treatment. Indicators (d) and (e) do not apply to Houston House as they do not employ Medical or Mental Health staff and the facility does not service youthful inmates (U-18). Staff are aware of their roles as mandated reporters and the liability in not reporting an abuse. Staff also understood the responsibility to report goes to incidents that the resident disclose happening at other institutions. Compliance is based on the requirements listed in policy 900.00, and the staff ability to describe their duty to ensure all accusations are referred to investigations while protecting the confidentiality of the reporter or victim.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Interviews with the Facility Director and the Director of Reentry Operations on behalf of the Executive Director confirm the agency's commitment to provide a safe environment for all inmates. CRJ staff are trained, as verified through random staff interviews, to immediately respond to at risk residents and ensure their safety by keeping them separated until appropriate supervisory staff can meet with them to determine a plan of action. Houston House has the ability to move residents' bedrooms on the two floors. Common areas on each floor are only for residents who reside on that floor. They can also work with FBOP to move one of the residents to other facilities if deemed necessary. Compliance is based on the interviews with the CRJ management staff, the understanding of the custody staffs' responsibilities in keeping residents safe and the fact the residents felt that staff were approachable and believed they would help individuals in need. Residents felt the environment was safe and free of PREA concerns and noted that the staff would not tolerate sexualized behaviors or comments if they arose.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Houston House policy (900.00) documents the agency's expectations to notify other facilities of any information received about sexual assault allegation. The policy also ensures that investigations occur on any information received from other institutions. In the past year the Houston House administration has not had to notify any other facilities of complaints of sexual assault. The Facility Director was aware of the importance of quick notification to other institutions (within 72 hours). The Director also confirmed that he has not received any notifications from other institutions that would have prompted a PREA investigation (indicator (d). Compliance, absence a reported incident, is based on the policy and the Facility Directors understanding of his responsibilities.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Houston House and Community Resources for Justice policy 900.00 covers the requirements of the first responder duties including: 1) separating victim and alleged abuser 2) preserving and protecting the crime scene 3) directing the alleged victim on protecting evidence until they can be transported for forensic examination 4) ensure the alleged abuser also does not take action to destroy evidence. Random staff knew that protecting evidence was not only securing the scene until investigators could arrive, but also requesting resident victims to not take any action that would degrade evidence (Wash, change, brush, eat, drink, or perform bodily functions if possible). Since the agency has not had an incident of sexual assault there is no resident or staff person to interview. Random staff members, including non-security staff, were aware of the requirements of the first responder when interviewed. Compliance determination, without an actual first responder, weighed heavily on the random staff's ability to answer how they would handle a first responder situation. Employees were given a scenario by the auditor and were able to voice steps taken to protect the victim, protect the evidence, to document information and report to Supervisor so an investigation could occur.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Community Resources for Justice and Houston House policy 900.00 (pages 11-12) has directions for staff on the steps for responding to a sexual assault and providing a coordinated effort. A quick reference guide was also created to ensure that staff know the appropriate steps and phone numbers to contact outside agencies, such as the Miriam Hospital and Day One, the rape crisis agency that covers the state of Rhode Island. A copy of this document was visible in the Program Monitors station on the first floor of the facility and at other key locations throughout the facility. The facility Director was able to describe the plan and communication efforts that would occur. His expected notifications also include the local service providers mentioned, the Pawtucket police, the funding authority (FBOP) and the agency management including the PREA Coordinator should an incident occur. Compliance is based on the consistent understanding of the plan by administrative staff and their having reached out to other agencies, such as local hospitals and Day One, for support. The auditor also found the staff were aware of the plan and if they were not certain of all the steps there was a document for them to reference. The Auditor also considered the interviews with the local rape crisis agency, the local mental health provider and the local hospital staff.

