PREA Facility Audit Report: Final

Name of Facility: Hampshire House
Facility Type: Community Confinement
Date Interim Report Submitted: NA
Date Final Report Submitted: 07/26/2022

Auditor Certification	
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.	☐
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☐
Auditor Full Name as Signed:	**Date of Signature:** 07/26/2022

AUDITOR INFORMATION	
Auditor name:	Fitzgerald, Jack
Email:	jffitzgerald@snet.net
Start Date of On-Site Audit:	06/06/2022
End Date of On-Site Audit:	06/07/2022

FACILITY INFORMATION	
Facility name:	Hampshire House
Facility physical address:	1490-1492 Elm Street , Manchester, New Hampshire - 03101
Facility mailing address:	New Hampshire

Primary Contact	
Name:	Walter Davies
Email Address:	wdavies@crj.org
Telephone Number:	6035185128

Facility Director	
Name:	Walter Davies
Email Address:	wdavies@crj.org
Telephone Number:	6035185128

Facility PREA Compliance Manager	
Name:	Walter Davies
Email Address:	wdavies@crj.org
Telephone Number:	O: (603) 518-5128

Facility Characteristics	
Designed facility capacity:	50
Current population of facility:	39
Average daily population for the past 12 months:	40
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	21-65
Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the facility who may have contact with residents:	16
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	3

AGENCY INFORMATION	
Name of agency:	Community Resources for Justice
Governing authority or parent agency (if applicable):	
Physical Address:	355 Boylston Street, Boston, Massachusetts - 02116
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Heriberto Crespo	**Email Address:**	hcrespo@crj.org

SUMMARY OF AUDIT FINDINGS	
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met. Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.	
Number of standards exceeded:	
1	• 115.215 - Limits to cross-gender viewing and searches
Number of standards met:	
40	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-06-06
2. End date of the onsite portion of the audit:	2022-06-07

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(•) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor spoke with the local rape crisis agency in Manchester. I also spoke with the local hospital listed on the agency's coordinated plan to determine availability of services. The Auditor spoke also with the regional representatives of the Federal Bureau of Prisons (funding source).

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	50
15. Average daily population for the past 12 months:	40
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes (•) No ( ) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	25
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2

40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	3
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	As a community Confinement facility most individuals have to have a level of independent functioning. The facility does not have medical or mental health services which the resident pursues in the community. In addition to the listed individual in the target groups the Auditor also spoke with the youngest and oldest residents.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	11
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1

52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The agency does not have any current volunteers. The used College interns during the school year to aid residents in job search and resume building. There is no contractor providing direct services, but the staff interact with a contractor who delivers food supply 1 to 2 times per week. The facility has a few vacancies which further limited the Auditor ability to speak with staff. The Auditor spoke with all individuals who worked at the site in the two day period.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	7
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The Auditor selected both males and females housed across the three floors and the 11 rooms that were currently in use. The Auditor used information from housing roster to consider individual after the targeted population was identified.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	◉ Yes ○ No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.

Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	7

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor spoke with staff and residents to determine accuracy of information provided
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor spoke with staff and residents to determine accuracy of information provided

64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor spoke with staff and residents to determine accuracy of information provided
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor spoke with staff and residents to determine accuracy of information provided
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor spoke with staff and residents to determine accuracy of information provided
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	3
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	No segregation in community confinement
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	6
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☐ Shift assignment ☐ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☑ None
If "None," explain:	The Auditor interviewed all staff in the facility

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	○ Yes ◉ No
a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☑ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The Auditor Interviewed all available staff in the course of the two days. As a result the Auditor limiter the target interviews to the Director and the Intake and release coordinator from the staff onsite.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	5
76. Were you able to interview the Agency Head?	◉ Yes ○ No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	◉ Yes ○ No
78. Were you able to interview the PREA Coordinator?	◉ Yes ○ No
79. Were you able to interview the PREA Compliance Manager?	○ Yes ○ No ◉ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☐ Agency contract administrator ☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☐ Medical staff ☐ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☐ First responders, both security and non-security staff ☑ Intake staff ☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	○ Yes ◉ No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	○ Yes ◉ No

83. Provide any additional comments regarding selecting or interviewing specialized staff.	The Auditor was not able to interview a volunteer as the college students were no longer local. The 1 contractor is a food service company that delivers supplies 1 to 2 times per week. The agency does not employ medical or mental health and does not service individuals under 18. The facility is a community confinement program and several categories do not apply. Since there have been no incidents of sexual assault all and all staff are trained in first responder activities the auditor assessed compliance based on training and staff ability to describe expectations. The facility does not subcontract any bed space to other agencies.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	◉ Yes ○ No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	◉ Yes ○ No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	◉ Yes ○ No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	◉ Yes ○ No
88. Informal conversations with staff during the site review (encouraged, not required)?	◉ Yes ○ No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The Auditor tested critical function including testing both internal and external reporting methods for the residents. The Auditor observed signage throughout the facility in multiple languages and confirmed with staff the most common languages after English they deal with. In addition to the sample target and random interviews the auditor took downtime to move about the facility and speak on an informal basis. The auditor also spoke to staff and residents on the tour to ensure the Audit notice was posted and they were aware of the purpose of my visit.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(•) Yes ( ) No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The Auditor requested population and staff list to get a random sample of documentation selected by the Auditor to compliment examples provided. The Auditor did check client records on site and when appropriate asked for additional examples or information to be provided. The Auditor did not review HR files on site as the are kept in the agency's headquarters in Boston. The Auditor had asked the agency to provide a date of critical elements of HR files for all staff which were later used to select a random sampling of HR Records uploaded to the OAS. The Auditor reviewed more than 50 % of client and staff files

