

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

Interim       Final

Date of Report    1/1/19

### Auditor Information

Name: Jack Fitzgerald	Email: jffitzgerald@snet.net
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: Sept 13-15

### 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: <b>Non-Profit</b>	<input type="checkbox"/> Military	The Agency Is:	<input type="checkbox"/> Military
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> Municipal	<input type="checkbox"/> County
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
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<b>Email:</b> sjenness@crj.org	<b>Telephone:</b> 617 549-7046
<b>PREA Coordinator Reports to:</b> Christine Cole- Vice President/CJI Executive Director	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 6

**Facility Information**

<b>Name of Facility:</b> Brooke House
<b>Physical Address:</b> 107 Park Drive Boston MA 02215
<b>Mailing Address (if different than above):</b> Click or tap here to enter text.

<b>Telephone Number:</b> 617- 867-0320
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<b>The Facility Is:</b>	<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

<b>Facility Type:</b>	<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		

<b>Facility Mission:</b> We change lives and strengthen communities by advancing policy and delivering individualized services that promote safety, justice, and inclusion.
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<b>Facility Website with PREA Information:</b> CRJ.ORG
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<b>Have there been any internal or external audits of and/or accreditations by any other organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**Director**

<b>Name:</b> Howard Jardine	<b>Title:</b> Director
<b>Email:</b> hjardine@crj.org	<b>Telephone:</b> 617- 867-0320

**Facility PREA Compliance Manager**

<b>Name:</b> Howard Jardine	<b>Title:</b> Director
<b>Email:</b> hjardine@crj.org	<b>Telephone:</b> 617- 867-0320

**Facility Health Service Administrator**

<b>Name:</b> N/A – Local Hospital	<b>Title:</b> Brigham and Women’s Hospital
<b>Email:</b> Click or tap here to enter text.	<b>Telephone:</b> Click or tap here to enter text.

<b>Facility Characteristics</b>			
Designated Facility Capacity: 65		Current Population of Facility: 12	
Number of residents admitted to facility during the past 12 months			96
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			56
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			96
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 23-56	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:			7 weeks
Facility Security Level:			Community / minimum
Resident Custody Levels:			Community / minimum
Number of staff currently employed by the facility who may have contact with residents:			11
Number of staff hired by the facility during the past 12 months who may have contact with residents:			1
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0
<b>Physical Plant</b>			
Number of Buildings: 1		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		22	
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.):			
The facility has cameras on each floor of the facility covering the main corridors and common areas. The cameras are recorded and can be monitored at the staff monitoring station and by the facility administrative team at their desks			
<b>Medical</b>			
Type of Medical Facility: local Hospital / community health clinic		Click or tap here to enter text.	
Forensic sexual assault medical exams are conducted at:		Brigham and Women's Hospital	
<b>Other</b>			

<b>Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:</b>	<b>0</b>
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	<b>5</b>

# 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 Brooke House Reentry facility of Boston MA is one of several facilities in the northeastern United States of the larger organization Community Resources for Justice (CRJ). The Community Resources for Justice, whose administrative offices are located in Boston MA, is an organization with a 130 year history of social activism. From its earliest years the organization was focused on helping individuals as they left prison. The agency's mission today continues to service the disadvantaged dividing their focus into three areas: Social Justice Services, Community Strategies and Crime and Justice Institute. The Brooke House program is part of the Social Justice Services which include adult and juvenile residential programs. The Agency is active through its Crime and Justice Institute and Leadership in shaping both local and national discussions related to individuals leaving prison. Vice President Ellen Donnarumma currently serves as the President of the International Community Corrections Association which provides leadership, training and national voice to nonprofit organizations working with this population. The mission of the agency and the facility is "We change lives and strengthen communities by advancing policy and delivering individualized services that promote safety, justice and inclusion." The Brooke House program has undergone some changes over the last three years. With a declining population of inmates placed directly by state or county correctional authorities the facility has created a transitional housing program in addition to the traditional reentry services. This program allows inmates leaving correctional facilities to have a stable living environment until they can move out on their own. This transition allows residents to stay longer and develop stronger work and financial stability before venturing out to living on their own.

Brooke House currently employs 11 staff members including administrators, residential staff, and a case management worker. The facility design can house up to 65 male residents. In 2015 the Massachusetts Department of Correction reduced the use of community beds as a cost saving measure. The two current contracts for this facility are to serve prerelease individuals from Suffolk and Norfolk County Sheriff's departments. The program serviced 96 residents in the last year with 7-week average stay in residence.

The audit was completed by Certified PREA Auditor Jack Fitzgerald of Fitzgerald Correctional Consulting. This is the second time this Auditor has completed a PREA audit of Brooke House. During the pre-audit phase the Auditor reviewed the Pre-Audit tool, the policies and procedures related to the PREA Audit and the supportive documentation. CRJ's Standards and Quality Assurance Unit began providing materials to the auditor in the Pre-Audit phase. Materials were sent via email or provided on a flash drive to the Auditor. The Auditor had direct conversations with or email correspondence with The Director of Standards and Quality Assurance Susan Jenness Phillips and Assistant Director of Standards and Quality Assurance Heriberto Crespo.

The Auditor arrived in the Boston area on Wednesday September 12th. The onsite work hours were from 8am to 6:30 pm on September 13th and 7:00am to 3:30pm on September 14th. An entrance

meeting was held on the morning of September 13th. In attendance were the following; Gabriella Priest, CJR Director of Innovation, Implementation and Development; Susan Jenness Phillips, CRJ Director of Standards and Accreditation and agency wide PREA Coordinator; Heriberto Crespo Assistant Director of Standards and Quality Assurance; Howard Jardine, Program Director Brooke House; and Andrew McCatty Assistant Program Director

In preparation for the audit the Auditor did research into community resources available to the residents including medical, mental health and rape crisis services. The Auditor also did research into the requirements of forensic exams as determined by the Massachusetts Department of Public Health. The facility does not employ any direct care medical or mental health services. Residents go to medical and mental health treatment services in the community. No SAFE or SANEs are employed by the facility but are available through agreement with the Brigham and Woman's Hospital 24 hours per day. This facility is affiliated with Harvard Medical School. The Auditor spoke with a nursing supervisor of the hospital who confirmed the process of obtaining a SAFE trained individual if one was not on duty. The nurse also confirmed routine care provided to victims including testing, how the treatment is paid for out of a state victims fund and ongoing care. The auditor also called regional sexual assault advocacy organizations including the Boston Area Rape Crisis Center (BARCC) with whom the facility has a memorandum of understanding to provide PREA related services. The representative, with whom the auditor spoke, acknowledged the MOU and reported they had no historical complaints about the facility. The BARCC organization has developed a relationship with CRJ and attends advisory meetings for Brooke and Coolidge Houses. Finally, the Auditor reached out to the funding sources to determine their satisfaction with the program and to determine if they had any PREA related concerns. Brooke House services two greater Boston County Sheriffs' Offices (Suffolk and Norfolk). It is reported that Brooke House is cooperative and communicates any concerns in a timely fashion. During the onsite visit the Auditor was able to speak with representatives of the Suffolk County Sheriff's office who perform random checks on residents.