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*)
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Houston 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 (page 11) states that employees may be put out on administrative leave during an investigation. This practice was confirmed by the Vice President for Justice Services in an interview earlier this year. Discussions with representatives of the FBOP and the agency PREA Coordinator also support a commitment to keep victims away from potential abusers. As a FBOP facility CRJ will also consult with their funding source if they are completing an investigation. This notification would include discussions on if removal or reassignment of staff to no contact positions are needed while an investigation occurs. The CRJ employee handbook (page 15) notifies employees further about the possibility of being placed out on administrative leave. Compliance determination, absent a situation at Houston House, is based on the agency's overall practice as defined in policy and confirmed by the Vice President for Justice Services. The agency previously provided examples where employees have been put on leave in other facilities for violating agency policies for gross misconduct behaviors while investigations occurred.

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

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CRJ policy, 900.00- Staff and Resident Sexual Abuse and Sexual Harassment (PREA) set forth the requirement of the standard on several pages (Page 3-4,11). The policy requires for active monitoring of resident or staff involved in a PREA related investigation for a period of at least 90 days. The Facility Director, would be the primary monitor of staff and would work collaboratively with the Case Managers, when appropriate in the monitoring of residents. There were no residents at the time of the site visit who reported a PREA complaint at the facility. The Facility Director, the Director of Reentry Operations and the CRJ PREA Coordinator report the agency's commitment to protect resident victims from retaliation. As a Reentry facility, it is probable that the alleged aggressor would be removed to a more secure setting. The agency is willing to work with FBOP in moving a resident between facilities it runs

or other FBOP facilities in the region if deemed appropriate by the referral source. The agency has a track record of removing staff accused of misconduct. The Facility Director was aware the monitoring must be for at least 90 days and would include direct conversations, monitoring for behavioral changes or any negative performance. The Facility Director reports that victims and those who cooperated with the investigation who report fear would be protected and that all individuals requested could seek counseling supports. Absent an incident of sexual assault, compliance was determined based on policy and interviews with the administration. The agency is encouraged to develop a standardized practice for documentation of the monitoring process.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

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The Community Resources for Justice would only complete administrative investigations at the Pawtucket based Houston House facility. Agency policy requires that administrative investigations be completed by CRJ facility or Central Office administration. All criminal investigations would be done through the local law enforcement agency (Pawtucket Police Department) or the FBOP. To date the facility has had no incidents requiring a potential criminal investigation. Agency PREA policy 900.00 (page 18) addresses the standard's expectations including: coordination with local law enforcement and prosecutorial authorities, determining if staff actions or failures contributed to the abuse, evidentiary standards for administrative investigations and credibility of witness. Indicator (c) on collection of DNA evidence would be completed by the Pawtucket Police Investigators.

Houston House has trained staff on how to protect evidence by closing off the area in which the assault occurred and giving specific directions to the resident victim and perpetrator to limit evidence destruction. The Facility Director is aware of the need to support the criminal investigation including the preservation of all electronic evidence. Indicator (d) would be determined by the criminal investigation team of the local Police Department or FBOP. The facility does not require the use of polygraph examination or other truth telling devices (page 18). 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 Houston House (page 19). The facility had no PREA related criminal investigations in the last year. The steps of the administrative investigations

were reviewed with the Facility Director as part of his interview including the factors considered in determining credibility and the process undertaken to ensure communication is maintained with the local police investigators and the Federal Bureau of Prisons. The Facility Director was also aware that investigations must be completed even if the alleged abuser is released from custody or terminates employment. One former resident complaint to CRJ administration resulted in an administrative investigation. The case was investigated and was determined to be unsubstantiated video evidence was reviewed as well as direct interviews. The investigation was related to a pat search that led to the discovery of contraband.

Compliance determination was made based on policy, the investigative report, the interview with the Facility Director, and the staff knowledge of protecting a crime scene and DNA evidence. Houston House has attempted to enter into a MOU with the Pawtucket Police Department, though not completed, there is documentation of communication for PREA related criminal investigations. Finally, the Auditor considered the information provided by the Director of Re-Entry Operations for CRJ, who completed the actual investigation in 2018. As a retired law enforcement officer with extensive investigative experience, he ensures an experienced resource for communication on both criminal and administrative PREA Investigations.