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	1	0	2	0
Total	2	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	1	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	1	0
Staff-on-inmate sexual abuse	0	0	1	0
Total	0	0	2	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	1	0
Total	0	0	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	2
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	◉ Yes ○ No ○ NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	◉ Yes ○ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The Auditor reviewed all three investigations. There were no criminal investigations for sexual assault or sexual harassment. In a review the agency could not substantiate necessarily as PREA related charges but did use the information to conclude other violation by a staff member who quit during the investigation and another which resulted in a review of training materials with a staff.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900 Staff and Resident Sexual Misconduct PREA Coordinator Training FBOP Statement of Work CRJ Organizational Chart SQA Monthly Agendas SQA Audit reviews for Hampshire House Individuals interviewed/ observations made. Contract Oversight Manager PREA Coordinator Indicator Summary determination. Indicator (a). Community Resources for Justice has a policy that mandates zero tolerance toward sexual assault or sexual harassment at all its facilities. Policy 900.00 Staff and Resident Sexual Misconduct includes the statement, “CRJ has a zero-tolerance stance towards all forms of sexual abuse and sexual harassment and is applicable to residents, staff, volunteers, visitors, and contractors. The zero-tolerance stance includes education, prevention, detection, and responding to sexual abuse and sexual harassment incidents immediately.” The policy outlines Hampshire House’s and the agency’s efforts to prevent, detect, and respond to sexual abuse or sexual harassment incidents. The 22-page policy covers different aspects of protecting, detecting, and responding to sexual abuse or sexual harassment incident. Interviews with random residents’ support that a zero-tolerance environment exists at Hampshire House. Residents support that staff address negative behaviors. In Interviews with the Auditor, residents reported that if they were to voice a concern, they believed it would be taken seriously and stated the environment is safe from sexual misconduct. In random staff interviews, they were able to identify key information from training and give examples of things they do in their job that supports a PREA-safe environment. The Hampshire House facility provides for active supervision of residents, and the physical plan provides good lines of site to aid in the supervision of clients. The program has created a separate common area for female residents to improve safety and comfort of all. Of the current population interviewed the residents confirmed that sexualized behaviors do not exist, and staff support a zero-tolerance culture are diligent in ensuring inappropriate language and topics of conversation are addressed. Indicator (b). Community Resources for Justice has an individual assigned to oversee the agency's efforts toward compliance with the Prison Rape Elimination Act (PREA). Heriberto Crespo is the agency’s PREA Coordinator. Mr. Crespo is the agency’s Assistant Director of Standards and Quality Assurance (SQA). The PREA Coordinator works with the Social Justice Services Division's senior leadership to track incidents, support identified needs, and ensure all investigations are completed consistently with agency expectations and standards requirements. Both the PREA Coordinator and Contract Oversight Manager confirm the PREA Coordinator’s ability to develop and implement policies and procedures to further ensure residents' sexually safe confinement across the agency. As the Assistant Director of Quality Assurance, Mr. Crespo has routine dealings with the residential directors, including the Hampshire House Director. The Agency provided the Auditor with the agency management flowchart and a letter confirming his agency-wide role as PREA Coordinator. Further supporting the PREA Coordinator’s access to the executive and division leadership was a meeting minutes for SQA and

	Social Justice Leadership. The Auditor was provided information on how the agency's Quality Assurance unit, including the PREA Coordinator, ensures consistency and compliance with standard expectations. Compliance Determination The agency's PREA Policy 900.00 Staff and Resident Sexual Misconduct supports zero-tolerance expectations toward any form of sexual assault or sexual harassment. Policy 900.00 goes on to address the role and responsibilities of the PREA Coordinator (page 3). Interviews with the Contract Oversight Manager and the PREA Coordinator confirm sufficient resources in place to prevent, detect, and respond to any allegation of sexual abuse or sexual harassment. The Policy addresses numerous aspects of the agency's efforts to provide a zero-tolerance environment. The other supporting documentation provided confirms the PREA Coordinator's role in ensuring compliance with the standards. Hampshire House residents confirmed the safety of the program and would feel safe addressing concerns with staff. The Auditor also considered the staff members' knowledge of PREA training and zero-tolerance expectations in determining compliance. The Auditor supports the standard is compliant. The documents and interviews support a close relationship between the facility management and the CRJ PREA Coordinator. Documents show that PREA data is regularly reviewed at all levels of the agency. Documents reviewed and interviews support the PREA Coordinator's access to agency leadership to promote change or allocation of resources when needed. The Auditor also took into consideration the purposeful design of caseworkers and administration offices throughout the building to improve observation of residents and access for the residents to facility leadership.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire CRJ Agency Website Individuals interviewed/ observations made. PREA Coordinator Indicator Summary determination. Indicator (a). Hampshire House is not a public agency; it is a contracted facility funded by the US Federal Bureau of Prisons. It does not subcontract beds to any other vendor. Indicator (b). Hampshire House is not a public agency; it is a contracted facility funded by the US Federal Bureau of Prisons. It does not subcontract beds to any other vendor. Indicator (c). Hampshire House is not a public agency; it is a contracted facility funded by the US Federal Bureau of Prisons. It does not subcontract beds to any other vendor. Compliance Determination The standard is compliant. Currently, there is no subcontract of beds with any other agency. Hampshire House is part of the Community Resources for Justice, a private non-profit organization. Information was confirmed through discussions with the Agency PREA Coordinator and the Auditor's review of the agency website.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Misconduct FBOB Statement of Work- Staffing requirements Hampshire House Staffing Plan w/ floorplans & camera locations CRJ Annual PREA Report CRJ Board Meeting Minutes/ budget approval PREA Coordinator Memo on the review process Individuals interviewed/ observations made. PREA Coordinator Hampshire House Director Random Residents Random Staff Staffing consistent with schedule Indicator Summary determination. Indicator (a). Hampshire House has developed a narrative staffing plan that describes the number of staff per shift to provide adequate supervision of the residents in promoting a safe environment. The narrative document addresses the facility's physical layout and the location of cameras that support active supervision. The 16-page documentation addresses the various elements required in indicators (a) and (c). In speaking with the agency leadership, it is clear they take into consideration all incidents, not just PREA events, in deciding staffing and video surveillance needs. The staffing plan was guided by the contractual guidelines of the Federal Bureau of Prisons and standards promulgated by the American Correctional Association. The Auditor reviewed the FBOP statement of work document which sets a guideline for agencies, and found the current staffing plan to be consistent with those measures. FBOP guidelines ensure the staff monitoring the residents are dedicated to this purpose. The agency's staffing plan covers staffing assignments, the physical plant's layout, the placement of cameras, and identify blind spots. The document also covers the current makeup of the population and the frequency of PREA related incidents. During the onsite portion of the audit, the Auditor was able to see the cameras' locations and the positioning of offices that support residents' supervision. The facility has had limited allegations of sexual assault in the past year including incidents that occurred outside the facility. The Director was able to point out where cameras provided improve supervision. Policy 900.00 (page 4) addresses this indicator's elements by defining the staffing plan's content expectations. Interviews with the facility Director and the Contract Oversight Manager further support knowledge of the elements to be considered initially and in an annual review. The Auditor also reviewed the staffing schedule, including the non-custodial positions, to compare against client schedules. This supports those additional resources are available to monitor interactions when there is larger movement in the facility. Hampshire house has staff offices on housing floors to provide additional eyes and ears as to resident interactions. Indicator (b). Consistent with national trends the Hampshire house has seen a increase in staff turnover during the pandemic.