In advance of the onsite visit the Auditor requested a chart of information on the 11 staff members including dates of hire, date of background checks (initial and 5 year), dates of PREA training, employee confirmation on no sexual misconduct, ongoing the duty to report and documentation of any prior institutional employment. The Auditor then reviewed 5 files when on site to confirm the accuracy of the information provided. The Auditor interviewed 11 different individuals employed by CRJ including the 5-line staff who worked on the two days of the Audit. With a small staffing pool, administrative staff members were required to answer questions for more than one role. As noted previously, the Auditor supplemented some of the specialized staffing questions with community providers of services not done onsite at Brooke House. Since there were no PREA incidents the Auditor relied on knowledge of the standard requirements for first responder and incident review team members

The Auditor was able to interview ten (10) of the 11 residents including one from each of the bedrooms being used. The 11<sup>th</sup> resident refused the interview. There were no transgender residents or victims of Sexual Assault or Sexual Harassment at Brooke House. The Auditor was able to speak with individuals with physical and emotional disabilities, individuals who were Limited English Proficient or bi-lingual to interview, an individual with prior abuse history and an individual who identified as gay. The Auditor reviewed, when on site the files of nine residents which represented 10% of the population in the last year. Four of the files were current residents and the other five files were of residents discharged in the six months prior to the site visit. The Auditor reviewed documentation of screenings (including timeliness), education related to PREA and when appropriate referral for counseling services.

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

## 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 Brooke House reentry facility, in Boston MA, consists of one five story brick structure at 107 Park Drive in the Fenway Section of Boston three blocks from historic Fenway Park. Directly across the street, is an expansive city park with multiple recreational opportunities for residents. The facility is in an urban residential area that has small businesses and restaurants not far from bus lines or subway lines. The facility is in walking distance to the Medical service provider and to local mental health service providers. The first floor of the facility has a staff monitoring station immediately upon entering the facility. PREA related materials were easily found in this area as was the notice of the audit. The first Floor also has office space, a visiting /TV area, and a computer lab. The basement area houses the facility mechanical and storage areas that were locked when on the tour. The basement also houses the kitchen and dining areas. These areas have cameras, but there are blind spots that the staff are aware to monitor. The Program Director and the Assistant Program Director assisting with the tour were aware of the potential hazards and discussed practices employed to address safety of clients. Staff on duty make random tours of the facility all day to ensure client safety and facility security. Since food services are produced off site and delivered to the site residents have little contact with the contractors. Contractors performing maintenance in the facility would also be monitored directly by staff. Each of the facility's 16 cameras captures common areas, staircases and exterior spaces. Staff utilize the cameras to watch residents' movement in common areas. Staff perform random tours of the facility including bedrooms and bathrooms hourly. All staff of opposite gender knock and announce presence when entering any bedroom or bathroom. This procedure was seen on the tour as well as observed when the Auditor moved freely about the facility subsequently. Staff are aware of blind spots in the facility and will add additional tours to areas if residents congregate in these areas. Each of the bedrooms has residents sleeping in bunk beds with areas for personal storage. The agency has a dress code for residents when in common areas. In bedrooms all residents must be fully clothed while sleeping to eliminate incidental viewing incidents. The second-floor houses bedrooms, a conference room and the Program Director's office. Housing continues on floors three (3) to Five (5) with case management offices and a weight room on third floor. Currently the fifth floor is used to house transitional housing residents. Reentry residents are not allowed on this floor and transitional residents are allowed use of the elevator to further limit contact. The Director reports they tend to house reentry residents by referring authority. This allows them to separate them by floor. The facility has not undergone any major renovations or added any technology since 2012. In addition to the formal interviews both residents and staff who were encountered on the tour of the facility were asked general questions about programming, rules, PREA and if they knew that the audit was scheduled for that week. The Auditor was able to find PREA information on each floor including notice of the audit.

## 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

**Number of Standards Not Met:** 0

### Summary of Corrective Action (if any)

There were two standards which were identified at time of the site visit needing corrective action, standards 217 and 241. In standard 217 not all employees over 5 years had an updated criminal justice background check completed for a second time. The agency’s Human Resources Department and the Quality Assurance Department came up with a mechanism to ensure this would not happen in the future and rectified the outstanding files.

During the pre-audit phase the agency had realized, in standard 241, that the reassessments within 30 days were not consistently being completed. During the corrective action period Brooke House hired a new case manager which was vacant on the day of the audit. The Auditor was provided with documentation of general PREA training and of training on expectations related to PREA screenings. The Assistant Director reviews the scoring along with the Agency’s CQI department for consistency of policy application. The agency also provided the Auditor with ongoing proof of compliance for October, November and December. The facility provided a copy of the initial and 30-day screenings of the residents over the stated period.

## 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.*

The Brooke House Reentry facility of Community Resources for Justice has implemented policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA). The policy addresses the agency's commitment to provide a safe environment to those inmates transitioning out of penal institutions. The policy defines the Zero Tolerance efforts including a prevention plan: staffing protocols, screening and active supervision. A detection plan: addresses training, monitoring and data analysis. A response plan: including access to treatment services by skilled professionals in sexual assault and the thorough investigation and referral for prosecution. The policy addresses prohibited behaviors and consequences

for staff, residents and volunteers who engage in such behavior. The Auditor interviewed staff and residents to support that there is a comprehensive understanding of the policy and its elements. The agency has also made the Director of Standards and Quality Assurance the point person for the agency's effort to prevent, detect and respond to sexual assault and harassment claims. Director, Susan Jenness Phillips, is responsible for the role of PREA Coordinator. As a manager in the CRJ organization she works with the various Directors of CRJ Reentry facilities and the Social Justice Administration team. Compliance was based on interviews, observations made during the audit, the PREA policy and materials provided; including the Agency flow chart showing the PREA Coordinator. The Residential Reentry Directors act as PREA Monitors for their respective sites. Brooke House Director Howard Jardine was aware of his role relating to PREA Monitor and confirmed coordination of information with the PREA Coordinator. The Auditor took in consideration that staff and residents support that there is no tolerance for sexualized behaviors or humor that could be degrading.