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*)
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CRJ policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) confirms the requirement of this standard. On page 18 the policy defines, consistent with the standard, that no higher standard than the preponderance of evidence is used in determining whether to substantiate a claim of sexual abuse or sexual harassment. Compliance, is based on administrative investigation completed by the Director of Re-Entry Operations and the interview with him on his findings. The Auditor also took into consideration that the Facility Director also understood the evidentiary standard.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Houston House facility is a contractor of the Federal Bureau of Prisons, and as such, the Director is aware to work with FBOP and Pawtucket Police to obtain information if the victim was to stay in the facility. It is believed, given the minimum-security setting, in cases of resident on resident abuse, FBOP would remove them to a higher custody during the investigation. If the reported victim remained in custody at Houston House the Director would inform the resident, in writing, of the progress of the case when referred for prosecution and at disposition. In the event of a staff on resident misconduct the agency would notify the resident if the staff was no longer at the facility or at the indictment or conviction.

Policy 900.00 (Staff and Resident Sexual Abuse and Sexual Harassment (PREA) meets expectation of the standard in 115.273 (page 19) as it puts forth requirements for reporting to victims on the outcome

of all investigations of Sexual Abuse and Sexual Harassment. In determining compliance, the auditor took into consideration the Facility Director's and the agency PREA Coordinator's knowledge that communication lines between the facility and the investigative agency must be open to allow appropriate notifications of the victim resident. Since there was no sexual assault by either staff or residents, there was no documentation to review to support indicator (c) and (d). The Auditor suggests the adoption of a specific notification form for resident victims indicator (e), so the process would be uniform across the agency. The agency created a form for this purpose during the report period

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*)

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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 19). 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. All employees receive training at CRJ’s corporate offices in Boston on employee conduct and are provided a handbook which covers employee discipline.

Since there have been no PREA related complaints, no Houston 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 Facility Director, the Agency PREA Coordinator and the Director of Reentry Operations. The agency has previously disciplined staff related to PREA concerns at their other facilities and provided examples to support compliance. The Auditor also took into consideration the CRJ employee handbook which describes 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*)

Instructions for Overall Compliance Determination Narrative

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At Houston House, the Pawtucket Reentry facility of the Community Resources for Justice, they do not employ contractors who provide direct services to the clients at the facility. One-time visitors such as the Auditor or a delivery person receive a pamphlet on PREA as part of the sign-in process. Houston House has not taken on any interns or volunteers since opening, but the Director and Assistant Director are aware of the need to train any individual with regular contact. The Director reports potential volunteers would receive the education on PREA consistent with their involvement with the clients. Houston 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). The policy does address the portion of indicator (a) requiring notification to relevant licensing boards. Compliance, without a volunteer/contractor, is based on policy, education materials provided to all visitors and the interview with the facility 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*)

Instructions for Overall Compliance Determination Narrative

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Houston House has a policy that addresses the requirements of this standard (900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) pg. 20). In the policy, it addresses the conditions in which a resident could be disciplined, that sanctions be equivalent to the nature of the misconduct, take into consideration one'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. All discipline for major violations would be reported to the FBOP. Discussions with the Federal Bureau of Prisons confirm that resident perpetrators of sexual misconduct may be required to be moved to a higher level of custody. If the resident can stay in the community, the FBOP can make treatment a requirement of their continuing in the program. Houston House's Facility 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 and the Director is aware that the 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. A review of the resident Handbook also supports that residents are informed of both PREA and the disciplinary codes that cover sexual misconduct. Compliance, absent discipline for sexual misconduct, is based on policy, written materials provided to all residents on conduct and interviews with administration, line staff, residents, and FBOP.

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

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Houston 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 that they should only ask the victim enough information to be able to obtain appropriate treatment. Victims of Sexual Assault at Houston House would be taken to Miriam Hospital where the hospital staff have confirmed that medical services would be offered free of charge. The Hospital's SAFE trained nurses would offer prophylactic medications and emergency contraception to victims of sexual assault. The Hospital staff would set a discharge plan in place which would include referrals for follow up care. Mental health providers funded by FBOP will provide follow up care for victims. Case management staff confirmed that they would work with the resident victim to ensure the supports are in place. The residents would be referred to the Codac Behavioral Health Services. Codac receives funds from the Federal Bureau of Prisons to provide services to Houston House residents. Compliance, absent an actual victim, is based on policies, emergency plans and

services in place. The Auditor took into consideration, interviews with staff and interviews with community-based agencies.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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 Day One (local rape crisis agency) and the local mental health clinic (Codac Behavioral Healthcare) provided by the FBOP allows for ongoing treatment services. Ongoing health services for victims of sexual assault could be provided at Miriam Hospital.