Hampshire House Director reports though, they did not have a situation where they have not met the facility's minimum staffing level. The Program Director and Assistant Director, reports they have the capacity to mandate coverage or request volunteers in an emergency to provide support. The Director reports they try to avoid requiring staff to stay and adjust administrative staff schedules to ensure minimums are met. The facility has had turnover during the pandemic but actively are recruiting staff. All case management staff are trained to complete resident monitor functions and can fill in as staff coverage when needed. Policy 900.00 Page 4 states, "If a deviation ever occurs in the staffing plan, it is documented, and the reason for noncompliance is justified." The program has a minimum complement of 2 staff. The program prefers having staff of both genders on at all times.

The staffing plan document shows that additional program monitors are available on the second shift when the greatest number of residents are awake and in residence. The schedule also shows that case management and administrative staff who are not normally part of the minimum calculation have regular work hours, including night and weekend hours. The Facility Director reported if the program was at risk of being below minimum, the Director, Assistant Director, or others have staff come to provide relief if necessary. The facility has a on-call duty officer who will ensure all call outs are covered and documented. The Auditor saw first hand how management has provided the additional support when staffing has been low. Resident did not report a negative perception of safety related to staff availability.

Indicator (c). Hampshire House has a process in place by which the Director reviews the existing plan for adequacy in providing a safe environment for residents. In an interview with the Auditor, the Program Director stated he considers any findings from a PREA event or any other situation where the safety or security of the building was compromised. The PREA Coordinator also confirmed that the administration would be consulted on any long-term changes and additions of resources such as video surveillance equipment. Documentation was provided supporting a review meeting was completed in May of 2022 that included the input from the PREA Coordinator. Contract Oversight Manager and Program Director confirm that immediate solutions would be put in place to resolve identified risk from incident reviews or investigations. The agency will invest in monitoring technology as needed to provide safety and security measures such as alarmed perimeters to ensure no unautherized entrance occurs.

Compliance Determination

Hampshire House is compliant with the expectations of standard. The facility had a written plan that discusses the elements described in indicator (a) and a process for the annual review of staffing and technological needs to support residents' safe management. The Community Resources for Justice supports the facility by providing additional resources when necessary evidence of this can be found in the hours in which they have added additional staff to the schedule, and that case worker positions work nights and weekends. Interviews support regular discussion between facility and Agency management and an expectation to resolve identified concerns immediately. Agency policy 900.00 Staff and Resident Sexual Misconduct put forth requirements consistent with the standard's language. Residents supported the environment is safe, and staff are available. Compliance is based on documentation provided, policy, FBOB guidelines, interviews and the Auditor's observation during the two-day visit.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse Policy 1.4.5 Searches Policy 2.4.5 Urine Collection Training on Admission of Transgender, Intersex or Gender Non-Conforming Individuals Training Rosters Individuals interviewed/ observations made. Program Director Random Staff Random Residents Indicator Summary determination. Indicator (a). Hampshire House has a policy prohibiting a resident's cross-gender strip or body cavity searches except in exigent circumstances. Policy 900.00 Staff and Resident Sexual Misconduct states, "CRJ authorizes only one type of body search, a pat frisk." The Auditor was also provided with a copy of the facility search policy (1.4.5 Searches), which had consistent language prohibiting such searches. Interviews with administration, random staff, and residents confirm no instances of a strip or body cavity search. Because the facility requires urine samples to be observed, the Auditor checked the policy and practice as part of determining compliance. The facility requires the same gender staff to observe the collections of urine samples for drug testing. Policy 2.45 Urine Collection (page 2) requires "Only a staff member of the same sex shall collect urine specimens for analysis from a resident." The Auditor asked random staff-related questions about how this process occurs, including if cross-gender observations would ever occur. Residents interviewed confirmed that the same-gender staff always collects urine samples. In a recent transgender case, their preference was allowed. As an Agency CRJ has also used oral tests with transgender individuals in the past. Indicator (b). Hampshire House serves both male and a small number of female residents. The agency does not allow for cross-gender pat searches of Hampshire House residents, even in exigent circumstances. Policy 900.00 states, "Pat frisk searches will be conducted by gender, male staff to male resident and female staff to a female resident." Interviews with residents confirm that cross-gender pat searches have not occurred. Female residents also confirmed that they had not been prohibited from attending programming or outside opportunities due to a lack of female staff to complete searches. Agency practice is if a male staff were working at the Hampshire House facility, wand searches would occur if the female staff were occupied with other duties or the resident would be asked to wait until the staff is free. The facility practice is the same for female staff searching male residents. The residents further confirmed that they are never prohibited from attending programming or employment due to the lack of female staff. Pat searches, like urine testing, are required to be same gender staff as the resident. Interviews with random staff at Hampshire House also confirmed that cross-gender pat searches of female residents would not be permitted. Hampshire House Director confirmed that in the past 12 months, female residents were not prevented from attending outside programming due to the lack of female staff. The Auditor's interview with random residents confirmed the same gender practices of the Hampshire House. As such, there were no documents for the Auditor to review of exigent circumstances.