## 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.*

The standard is Compliant: The CRJ is not a government entity and does not subcontract its services to any other provider. The Brooke House Facility services residents from two county jails and the state corrections system. The agency has a continuous quality insurance (CQI) unit that performs routine monitoring of PREA standard elements. The indicators were marked as not applicable for the stated reasons.

## 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.*

Brooke House has a staffing plan that is reviewed at least annually. The plan takes into consideration the elements in (a). The plan addresses the physical layout of the facility and the number of staff required to provide coverage. The plan takes into consideration the number of PREA related complaints (zero in the last year) and the make up of the client population. The facility will house residents by

referral source unless there is a conflict. Residents who are housed for transitional living are provided a separate living floor and have some slightly different rules on there stay. The facility has ample cameras that assist staff in the monitoring of resident movements. One staff is on tour while the second staff views the cameras from the monitoring station. The camera system records to allow playback in case of an investigation. The agency staff are aware of blind spots in the facility and are expected to respond to the area if residents are seen congregating off camera. Line staff confirm a memo that at no point was the staffing plan not met. Director Jardine reports that if needed he or the Assistant Director can report to cover staff if staff replacement can not be readily found.

The agency has made a reduction in the overall staffing of the facility in 2018. Brooke House has reduced the number of staff monitors from three to two at all times. The facility which can house up to 65 residents has seen that number dwindle over the last 5 years to under 20 residents due to state budget adjustments. Discussions with the Vice President of Justice Services, the Brooke House Director and the Agency PREA Coordinator all echo that resident safety is paramount even in a reduced fiscal climate. The standard is compliant based on the materials presented to the auditor, policy that requires annual review and the interview with administration.

## 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.*

The Brooke House Reentry facility does not conduct strip searches of residents. Strip searches and body cavity searches are expressly prohibited by policy. The PREA policy addresses this and other indicators on page 9. The policy includes provisions that allow residents to use the bathroom, shower or change without staff of opposite gender seeing them. Interviews with both residents and staff confirms compliance with this expectation. Residents report that the staff regularly knock and announce their presence prior to entering the rooms.

Brooke House also provided the facility Search policy (policy1.4.5- Searches) that reiterates expectations consistent with the standards. The policy requires that all pat-frisk searches “be thorough, yet not offend the dignity of the resident being searched”.

The residents deny having ever been pat searched by staff of opposite gender, agency policy requires same gender searches. A memo was provided to confirm no exigent circumstance occurred requiring the cross-gender search of a resident. The facility does not house females so elements of indicator (b) do not apply. As a reentry facility, and the previous stated prohibition on strip searches, the resident’s genital status is known upon admissions so indicator (e) would not occur. Brooke House has trained its staff in the pat searches of transgender and intersex resident. The training included the use of the Moss Groups Guidance in Transgender Pat Searches. Staff who were interviewed could describe elements of the training program including respectful communication. Brooke House has not had any transgender or intersex residents since the 2015 PREA audit.

Compliance is based on policy, staff and resident interviews, training materials provided and signed training logs. Training logs also include language in which the staff persons confirm their understanding of the training. The Auditor finds the standard as exceeded given the ability to maintain a safe overall environment while eliminating potentially traumatic effects of strip searches. The agency has sufficiently trained staff to perform pat searches of transgender or intersex residents and staff were able to identify aspects of the training that support working with vulnerable populations.

## **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

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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 Brooke House has a TTY machine and the telephonic language line as resources available to the disabled and those with limited English proficiency. The facility has implemented handbooks, posters and brochures in Spanish. Spanish is the second most common language spoken by residents according to staff and this resource can assist residents to whom reading English may be difficult. The facility had one resident at the time of the site visit who did not speak English. The Auditor was able to ask the resident about PREA and what information was provided to him. He was aware of bi-lingual staff at Brooke House he could approach or stated he could call his sister who could relay his concerns. Brooke House residents have cellular phones which allows them ready access to family. The Auditor was able to speak with residents with disabilities (Physical, developmental and emotional) and a second resident who was bilingual (English/Spanish). In each case residents reported 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 sampling of staff reported that resident interpreters were not allowed and were viewed as inappropriate given the confidential and sensitive nature on PREA reporting. As a smaller facility the program has had limited residents with any language barriers. 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. Compliance was based on the LEP inmates and other targeted populations interview answers. The Auditor also considered posted the materials viewed on the tour, Spanish handbooks, Spanish forms on PREA, interpretive services in place and the agency's ability to apply resources when needed in further supporting compliance.

## 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 Talent Acquisition staff and review of sample staff files were completed at CRJ corporate offices also located in Boston. The Auditor selected a random sample of staff files to review in addition to a portion of the staff the auditor requested information on in advance. The Auditor was able to review during the audit, a random sample of five of current eleven employees.

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 Brooke House have criminal background checks prior to employment. The rest of the agency's PREA required programs are funded by the Federal Bureau of Prisons who completes the actual initial and 5-year checks. The 5-year record checks were not consistently completed at Brooke House prior to this audit. Brooke House funding source is different which required a process to ensure completion would also be different. The agency rectified the situation during the initial 45-day post site visit. CRJ Director of Standards and Quality Assurance Susan Jenness Phillips and Assistant Director Heriberto Crespo with CRJ Human Resources Director Ted Waterman to put a protocol in place to ensure record checks are completed consistently with the PREA standard requirements.

The staff files reviewed contained the acknowledgement the criminal background checks were completed. File review revealed one current employee 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 has not had a request for information on a prior Brooke House employee by another institution. CRJ employs a service to investigate potential employee's criminal and prior work history.

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. The Auditor was satisfied that there are now systems in place to ensure five-year checks are completed in the future. Given the nature the issue addresses (5-year record checks) there is no need for an extended corrective action period to prove further compliance.

## **Standard 115.218: Upgrades to facilities and technologies**

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

#### **115.218 (a)**

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

#### **115.218 (b)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The Standard is Compliant: The Brooke House Reentry facility has not undergone any major renovations and has not added any electronic surveillance systems that would benefit the monitoring of residents to ensure PREA safety since its 2015 audit. Agency routinely reassesses need through a review process by agency and facility administration of all risk incidents. Since the facility has not gone through any modification of physical plant or significant surveillance upgrade since the 2015 audit the elements are marked as NA.