Interviews with Hospital representative confirmed residents can be treated free of charge including STD and HIV testing and treatment. Indicators (d) and (e) are also confirmed by medical staff in that any female victim would be offered pregnancy testing and counseling on options should a pregnancy result from a sexual assault. The residents of Houston House have access to community-based health services. The services are the same as any other Pawtucket 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 Houston House has not had to put to use the requirements of this standard, they have a plan to initiate services if needed. The Auditor, in determining compliance, considered conversations with community hospitals 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 Houston 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

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

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Houston House and CRJ Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) pages 20 and 21 requires the completion of the steps outlined in this standard. The policy described who should be part of the review and the timeline for completion of the review ("within 30 days of the conclusion of the investigation"). As there were no incidents of sexual abuse, there is no incident reviews required and no documentation to review. Interviews with Houston House's Facility Director Jeff Korsak and the agency PREA Coordinator Susan Jenness Phillips support they are aware of the requirements of sexual assault incident reviews including the various areas to consider in indicator (d). They report that the review committee would include a multi-disciplinary team including CRJ administration, facility administration, line staff and case management staff. Policy and interviews support compliance and that the facility is prepared to meet the requirements of this standard if an incident was to occur. CRJ has adopted a review form based on the standard to ensure consistent information across all of their programs. Absent an incident to review compliance is based on the stated evidence.

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

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The Community Resources for Justice collects information sufficient to complete the Survey of Sexual Victimization (SSV) in all its programs including Houston House. Houston 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 previously provided summary reports 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 Quality Assurance Department regularly performs audits to ensure consistent collection. 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 agency.

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

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Houston 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 has not had a PREA incident/complaint there is no PREA specific data from which to make critical analysis. As a result, the agency looks at all events with a critical eye toward safety concerns. With the PREA Coordinator, Susan Jenness Phillips, overseeing the agency's standards and accreditation process it has created a system in which problem areas can be identified and a corrective action plan monitored. The agency PREA Coordinator, Facility Director and the Director of Reentry Operations 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

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Houston House data storage, publication of data and destruction expectations are defined in Policy 900.00 (pages 21-22). 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. The Auditor was able to see an electronic case management system that stores information and on-site limited access files that include elements used to make reports. These files are only available to administration, case management and the agency’s Quality Assurance team. The Community Resources for Justice operates five facilities currently and does not contract out for any monitoring of inmates. Compliance is based on the policy, the documents that have been provided and the interviews with the facility Director, the PREA Coordinator and the Director of Reentry Services.

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*)
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This is the first audit for the Houston House Residential Reentry Center. The Community Resources for Justice had the five facilities it had opened during the first PREA audit cycle audited between January

of 2015 and June of 2016. The Auditor found the Houston House and CRJ administration staff to be cooperative during all three phases of the audit process. The Auditor was able to receive information in advance, was able to get additional examples when requested and was able to move about the facility during the tour and the interview process freely seeing all areas. The Audit notice was posted throughout the facility with the Auditor contact information. Residents were aware they could write but none have done so to date. The Houston House Director was informed that the posting needed to be up pre-audit phase until the issuing of the final report. The Auditor was provided private space (Medication Administration Office) from which to complete interviews with staff and residents.

The Auditor finds the standard to be in compliance based on the facts that CRJ has completed all audits required in the first cycle. One facility, Horizon House, has already completed the second cycle audit successfully.

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

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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.

The Auditor was able to review the agency website for compliance with this standard. The Auditor's review revealed that the Community Resource for Justice had published to their website the final PREA

reports for all 5 of its facilities that service criminal justice populations. The agency website does not include a previous PREA audit report for Houston House since this is the facility's initial audit.

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

8/30/18

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.