Indicator (d). Community Resources for Justice, Policy 900.00 Staff and Resident Sexual Misconduct, has language that addresses this indicator's requirements. The policy protects residents from being viewed in any state of undress except in incidental view on security rounds. The Policy states, “Residents at the program are able to shower, perform bodily functions, and change clothing without a staff of the opposite gender viewing their buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks.” “Staff of the opposite gender announces their presence when entering a resident room or bathroom where residents are likely to be showering, performing bodily functions, or changing clothes. (page 9).” The Auditor observed opposite-gender staff making announcements before entering bedrooms or bathrooms at Hampshire House on the tour and as I moved through the facility in the course of the audit. The Auditor also confirmed with residents that they could shower, use the bathroom facilities, and get changed without the opposite gender staff seeing them. Hampshire House residents also supported that all staff knocks and announce before entering resident rooms or bathrooms.

Indicator (e). The Hampshire House Director and random staff interviewed confirmed they would not search an individual to determine genital status. Policy 900.00 (page 9) states, “Staff are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status.” As noted in indicator a) the facility does not perform any strip searches of clients. The Intake and Release Coordinator reports that if a person’s genital status were unknown, they would ask them. Hampshire House is a community confinement facility; all admissions are scheduled, and residents' information would likely be obtained in advance. There were no current Transgender individuals in the population and one admission in the past year.

Indicator (f). The Community Resources for Justice ensures all staff at Hampshire House have been trained in performing cross-gender searches or searches of transgender individuals. Staff report they have been trained to search residents with the back of their hands, be aware of the past trauma the resident might have had, and respectfully communicate with the resident. Random staff confirmed that they had received the training on searches and were able to describe what they learned. Training records and training materials provided confirm they have received appropriate training. The Agency uses the resources created by the Moss Group on cross-gender and transgender searches. The facility refreshed staff on expectations in the past year with the transgender admission.

Compliance Determination.

The agency has policies that consistently address the standard requirements (Policies,1.4.5, 2.4.5, 900.00). Community Resources for Justice have implemented a policy of no strip searches or body cavity searches and no cross-gender pat searches (Policies 1.4.5 and 900.00). The agency and facility management confirm they have been able to manage security issues in a community confinement setting while avoiding more intrusive and potentially traumatic practices of cross-gender searches of any type. Interviews with staff confirm they have been trained how to search Transgender or Intersex residents respectfully. Intake staff confirmed no searches are performed to determine genital status and that strip searches do not occur at Hampshire House. Staff knew that transgender or intersex residents should be searched by the gender staff of the individual’s preference.

The Auditor finds Hampshire House compliant with the standard expectations on limited cross-gender searches or viewing. Staff and residents both confirmed there are no strip searches as a practice and no cross-gender pat searches. The staff have been provided appropriate training on the search of transgender individuals. The Auditor also confirmed with the residents the agency's practice of same-gender staff being present when urine samples are being secured for drug testing. The facility policy, observations of the physical plant, and observations made of staff practice support residents are able to shower, perform bodily functions, and get change without opposite gender staff seeing them. Residents' support staff provide appropriate notice before entering bedrooms or bathrooms. The Auditor finds that the standard has been exceeded. All elements required have been met as discussed above; the Auditor believed Hampshire House exceeds the standard by creating an environment in which residents feel safe while removing all strip searches and cross-gender pat searches.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) Policy 1.1.6 Intake Process CryaCom interpretive services contract Resident Handbook (Large Print) Referral Paperwork/ Intake Paperwork TTY machine Cryacom International Website Individuals interviewed/ observations made. Contract Oversight Manager Random Staff Random Residents Indicator Summary determination. Indicator (a) Both the PREA Policy (900.00) and the Intake Policy (1.1.6) require the identification of populations who may have difficulty in understanding information. The PREA Policy (pages 6-7) requires facility staff to ensure residents understand, regardless of disability or language barriers, the facility's efforts to maintain a PREA-safe environment. This includes how to keep oneself safe, the facility's zero-tolerance stance, report a concern, and access treatment. As a Reentry facility, admissions come from Federal prisons, with the remaining referred by the regional Federal Probation Office. As a result, Hampshire House receives information in advance about residents with significant medical issues/disabilities or other mental health disorders that may impact PREA scoring. The Intake/Release Coordinator sits with each new resident and screens for any missed medical information or other factors that may impair their understanding of the facility rules, including the zero-tolerance policy toward Sexual Abuse and Sexual Harassment. This screening would help identify those who have comprehension or limited reading ability. The Auditor had the Intake and Release Coordinator describe the steps he takes to provide initial education on PREA as well as the questions being asked as part of the PREA screening process. He described how he would handle individuals with disabilities or language barriers to ensure comprehension. The PREA Coordinator confirmed the agency can provide written materials to clients in various formats and languages. The Auditor was given copies of the Resident Handbook in English, Spanish, and large print. The facility supports individuals with a range of disabilities and has an ADA-compliant bedroom and bathroom facilities. The tour showed posting of PREA information in multiple languages and confirmed with the residents they have continual access to PREA information as required in 115.233. The program has TTY for individuals who are deaf. The agency's experience supporting individuals with developmental and intellectual disabilities has positioned itself with resources to support clients with those issues and an ability to provide training specific to working with that clientele. The agency provides programming for these populations in another division of the agency. Residents interviewed with physical and cognitive disabilities confirmed there were staff available with whom they could ask and receive assistance in comprehension or accessing any part of Hampshire House's efforts to keep them safe from sexual abuse or sexual harassment. Indicator (b). Hampshire House has signage up related to PREA and other important information in both English and Spanish, the most common languages spoken by their population historically. Intake paperwork and handbooks can be