## 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 Community Resources for Justice does not employ medical or mental health staff who would act in an investigative manner in a sexual assault case. The agency trains all staff in the facility to be able to preserve evidence and ensure resident safety. CRJ would only complete administrative investigations and not criminal investigations. Brooke House and CRJ administration would support criminal investigations by making video evidence, incident report and interviewees available. Line staff have been trained how to act as first responders and the importance of preserving a crime scene. In Massachusetts the Department of Public Health sets forth the training requirements of SAFE and SANE examiners. The state has an advisory board that has statutory responsibility to systematically create uniform protocols. The committee is made up of various state and private medical, legal, advocacy organizations (22 agencies- including BARCC and the Boston Police crime lab). Discussion with Brigham and Women's Hospital staff confirms that SAFE or SANE are available on site or through an on-call process. The cost for the examination and rape kit is covered by the Massachusetts Department of Public Health. In the absence of a SAFE or SANE a medical doctor would complete the rape kit collection.

The Brooke House response plan protocol requires the notification to BARCC (Boston Area Rape Crisis Center). This requirement was also confirmed with Hospital staff who report it is also a requirement for any victim to be offered this support service. Representative of BARCC confirms the training of its volunteers and staff who support individuals through examinations or investigative interviews. BARCC also provides ongoing supervision and case reviews for their staff/volunteers to ensure they are supported and skills are up to date. The standard is compliant based on the availability of qualified counselors and trained forensic examiners. Interview with respective community organizations confirm the resources and that they are available to CRJ residents. The Auditor would like to also recognize the involvement of BARCC in the CRJ's Fenway Advisory Committee. This allows for open communication about the needs of criminal justice clients and recognizes the prevalence of sexual victimization history in this population.

## 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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Brooke House and Community Resources for Justice has a policy in place, and staff confirm, that all reports of sexual assault or sexual harassment would be referred for investigation. Criminal investigations would be handled by the local police and the County Sheriff's office from which the resident was referred. Page 19 of the PREA policy set forth roles of both the facility and the investigative agency in the investigation. The agency publishes this information on its website. CRJ has also provided documentation to acknowledge planned cooperation with the Boston Police Department to ensure effective investigation. At the time of the audit tour the facility had not had a PREA investigation at Brooke House for Sexual Assault. Interviews with staff and a review of the agency response plans and PREA policy support that Brooke House is prepared to ensure all sexual assaults and sexual harassment cases are investigated.

In determining compliance, the Auditor relied on the interviews with the Agency Head, the facility Director, and the PREA Coordinator. The Auditor also spoke with representatives of different referring authorities to confirm positive communication between agencies. The County Sheriff's office employs community supervision officers who are frequently on-site at Brooke House. The Auditor was able to speak with these representatives during the Audit day in addition to County Sheriff's administrative staff. CRJ has implemented steps to ensure a consistent format of documentation and communication between agencies.

## 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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Brooke 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. CRJ, other than Brooke House, runs co-correctional facilities. Since staff in the agency are trained together Brooke House staff are educated on gender specific issues related to sexual assault. There were no employees who transferred to Brooke House from another CRJ 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). 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 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 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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Brooke House is a re-entry facility of Community Resources for Justice and does not employ contractors who provide direct services to clientele. This agency has educational material for one time visitors and for those who do not provide direct services to the client such as pest control. These individuals are supervised when on site and are never left alone with the residents. One time contractors are given a trifold pamphlet upon entry to the facility explaining PREA and the requirements of individuals coming into the facility. Periodically the agency employs college students as interns, but the Brooke House facility did not have any individuals in the last year. CRJ interns, per the PREA Coordinator, receive the same training as line staff. The facility has food delivered by staff from a local

vendor Pine Street. Documentation was provided showing the delivery staff received individualized training on PREA awareness including on how to report. These individuals, who are not part of the program, bring prepared food to the facility each day. The Director has educated them as contractors about PREA which the Auditor confirmed when they came on site. During day 2 of the audit, a group of community volunteers came to assist in exterior beautification projects. The Auditor was able to confirm they were provided information about PREA and the purpose of the Audit.

Compliance with this standard is based on the systems put into place to ensure all individuals entering the facility are educated on PREA and the rights of the residents. The agency (CRJ) PREA policy (p.5-6) addresses the requirements of the standard. The training records of the food vendor as well as the Auditor communication confirms the facilities efforts to ensure an understanding of PREA exist for any individual coming into contact with residents. The Auditor was able to review several months of documentation supporting the distribution of PREA information to all visitors.

## 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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The Auditor determined compliance on Resident Education through review of paper documentation and interviews with residents. Residents at the facility report having received sufficient information on their rights related to PREA. The Zero Tolerance education included how to report any incident of sexual abuse or sexual harassment and that they have a right to be free from retaliation for reporting any incident. The agency has not transferred a resident internally to Brooke House, but they would re-educate all new residents; most of whom acknowledged having received PREA training at the state or county correctional facilities where they were previously housed. The agency maintains documentation which supports residents have completed the education program. The agency can provide services in alternative languages such as Spanish, the most common secondary language spoken at the facility. There are PREA related materials available in Spanish. The agency has a language line system where

interpreter services could assist those with Limited English Proficiency (LEP) in understanding the agency's effort to keep them PREA safe. In addition to the formal education, informative materials are visible, throughout the tour, informing residents about PREA and how to report in multiple languages. The Resident handbook, as noted, is also printed in multiple languages and contains information on PREA and consequences for violating the rules. All residents interviewed including LEP and disabled individuals felt that staff would assist if they or others had difficulty in understanding the materials. The auditor reviewed resident records for education documentation on both site visits. These documents along with consistent answers from random residents' support compliance. The Community Resources for Justice PREA Policy (p. 6) defines the education of resident process. Compliance is based on the file reviews that support residents' are educated in how to report concerns related to PREA. Interviews reinforce that residents understand the importance of PREA and their awareness of information posted in the facility. The visible information posted further proves ongoing access to education materials. The Auditor suggested some options for video education that could be modified to include agency specific information. Currently all PREA education is done individually. The Auditor will also add that Community Resources for Justice has a strong commitment to working with, not only the criminal justice population, but has an entire division to support adults with developmental and intellectual disabilities.