translated into multiple languages as needed. The agency has provided access to interpretive services through an online system through CyraCom interpretive services. The system uses telephonic or video interpreters to aid resident and staff communication. CyraCom International's website supports the service can translate hundreds of languages. The Auditor learned how staff would access the system if needed. Residents acknowledged there were some staff whom they could approach who could aid in their understanding of information. The Auditor confirmed this with random residents and a resident with developmental disabilities. Random staff interviewed acknowledge they cannot use resident interpreters to ask any sensitive information, including PREA related questions. One of the ESL residents confirmed they had received a Spanish Handbook at intake while the other was provided one while the Auditor was on site. The Auditor observed an intake where the resident was asked about language and disability barriers and including the format they would like the handbook in.

Indicator (c).

Random staff interviewed confirmed that resident interpreters are not appropriate in any communication about concerns of sexual misconduct. Staff are aware that it is only appropriate to do so in an emergency basis to find out information sufficient to obtain appropriate medical care. Staff were aware of the existence of interpretive services. Training records and materials support the expectation has been made apparent to staff. Policy 900.00 states, "The use of resident interpreters, resident readers, or other types of resident assistants will not be used, except in limited circumstances, where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties or the investigation of the resident's allegations. In these exceptions or limited circumstances, documentation of all such cases shall be documented."

Compliance Determination

Hampshire House was able to present information on its ability to support LEP and disabled residents to its efforts to prevent, detect, and respond to sexual misconduct. The facility can aid disabled or LEP residents in understanding PREA, how to report a concern, and how to access assistance if one has been a victim. The agency had provided documentation, and the Auditor could see how LEP or disabled individuals could access information on the tour. CRJ's experience with individuals with intellectual and developmental disabilities provides an invaluable resource when individuals with these challenges are admitted. Residents' interviews support staff are available if they are having difficulty in understanding. Staff interviews and training documentation further confirm the staff's ability to aid the residents in all aspects of the facility's effort to have a zero-tolerance, PREA-safe environment. Compliance is based on policy, the documentation provided, Informative documents seen available to the resident, and information from both staff and residents.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) Hiring/Applicant Tracking System Pre-Employment Questionnaire Prior Institutional Employer Inquiry form Employee handbook Human Resources Memo Random Staff Files. Employee Standard of Conduct Intern documentation Individuals interviewed/ observations made. Human Resources Director Hampshire House Director Contract Oversight Manager Indicator Summary determination. Indicator (a). The Community Resources for Justice Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) page 2 of the policy addresses the definition of sexual abuse consistent with the federal definitions. The policy on page 4 addresses this indicator's requirements. “CRJ prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) 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; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph a., (2) of this section. CRJ considers 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.” Standard-based language in policy prohibits employment or contracting the services of individuals who have been convicted of engaging or attempting to engage in or administratively be adjudicated for sexual assault. Upon hire to Hampshire House, all employees have signed a form that directly asks if they have engaged in prohibited behaviors. The PREA Employment Questionnaire uses language consistent with the standard. This form is also required to be filled out each time an individual is promoted. Hampshire House does not currently hire contractors who have regular contact with residents, nor do they have they had any volunteers. Human Resources Staff confirm that individuals with past histories described in indicator a) would not be eligible for employment. Any one-time contractor, such as individual completing service repairs would be supervised

by staff while on-site. These individuals would also be informed about PREA and the residents' right to be free from sexual abuse or sexual harassment. There is a notice for all visitors about PREA when you sign in to the facility.

Indicator (b). As noted in indicator (a), Hampshire House does not contract with individuals who provide direct services to residents. The Human Resources Department for CRJ will review all employees recommended for promotion. It will require the PREA Employee Questionnaire to be completed, followed by a complete Human Resources file review. The Human Resources Director confirmed if they identify sexual harassment concerns in the staff file, the information would be referred to the Director of Human Resources and the senior CRJ management, including the Contract Oversight Manager, before a promotional offer would be extended. The agency is small enough that both middle and upper managers would be able to identify historical concerns before any promotional opportunity is finalized

Indicator c). Community Resources for Justice policy 900.00 states, "CRJ requires that before any new employee, who may have contact with residents, is hired: (1) a criminal background record checks is conducted, and (2) best efforts are made 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." The Auditor was provided information supporting all current employees have had an initial criminal background check. In addition to the policy, background checks are a requirement of the funding source. The agency also has in place a system to make inquiries of prior institutional employees. Three of Hampshire House's current employees have had prior institutional employment with one date back further than the standards exisitance.

The Human Resources Director and the facility Director committed to the agency's efforts to protect clients by seeking information about previous misconduct. The Agency utilizes a background service to check criminal and employment histories. The service has a PREA specific release they require perspective employees to sign to allow a specific inquiry to past concerns of sexual misconduct. (Prison Rape Elimination Act Questionnaire for Prior Institutional Employers). The Auditor was able to review the content and process map for new employees. As an FBOP site, all employees have criminal background checks also completed by the US government, which the regional monitor confirmed.

Indicator (d). As noted in indicator (a), Hampshire House does not contract with any individual to provide services to the client on-site. Residents seek medical and mental health services in the community. All visitors to the facility are monitored by staff when on site. The facility has one vendor who provides food delivery weekly. The delivery person has little to no contact with the clients. The Auditor was provided with documentation that criminal background checks had been completed on these individuals. College students who work as interns are required to go through federal background checks. The agency provided documentation of three student interns but there were none still working during the summer months when the site visit occured.