## Standard 115.234: Specialized training: Investigations

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

#### 115.234 (a)

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

#### 115.234 (b)

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

### 115.234 (c)

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

### 115.234 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Community Resources for Justice / Brooke House will only be responsible for the completion of administrative investigations. Criminal investigations will be completed by the Boston Police Department or the County Correctional Department. The CRJ PREA policy (p.19) requires investigations be completed by trained staff members or law enforcement agencies as appropriate. The CRJ has trained several staff in the investigation process using the NIC's PREA: Investigating Sexual Assault in a Confinement Setting. The training record provided to the Auditor supports the Directors and Assistant Director of Brooke House along with Director of Innovation, Implementation and Development and the Agency PREA Coordinator have all completed the training. A review of the content of the training ensures the training includes the proper use of the Miranda and Garrity warnings. Interview with the Director supports he is aware of the requirements of the standard including the criteria for substantiating a case. The Director and PREA Coordinator were also aware the administrative investigations must be completed in a manner that does not jeopardize an ongoing criminal investigation. A copy of all investigative materials will be maintained by the PREA Coordinator. Compliance was based on policy, the training materials provided, the training records and the staff interviews supporting what they had learned.

## Standard 115.235: Specialized training: Medical and mental health care

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



### 115.235 (a)

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

### 115.235 (b)

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

### 115.235 (c)

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

### 115.235 (d)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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The Standard Compliant. The Brooke House Reentry facility of CRJ does not employ any Medical or Mental Health staff persons. Services of this nature are available in the community. The agency has a working relationship with local hospitals and a Medical /Mental Health clinic blocks away from the facility. As a result, the elements of the standard were marked NA.

## 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

*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 has implemented a policy and a screening tool to objectively assess residents' risk for sexual aggressiveness or sexual victimization. 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 inconsistently reported if they were asked the question again after intake, but that they did not believe if they chose to not answer questions about sexuality or victimization they would not be punished.

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 Director and Assistant Director routinely meet to track progress and would discuss incidents that may result in a recommendation to reassess the individual's score.

The standard is compliant after the corrective action period. Indicator (f), the reassessment within 30 days, has been proven to be being done consistently with the standard expectation. The agency recognized the concern prior to the audit and has added extra measure to ensure consistent compliance moving forward. The Assistant Director will review 30-day assessments and the Standards and Quality Assurance Unit will continue spot check compliance.

## Standard 115.242: Use of screening information

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

#### 115.242 (a)

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

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

#### 115.242 (b)

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

#### 115.242 (c)

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

#### 115.242 (d)

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

#### 115.242 (e)

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

#### 115.242 (f)

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Brooke House policy 900.00 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. As a community release facility, the residents are approved to move into the community to seek and obtain employment. Residents who have been identified with either abuse or perpetrator histories can be referred out to BARCC or the local Mental Health clinics with whom the facility has developed relationships. 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 (pg8 #4f). The Brooke House facility has previously provided (2015 PREA Audit) a private bathroom accommodation for Transgender and Intersex residents. The Bedroom in Brooke House near the Director's office and near camera positions could provide close observation for transgender or intersex residents. The room would also offer the resident private bathroom facilities directly across from the room. Policy and staff training require all staff to take seriously any room change request by a resident and ask them about their feeling of safety. As there was no transgender or intersex to interview at the time of the audit resident's compliance determination was reliant on the interviews of the screening officer and the Agency PREA Coordinator. The facility had one LGBTI identified resident, indicator (f) compliance determination (that LGBTI resident are not segregated as a practice) was based on questioning of random staff on the tour in addition to the interviews with the screening officer

and the facility Director. The Auditor suggested that documentation also reflect when scoring of the PREA tool may affect employment search. Residents with victimization histories were able to identify that they were offered community-based treatment.

## REPORTING

### Standard 115.251: Resident reporting

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

#### 115.251 (a)

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

#### 115.251 (b)

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

#### 115.251 (c)

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

#### 115.251 (d)

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

### Auditor Overall Compliance Determination



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

### Instructions for Overall Compliance Determination Narrative

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Residents of the Brooke House Reentry facility reported knowing multiple ways in which they could make a report of sexual assault, harassment or retaliation. The residents report a comfort with the staff, the Assistant Director and the Director. The residents were also aware of the postings in the facility providing contact information on the local rape crisis agency (BARCC) and the CRJ PREA Coordinator. Residents were aware they could make both verbal and written PREA complaints as well as how to make an anonymous report to the hotline or by a note in the subsistence box. Interviews with random staff confirmed that they were aware of the various methods a resident could report in addition to their responsibility to act if they receive such reports. The random staff knew they could privately report concerns about PREA to the Director or if needed directly to the agency's Human Resources Department.

Compliance was determined based on the materials present in the facility to inform residents (Postings, Handbooks), the resident and staff knowledge of how to report and the residents' ability to use phones to privately make calls if they had concerns with any staff. The CRJ PREA policy (p 14-15) sets forth expectations on staff and resident reporting consistent with the standard. The Interviews with residents and staff confirmed various elements including an obligation for employees to report on coworkers whose neglectful action led to a sexual assault, the right to remain anonymous in a complaint and that staff have the ability to report concerns out of the chain of command if they feel necessary. The facility does not service residents who are in custody for immigration violations (indicator (b)).

## Standard 115.252: Exhaustion of administrative remedies

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

#### 115.252 (a)

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

### 115.252 (b)

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

### 115.252 (c)

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

### 115.252 (d)

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

### 115.252 (e)

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

the administrative remedy process.) (N/A if agency is exempt from this standard.)

Yes  No  NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)

Yes  No  NA

### 115.252 (f)

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

### 115.252 (g)

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

### Auditor Overall Compliance Determination

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

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

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

### Instructions for Overall Compliance Determination Narrative

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Brooke House is not exempt of this standard as residents can file grievances through the facility. Page 14 of the agency's PREA policy confirms there is no time limit in filing a PREA related grievance. The policy also addressed the requirements in indicators b and c of the standards by not requiring an informal resolution attempt or a requirement to file the grievance with or have it reviewed by the subject of the PREA related grievance. Though the facility has not had a PREA grievance filed, the policy describes the timelines for responses (indicator d) and the process for handling an emergency grievance (indicator f). Interview with the facility Director and agency PREA Coordinator confirms they are aware of the standard requirements. Residents and staff both were aware third-party individuals could file a complaint on the resident's behalf. Residents were aware, and report being told they could file a complaint in the program without fear of being disciplined unless it was proven they filed such document in bad faith. Since there were no PREA grievances filed or disciplinary action taken for bad faith complaints, compliance was determined based on the policy and the interview with the staff, residents, Director and the agency PREA Coordinator.