Indicator (e). The Community Resources for Justice Policy 900.00 requires all employees and contractors to undergo a criminal background check every five years. Hampshire House is an FBOP program and must submit all employees at contractual renewal every 5 years for background checks. Only the director and one other individual had been employed for over 5 years. The Auditor is confident the process is in place to complete the required background checks as the agency is required to submit all employee, contractors, volunteers, and intern to the Federal Bureau of Prisons who complete a criminal background check on all new hires and on all employees at the time of contract renewal which normally occurs every five years. The agency has completed the necessary checks on individuals in their other programs when the contract renewal has gone beyond the 5-year window. The Human Resources Director confirmed the capacity to run the check if the contract renewal is extended for any reason.

Indicator (f). Noted in Indicator (a), all Hampshire House employees are asked to complete the PREA Employee Questionnaire. This document asks all prospective employees about the required element in the aforementioned indicator. CRJ had all existing employees complete the form after it was initiated in 2015. The employee signs the form after they read the information, including the following: "CRJ shall impose upon employees a continuing affirmative duty to disclose any such misconduct." The Employee Standard of Conduct document also sets forth the requirement that the employee must report any engagement in criminal activity. Staff understood the expectation to report any behavior by themselves or other staff.

Indicator (g). The Community Resources for Justice PREA Employee Questionnaire also contains the following passage: "any material omissions regarding such misconduct, or provision of materially false information, shall be grounds for

disqualification from employment or termination." Human Resources Director confirmed they have not had to fire any individual at Hampshire House for any such inaccuracies related to any sexual misconduct. The Auditor also reviewed the employee handbook (pages 11-12), which also has similar language on termination of employees who falsify information on their resumes.

Indicator (h). CRJ Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) allows the agency to disclose any PREA related concerns with proper releases of information to other institutions. The policy states, "CRJ provides 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." Interviews with Human Resources Director confirm they make requests of outside employers when hiring; they report they do not frequently receive similar requests for prior employees. There were no reported requests for information on former Hampshire House employees from other correctional settings. Only the Director and two other employees had previously worked in institutional settings. The HR Director confirmed that the agency contacts all pertinent prior employers, including institutional settings.

Compliance Determination

The Community Resources for Justice is compliant with the hiring and promotion decisions required by PREA. The agency has policies (900.00 and HR hiring policy) in place to address the requirements of the standard, including the screening of individuals for sexual abuse or harassment histories. The agency has all staff working in their Social Justice Services Division undergo criminal background checks. Interviews with the Human Resources Director was completed by phone. The interview also limited any chance of cross exposure between facilities of CRJ. The Auditor received electronic copies of random 8 staff files in the OAS, picking the days before the site visit. The Auditor requested in advance of the on-site visit the following information: dates of hire, original and 5-year background check (if they existed), dates the staff signed acknowledgment on continuing obligation to report the behaviors listed in indicator (a), and if the individual had prior institutional employment. This process allowed the Auditor to select a diverse sample of staff to be reviewed. During the Pre-audit phase, the Auditor requested documentation of the dates HR elements were completed for at the time all eleven individuals currently employed at Hampshire House. The Auditor reviewed of 8 of the 11 current staff files matching the hard documentation dated to the previously provided dates. The process allows the Auditor to confirm the hard documentation of selected files against the previously provided dates when he was on-site. Documentation from the personnel files for Hampshire House supported this standard's requirements, including asking employees about past sexual misconduct, responsibilities of continuous disclosure, and consequence for omission or falsification of information. Supporting Hampshire House's compliance were the policy that agreed with the standard's elements the interview with CRJ Human Resource staff, and the agency PREA Coordinator. The Agency has policies, procedures, and practices in place to support ongoing compliance. The Auditor also considered compliance with the CRJ Employee Handbook, which informs individuals about prohibited behaviors and conduct that can lead to discipline or the termination of employment. Interviews with HR and agency and facility administration further support the needed communication and practices are maintained.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) Individuals interviewed/ observations made. PREA Coordinator Contract Oversight Manager Director of Reentry Services Hampshire House Director Indicator Summary determination. Indicator (a). Community Resources for Justice's facility in Manchester NH has had one significant change in the past three years to impact client safety. Previously the females were house on the first floor which was the main area for all clients. As safety measure females and males were not allowed to sit in the same couch or tables to provide a safe environment for all. The Director reported they added a second-floor lounge for female residents to provide additional privacy and separation of the populations. The Contract Oversight Manager and the Director of Hampshire House also echoed how there is a continual assessment of facility needs with the eye toward resident safety. Indicator (b). The Hampshire House has added cameras in the new female lounge and in other blind spots identified on the tour by the Director. He was able to discuss the reasoning of the locations where they are and also discussed how monitoring technology plays into some of the initial investigation of allegations. Compliance Determination The Auditor finds the standard to be met. In discussions with the Director of Reentry Operations and the, Contract Oversight Manager, the Hampshire Director and the Agency PREA Coordintator, the Auditor was confident in the agency's stated commitment to ensure a safe environment for residents and staff. The Director of Reentry Services had previously explained the steps taken in the renovation of another CRJ program.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. 2018 NH Adult Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation Letter from Manchester Police confirming their role of investigating sexual assault at Hampshire House. Letter from YWCA- Sexual Assault Services confirming willingness to service victims of SA/SH. Letter from Elliot Hospital confirming SAFE/SANE Services PREA Signage (English/Spanish) Website of NH Coalition Against Domestic and Sexual Violence. (SANE Training Program) New Hampshire AG Website Individuals interviewed/ observations made. Elliot Hospital representative Discussion with YWCA Representative Director of the NH SANE Training Program Coordinated response plan visible in the facility. Summary determination. Indicator (a). Hampshire House staff would not be involved in evidence collection. CRJ employs several individuals who are trained to complete administrative investigations and have entered into a memorandum with the Manchester Police Department for completing criminal investigations at the program. The facility staff are taught as part of first responder duties to seal off potential crime scenes and instruct potential victims and perpetrators to preserve evidence. The State of New Hampshire Office of the Attorney General sets forth the state protocols for sexual assault cases. The 2018 state guidelines help investigators maximize the collection of evidence that can be used in prosecuting perpetrators.The document is the ninth revision in 20 years and the 5th since 2011. Random staff were able to describe the steps to take to protect evidence, including instructions to the potential perpetrator or victim to not do anything that could impact the forensic evidence. Staff interviewed at Hampshire House were fully aware of the police's role in completing investigations. No cases in the past three years required a forensic examination. Indicator (b). Hampshire House would not house any youthful adult inmates. The state guidelines address the procedures for handling sexual assault of juveniles and adults. The guidelines were developed utilizing the collective effort of some 19 individuals who are experts in legal, criminal, medical and mental health services. Included in the experts involved in the development of the document was a representative of the New Hampshire Coalition Against Domestic and Sexual Violence. Similar to the national protocol, the document includes both technical aspects of evidence collection with information about working with victims of sexual abuse in the 115-page document. The Auditor reviewed the content to compare it with the national protocol. The Auditor confirmed aspects of treatment recommendations with the hospital representative. The facility has an MOU with the local hospital that the Auditor confirms has SANE-trained nurses. Agency PREA policy states, on page 14, “Treatment Services will be provided without financial cost and regardless of if the victim names the abuser.” The State Protocol document also explain how the state pays for the examination, medication treatment and follow-up cost. Indicator (c). Hampshire House does not employ any medical staff, nor would they have a Sexual Assault Nurse Examiner. The program has provided documentation of the intention to send all victims to the Elliot Hospital. The Hospital provided documentation of staff nurses who are trained as SANE. The Auditor spoke with hospital representatives as well as

confirmed SANE availability at the hospital. The Auditor confirmed, through interviews and what the website states, that victims of sexual assault are provided service free of charge. The cost is covered by the state's Attorney General's Office through its Victims Compensation funds (page 59 – state guidelines) If a SANE is not immediately on-site at the Elliot Hospital they have the ability to call one in. The Elliot Hospital is part of a larger hospital system that includes resources in greater Boston, less than an hour away.

Indicator (d) CRJ has entered into a working relationship with the YWCA of Manchester, NH. The YWCA is the local rape crisis agency for Greater Manchester and part of New Hampshire's Coalition to stop Domestic and Sexual Violence. A MOU was provided to the auditor and the working relationship was confirmed by the Auditor's outreach to YWCA staff. Signage was visible to residents on each floor of the unit.

Indicator (e). Representative of YWCA confirmed they provide support for victims of sexual abuse Including support during forensic exams, investigative interviews, and ongoing support services. The agency confirmed they would aid a resident at Hampshire House in finding a support network if they move to another area at time of release. Hospital staff confirmed its protocol to offer YWCA services to victims of sexual assault. The Hampshire House's Coordinated Response plan requires the Program Supervisor or Case manager on duty to notify YWCA to request they come to meet with a victim or to meet the victim at Elliot Hospital if the client agrees to go for an exam. The Auditor encourages the facility to also post information about not only NH Sexual assault services networks but also those from Southern Vermont, where a portion of the population originates.

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

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

Indicator (h). The agency will make a victim advocate available through YWCA which the auditor confirmed through phone interview. As a result the indictor as described is not applicable.

Conclusions: Hampshire House is in compliance with this standard's expectations. The facility does not provide many of the services directly covered in the standard. In Manchester, the required elements are all found in the community, including SANE services at the local Hospital, a city police force with staff experienced in investigating sex crimes and an active Rape Crisis Agency. In addition to the interviews, the Auditor found a great deal of information on the state and local agency websites which was consistent with the information I received verbally from Hampshire House management and the community contacts referenced above.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) Community Resources for Justice website (annual report, posting of policy) PREA Audit Report Page 35 of 107 Facility Name – double click to change Letter from Manchester Police (confirming investigations of sexual assault at Hampshire House.) Memo from director Individuals interviewed/ observations made. Agency Head Facility Director Investigator FBOP Representative Summary determination. Indicator (a) In the past year, there were three cases in which an administrative investigation was completed at Hampshire House. The Agency policy requires investigations to be completed by the local police in criminal investigations and by agency staff or the FBOP in administrative investigations. Policy 900.00 states, “In allegations of sexual abuse, the Program Director shall notify local law enforcement department as soon as possible and any contracting agency.” Discussions with the Manager of Contract Services on behalf of the Agency Head confirm the expectation of immediate notification in the event of a sexual assault to local authorities, FBOP, and agency administration. Interview with the Hampshire House Director confirmed the process described by the Director of Reentry Services, and both reported the similar expectation for Sexual Harassment investigation, including the need to act immediately to any allegation. The Auditor reviewed the three investigations for content and any criminal referrals for investigations. In the cases, none reached criminal sexual abuse. The Auditor also reviewed a memo on the FBOP’s requirements for administrative investigations and discussed the facility’s performance with the FBOP regional monitor. Indicator (b) Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) pages 10 and 11 outlines the responsibility of cooperation with criminal investigators. The policy further defines responsibilities, including crime scene protection, ensuring availability of witnesses and preservation of written and electronic evidence relevant to the investigation. This policy is publicly available on the CRJ agency website. Hampshire House will not perform any criminal investigations. Criminal investigations will be conducted by the Manchester Police Department. Administrative investigations would be completed by the facility or CRJ administrative team. As a contractor of the Federal Bureau of Prison, the facility will also collaboratively work with FBOP on any investigation. The policy requires a written report of the investigation to be completed, a file maintained, and an agency administrative review process. Indicator (c) Policy 900.00 (pages 10-11) describes the role of both agencies in the completion of an investigation. The Auditor was also provided with documentation confirming the relationship with Manchester Police. The Auditor also confirmed the Facility Director knew that communication with the Police would be critical for informing other standard requirements, such as required notifications to victims. Hampshire house reportedly has a positive relationship with the local department. Indicators (d) & (e) Auditor is not required to audit these provisions.