## Standard 115.253: Resident access to outside confidential support services

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

#### 115.253 (a)

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

#### 115.253 (b)

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

#### 115.253 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Community Resources for Justice entered into an agreement with Boston Area Rape Crisis Center (BARCC) to provide outside confidential counseling and support services to resident victims of sexual abuse in Brooke House. Information about BARCC 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 medical/mental health clinic (Whittier Health Services) that are part of the services provided by CRJ. Residents are aware that these services are confidential up to the point that someone was being hurt or mistreated. Residents from Brooke 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. 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. Brooke House residents report PREA is not a concern; they are aware the facility has access to services and know where the information is posted if they need to access it.

## 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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Community Resources for Justice has trained all employees at Brooke House to know they must accept third party reports regarding a sexual assault, sexual harassment and any concerns regarding retaliation. Staff are aware these reports must be taken seriously and from any source such as family, social workers or other residents. Information on how to report is posted in the facility and on the agency website. Interview with residents confirm they are aware of the “hotline” number. Interview with the PREA Coordinator and the Director of Brooke House confirms they had received no PREA complaints in the last year requiring investigation. CRJ PREA policy (p. 14-15) defines, for staff and administration, their duties in receiving and responding to third party complaints. Compliance is based on this policy, the interviews with the Agency PREA Coordinator and facility Director and the multiple notifications that inform how to report a concern. The agency website provides a form that can be submitted electronically or by e-mail to the CRJ PREA Coordinator. Residents also reported they were aware they could also speak to police, medical or mental health professionals or to the County Correctional staff who perform community spot checks. The County staff spoken to on site were not aware of any PREA complaints made to their office.

**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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Interviews with random staff at the Brooke House support they have been trained on their responsibilities to any knowledge, suspicion, or information of any PREA related incidents. Staff also could describe, as part of the first responder duties, the importance of keeping the information confidential from other staff and residents. They could describe who they could disclose the information to including investigators, management and supervisors to effectuate treatment and aid in the beginning of an investigation. Indicators (c) and (d) of 115.261 do not apply at the Brooke House Reentry facility. Indicator (c) does not apply due to the facility not employing medical or mental health staff. Residents are aware of the limitation on confidentiality and believed that the community treatment programs are required to report any ongoing abuse even if it was disclosed as part of a treatment meeting. Indicator (d) does not apply as the facility does not accept residents under the age of 18. Interviews with random staff, the Director and the PREA Coordinator were consistent with the agency policy on PREA (page10, 15-16). Compliance determination was based on these interviews, the provided training materials which support compliance and indicates all allegations of PREA related incidents would be investigated immediately

## **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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The CRJ PREA Coordinator and the facility Director report that at no time have they had to use protective measures to ensure the safety of a resident for imminent sexual abuse. Interviews with random staff reveals an understanding that they are responsible to take all claims seriously and that they would act immediately to protect a resident. Staff could explain how they would act and the various steps they would use to help the resident feel safe. The compliance determination is based on the staff answers which promotes the agency's commitment to keep residents safe. The Auditor also took into consideration the culture as described by the residents who report confidence in telling staff and believing issues would be addressed. Interview with the Agency's Vice President of Justice Services reinforced the agency's overall commitment to provide safe environments for individuals leaving correctional settings. She reports that the agency would use all its resources to protect individual victims or those afraid of retaliation and work with referring agencies to find the most appropriate solutions

## 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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The CRJ policy, Staff and Resident Sexual Abuse and Sexual Harassment (PREA), (page 15) sets forth the expectation on reporting to and receiving complaints from other correctional facilities about PREA. The policy outlines the timelines and documentation requirements for reporting to other correctional environments any allegations of sexual abuse or sexual harassment. Interview with the facility Director supports that he is aware of the policy requirements including the time requirement of notifications within 72 hours. Director Jardine states he has not had to report to any other facility on a PREA allegation, nor has he received such information from another correctional facility. Agency policy also requires notifications be made to the referring agency. The Auditor and the Director spoke about potential methods of documentation if this was to occur. Brooke House, absent an incident of reporting to/from another correctional institution, is found to comply with the standard expectation based on the policy and the interviews mentioned here in. The Auditor also confirmed that the county correctional facilities have not received any complaints related to sexual misconduct at Brooke House. The County Correctional representatives report a positive working relationship including regular open dialogues.

## **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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The Brooke House Reentry facility has not had a staff person act in the capacity of first responder to a sexual abuse allegation. In the agency PREA policy (page 11-13) the requirements of indicators a and b are listed as directives and covers, in detail, what staff responding to an allegation should do. The policy mirrors the information random staff gave in interviews on how they were trained. The facility size is so small that all staff are trained to be first responders (indicator b). The Director also has the protocols of how to respond posted in the facility in a bright multi-color document. In doing so the staff will have a quick reference tool with numbers to call and location of community services such as hospitals, law enforcement and rape crisis organizations. The policy states, and staff interviews confirm, that first responders know to separate the two parties, close off the area of the assault and ensure both parties do not do anything that could jeopardize the evidence. Staff could name things such as not showering, changing, eating, etc. but also described if on alone how they would handle the crisis until assistance could arrive. Compliance, absent an incident, was determined based on the policy and the staff ability to describe the steps of a first responder.

## 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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The Community Resources for Justice has created a policy on how to respond to a PREA incident. The PREA coordinated plan gives not only the duties of the first responder, but also the additional steps the Director or designee would be responsible to take. The steps include coordination with Brigham and Women’s Hospital for potential forensic exams and emergency treatment. The plan also addresses coordination with Boston Area Rape Crisis Centers if the resident wishes. Staff are aware of the plan and how to access assistance if they are unsure of what to do. Interview with the Director supports the facility and CRJ are committed to ensuring a collaborative process in both the investigative process and the care to the victim. Because the facility does not employ many of the positions in the standard description (medical staff, mental health staff, criminal investigators) much of the responsibility falls on the Director, Assistant Director and case management staff to coordinate services. Compliance is based on the policy (page11-12), the knowledge of the Director of the elements of the plan and the staff knowledge of how to enact their role in the plan. The agency also has colorful quick reminder cards that break out the steps to be taken and include the important phone numbers for the Hospital and for BARCC. The response cards were visible in staff office areas.

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

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

**115.266 (a)**

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

**115.266 (b)**

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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The Community Resources for Justice does not employ staff members as part of a collective bargaining unit. The agency also does not have any policies that prohibits the removal of staff accused of sexual misconduct from contact with the resident victim. The agency PREA policy states (page11) that supervisors ensure "there is no possibility of further contact between them until the investigation is complete". The policy goes on to state the staff member can be placed out on leave. The CRJ employee handbook (page 15) notifies employees further about the possibility of being placed out on administrative leave. Employees are also notified that termination can occur for gross misconduct. The Brooke House has not had to place anyone out on leave, but examples were provided to the auditor at other CRJ programs this year.

The facility is compliant based on the information presented that supports victims of sexual abuse not having to have contact with their abuser and the agency policy. Interviews with agency administration and the facility Director further support the standards requirement.

## 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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The Community Resources for Justice has in its policy, Staff and Resident Sexual Abuse and Sexual Harassment (PREA) set forth the requirement of the standard. (Page 3-4,) 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 policy directly addresses the standard elements (a-d) including multiple means engaged to protect residents and staff involved in an investigation, ongoing monitoring for 90 days with extensions as needed and quick identification of any retaliatory efforts. Efforts would include periodic status checks of residents and any individual who expressed fears. In discussions with the Director, Howard Jardine, it was clear he would be the primary monitor of staff and would work collaboratively when appropriate, with the case manager or the Assistant Director to monitor residents. Vice President of Justice Services, Ellen Donnarumma expanded the commitment stating that the response post event would include multiple individuals checking in and reviewing documentation. There were no residents who reported a PREA complaint at the facility. 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 its referring sources in moving resident between facilities if deemed appropriate by the referral source. The agency has a track record of removing staff accused of misconduct. The Director reports the monitoring process would be for at least 90 days and would include direct conversations, monitoring for behavioral changes or any negative performance. The 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 Brooke House Director, the Vice President of Justice Services and the Agency PREA Coordinator.

# INVESTIGATIONS

## Standard 115.271: Criminal and administrative agency investigations

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

### 115.271 (a)

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

### 115.271 (b)

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

### 115.271 (c)

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

### 115.271 (d)

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

### 115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  Yes  No



- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.271 (f)

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

#### 115.271 (g)

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

#### 115.271 (h)

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

#### 115.271 (i)

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

#### 115.271 (j)

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

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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Community Resources for Justice would only complete administrative investigations at the Brooke House facility. Agency policy requires that administrative investigations be completed by CRJ or the residents referring authority. At Brooke House, the referring authority would be Suffolk County Sheriff's Office, Norfolk County Sheriff's Office or the Massachusetts Parole Board. All criminal investigations would be done through the local law enforcement (Boston Police). To date the facility has not had an incident requiring a criminal investigation. Agency PREA policy (page 18) addresses the standards 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. As noted in standard 115.234 CRJ and Brooke House have several individuals trained to complete administrative investigations as they relate to PREA (Indicator (b). Indicator (c) on collection of DNA evidence would be completed by the Boston Police Investigators. Staff are aware of how to protect evidence by closing off the area in which the assault occurred and giving specific directions to the resident victim and perpetrator to limit evidence destruction. Indicator (d) would be determined by the criminal investigation team of the Boston Police Department. 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 CRJ (p.18). The facility had no PREA related administrative or criminal investigation in the last year. The steps of the administrative investigations were reviewed with the Director and the PREA Coordinator including the interview process, factors considered in determining credibility and the process undertaken to ensure communication is maintained with the local police investigators. The Director was also aware that investigations must be completed even if the alleged abuser is released from custody or terminates employment. The auditor was able to review an administrative investigation completed at another CRJ facility earlier this year to assist in the understanding of the process and the report content. Compliance determination was made based on interview with the Director, the PREA Coordinator and the staff knowledge of protecting a crime scene and DNA evidence.

## Standard 115.272: Evidentiary standard for administrative investigations

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

### 115.272 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Community Resources for Justice 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 interviews with trained agency staff who would complete administrative investigations and the agency policy. Criminal investigations would be done by the Boston police. Discussions with the Brooke House Director confirm he know the evidentiary standard for Administrative Investigations and that he would be the central contact person for police investigations.

### Standard 115.273: Reporting to residents

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

### 115.273 (a)

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

### 115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency

in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.273 (c)

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

#### 115.273 (d)

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

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

**Instructions for Overall Compliance Determination Narrative**

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

The Staff and Resident Sexual Abuse and Sexual Harassment (PREA) policy of CRJ meets expectation of the standard in 115.273 (page 18) 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 Director’s knowledge in his interview that communication lines between the facility and the investigative agency must be open to allow her to make the appropriate notifications of the victim resident. Since there was no sexual assault by either staff or residents, there was no documentation to review to support indicator (c) and (d). It is believed, given the setting, once the aggressor is identified, they would remove them to a higher custody during the investigation. If the reported victim remained in custody at Brooke House the Director would inform the resident, in writing, of the progress of the case when referred for prosecution and at disposition. Compliance without an incident is based on interviews, the PREA policy and the notification form the agency has produced to ensure documentation of the notification.

**DISCIPLINE**

**Standard 115.276: Disciplinary sanctions for staff**

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

**115.276 (a)**

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

**115.276 (b)**

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

**115.276 (c)**

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

#### 115.276 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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. No Brooke 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 Brooke House Director, the Agency PREA Coordinator and the Vice President of Justice Services. The agency has previously disciplined staff related to PREA concerns at their other facilities. The Auditor also took into consideration the CRJ employee handbook which described the discipline process for staff including grounds for immediate termination for "gross misconduct".

## Standard 115.277: Corrective action for contractors and volunteers

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

#### 115.277 (a)

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

#### 115.277 (b)

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

### Auditor Overall Compliance Determination

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

### 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.*

Brooke House does not employ contractors who provide direct services to the clients at the facility. Brooke House does not currently have any college interns or regular volunteers. By practice, CRJ volunteers or Interns who provide direct service would receive full PREA training that all employees receive. Brooke 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 facility has not employed or received any voluntary services of a professional to whom a license board would be informed for violations of PREA. The policy does address the portion of indicator (a) requiring notification to relevant licensing boards. The Brooke House Director, reports that in the past year, no volunteer or contractor required any corrective actions. Compliance is based on policy, documentation of education materials available to educate volunteers and interview with the Director. One time

volunteers were on site the day of the audit but were supervised by the staff and had little contact with residents.

## Standard 115.278: Interventions and disciplinary sanctions for residents

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

#### 115.278 (a)

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

#### 115.278 (b)

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

#### 115.278 (c)

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

#### 115.278 (d)

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

#### 115.278 (e)

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

#### 115.278 (f)

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

#### 115.278 (g)



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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) pg. 20 addresses the requirements of this standard. In the policy, it addresses the conditions in which a resident could be disciplined, that sanctions be equivalent to the nature of the misconduct, requires administration to take into consideration the resident’s mental health or functioning level and that discipline in an incident involving staff only occur if the staff did not consent. The policy also sets forth an obligation to offer counseling services to the resident. Discussions with the referring agencies would also be required in any discipline situation as the perpetrator of sexual misconduct may be required to be moved to a higher level of custody. If the resident can stay in the community, CRJ can make treatment a requirement of their continuing in the program. Brooke House Director reports that there has been no discipline of a resident in the past year for a PREA violation or sexual conduct violations. The facility does not permit sexual activity between residents 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. Compliance, absent a disciplinary event, is based on policy and administration, line staff and resident interviews.

**MEDICAL AND MENTAL CARE**

**Standard 115.282: Access to emergency medical and mental health services**

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

**115.282 (a)**

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

#### 115.282 (b)

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

#### 115.282 (c)

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

#### 115.282 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Brooke 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. The are also aware of the importance of protecting evidence

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

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

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

### 115.283 (a)

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

### 115.283 (b)

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

### 115.283 (c)

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

### 115.283 (d)

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

### 115.283 (e)

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

### 115.283 (f)

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

### 115.283 (g)

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

### 115.283 (h)

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

### Auditor Overall Compliance Determination

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

### 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 committed to ensuring residents in all their programs have ongoing access to services if they have been a victim of sexual abuse in any criminal justice setting. Agency Policy 900.00 Page 14 speaks to each aspect of this standard. The availability of BARCC and the local mental health clinic (Whittier Health Services) provided by the CRJ allows for ongoing treatment services. Ongoing health services for victims of sexual assault could be provided at Whittier Health Services.

Interviews with Hospital representative confirmed residents can be treated free of charge including STD and HIV testing and treatment. Indicators (d) and (e) do not apply as Brooke House is an all-male facility. The residents of Brooke House have access to community-based health services. The services are the same as any other Boston area resident who uses the hospital facilities. Policy is in place to evaluate a resident on resident abuser within 60 days by a Mental Health provider. Given the nature of a Reentry Facility it is likely the perpetrator would be removed to a higher level of custody. Though Brooke House has not had to put to use the requirements of this standard, they do have a plan to initiate services if needed. The Auditor, in determining compliance, considered conversations with the community hospital and service providers to gain an understanding of services available. The Auditor

also completed internet research on the various health service agencies to further support the finding of compliance. Finally, the Auditor took into consideration Brooke House residents who had an understanding of the medical and mental health services available. One resident remarked that he was most impressed that the facility had set up appointments for him even before he arrived.

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

#### 115.286 (a)

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

#### 115.286 (b)

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

#### 115.286 (c)

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

#### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  
 Yes  No

### 115.286 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Brooke 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 Brooke House's Director and the agency PREA Coordinator support they are aware of the requirements of sexual assault incident reviews including the various areas to consider in indicator (d). The agency recently adopted a format for the PREA incident reviews to ensure consistent documentation and that all the elements required in the standard were considered. 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.

## Standard 115.287: Data collection

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

### 115.287 (a)

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

### 115.287 (b)

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

### 115.287 (c)

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

### 115.287 (d)

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

### 115.287 (e)

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

### 115.287 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Community Resources for Justice collects information sufficient to complete the Survey of Sexual Victimization (SSV) in all its programs including Brooke House. Indicator (e) does not apply as CRJ does not contract for beds. Brooke House has not been requested to complete the SSV report or provide other related data to the Department of Justice (indicator (f)). The Auditor was also able to see a

summary report of all programs CRJ runs and their incidents of PREA related events. The report ensures uniformity of data and incident-based tracking of sexual assaults and sexual harassment complaints. The agency policy 900.00 (page 22) commits the agency to comply with the data collection requirement of the standard. Compliance is based on the information provided to the auditor and the interview with the Agency PREA Coordinator who oversees Quality Assurance in the agency. The agency PREA Coordinator is responsible for maintaining the agency aggregate data on all facilities

## Standard 115.288: Data review for corrective action

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

#### 115.288 (a)

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

#### 115.288 (b)

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

#### 115.288 (c)

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

#### 115.288 (d)

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

### Auditor Overall Compliance Determination

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



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

### 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.*

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

### Standard 115.289: Data storage, publication, and destruction

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

#### 115.289 (a)

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

#### 115.289 (b)

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

### 115.289 (c)

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

### 115.289 (d)

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

### Auditor Overall Compliance Determination

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

### 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 PREA policy 900.00 addresses the requirements of this standard on pages 21- 22. All facility data is provided to the agency PREA Coordinator who is responsible for maintaining and securing all data. If the facility had an incident, all identifying information would be removed before any information is made public. CRJ has a unit dedicated to Standards and Quality Assurance, it is this unit's responsibility to maintain data for a minimum of 10 years. There is no state or local law requiring longer maintenance of the records. Susan Jenness Phillips, the Agency's PREA Coordinator also serves as the Director of this unit. The PREA Coordinator works with the Agency's Head and the Vice President of Justice Services in the development of an annual report.

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

## AUDITING AND CORRECTIVE ACTION

## Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

### Auditor Overall Compliance Determination

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

### 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 Auditor has been completing PREA audits for Community Resources for Justice Since 2015. The agency has spread their programs out over a three-year window and has ensured that all programs have been audited on a three-year cycle. This is Brooke House's second PREA Audit. The facility provided open access to the staff and residents during the Auditor's time on site. The Auditor was allowed to use the second-floor conference room to interview staff and residents in a private manner. The facility had posting up with how to contact the PREA Auditor. No PREA related correspondence letters received by the Auditor in regards to Brooke House. The facility was notified that the Auditor's contact information must remain up until the final report is issued.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

The Brooke House report from the 2015 PREA Audit has been posted since 2015.

## 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Jack Fitzgerald

[Click here to enter text.](#)

**Auditor Signature**

**Date**

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

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