	Conclusions: Hampshire House is prepared to ensure all incidents of sexual assault or sexual harassment are investigated. The Auditor concludes the facility is in compliance with the standard. No incidents of Sexual Assault or Sexual Harassment in the last year required criminal investigation. The Administrative investigations completed supported thorough efforts in the investigation of facts. Though the cases could not be substantiated as sexual assault or sexual harassment, residents and staff were removed for other violations. Current residents supported that if a situation arose, the facility would actively investigate the case. Representatives of the FBOP report a cooperative relationship with Hampshire House and that they are good in communicating any critical event. Compliance was based on policy, interviews and the investigative files.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Misconduct Training Records NIC and CRJ PREA Courses Individuals interviewed/ observations made. PREA Coordinator Hampshire House Director Random Staff Indicator Summary determination. Indicator (a). The staff of Hampshire House are trained using the same curriculum that other CRJ facilities use. During COVID-19, the new staff received the training virtually from the Agency PREA Coordinator. If for any reason they can not attend the training they must complete the NIC PREA training course. A review of the PowerPoint presentation and the accompanying exercises shows the 10 topics required were addressed. The topics included 1) a zero-tolerance policy for sexual abuse and sexual harassment, 2) the duty to protect, detect and respond to incidents of Sexual Assault or Sexual Harassment 3) the residents right to be free from abuse 4) both the staff and resident right to make a report without fear of reprisal 5) the dynamics of Sexual Abuse in institutions 6) signs and symptoms of a victim of sexual abuse 7) how to act in response to a disclosure of Sexual Assault 8) How to avoid inappropriate situations with residents 9) How to effectively communicate with LGBTI and gender non-conforming residents and 10) what are mandated reporting requirements. Random staff Interviewed were able to give examples of the various elements of the training. In addition to recounting the content of the training, the staff confirmed the frequency of the PREA training. They reported additional related training are made available online or provided in a classroom setting, including a separate class on Professional Boundaries and working with LGBTI populations. The facility provided a copy of monthly refresher topics for staff on a variety of PREA topics. The Auditor was also provided Policy 900.00 (page 5), which requires training to cover the elements described in this indicator. The Agency PREA Coordinator provides the training virtually to staff in online group sessions. Indicator (b). The PREA training for staff at CRJ addresses how both male and female victims may react and why each gender may engage in sexual misconduct. The majority of the CRJ facilities service both male and female residents. Training classes are made up from staff across the agency, ensuring consistent messaging. The Hampshire House Director confirms that if staff came from a single-gender facility, the employee would be reoriented to working in the co-correctional Hampshire House. None of the current staff had transferred in from CRJ's other programs. Policy 900.00 (page 5) sets forth the training required to address the gender-specific issues for the population the employee works with. The further policy states additional training will be provided when a staff person is reassigned to a different gender environment than they had previously worked. In addition to formalized PREA training staff have access to other related coursework. In the review of staff records, there were cultural competency courses, a Boundaries and Diversity course, Code of Ethics training. Indicator (c). Hampshire House employees are all trained in the ten items required in indicator (a) upon hire and at a minimum of every other year. CRJ staff participates in other PREA related topics at a minimum of once per year. CRJ also provided annual training on searches, ethics, boundaries, and working with diverse populations as noted in indicator (b). Staff interviewed supported that PREA training and related topics occur twice or more yearly. Training records were provided to the Auditor to support the ongoing training has happened in addition to the file reviews. The Bureau of Prisons periodically

provides training on professional boundaries and other courses to staff at Reentry facilities which relate to PREA.

Indicator (d). When employees complete onsite training in which the training form states the following “By signing this training roster, we hereby acknowledge that we understood the material presented” During virtual learning the agency has required post learning quizzes to ensure understanding of critical elements. Additional training courses such as those provided through the National Institution of Corrections have a score showing the individuals rate of comprehension of the materials presented.

Compliance Determination

The Auditor finds the Hampshire House complies with this standard's requirements. Compliance is based on the materials presented relating to the training consistent with indicator (a). The agency provided documentation of all employees' original PREA training and ongoing training in training rosters, NIC certificates, and Human Resource records. Training dates were provided for all employees who were hired at Hampshire House in the last two years. The training records for 8 individuals, including those hired in the last year, were provided. The Auditor picked a random set of names to review the training documentation, including new hires. In addition to formal PREA training, the facility provided other related training to reinforce PREA training information. The Auditor also considered the random staff interviews in determining compliance. Staff spoken with were able to relate the information they learned as part of the agency training, including examples of all ten elements covered in the indicator (a). The staff reported to the Auditor the training was effective; this was evident by the knowledge staff were able to relate back information to the Auditor.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Hampshire House Pre-Audit Questionnaire

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

PREA Training PowerPoint

Documentation of Volunteer education

Contractor/ Visitor log showing PREA information provided

Individuals interviewed/ observations made.

Facility Director

Sign-in logs at the front desk

Summary determination.

Indicator (a). Hampshire House does not contract for an individual to provide direct services to their residents. Because of COVID, there was a limited number of interns in the past year and no volunteers after the school year ended. Policy 900.00 (page 6) sets forth that all individuals who have contact with residents have some level of education on the agency's Zero tolerance expectation and the efforts to prevent, detect and respond to sexual assault and sexual harassment claims. Hampshire House does use interns to work with residents on employment and resume.

The facility Director confirms that when the facility has volunteered with routine resident contact, they must meet with an administrator for PREA education. Visitors who are one-time or not routine are provided the PREA brochure, which tells them about PREA and ways to report concerns. The Auditor was provided this same material upon entry to the facility. There is a process for documentation of one-time visitors' receipt of PREA brochures, but examples of the practice had been impacted by COVID-19 safety protocols that reduce access for any outside individuals. The Auditor experienced this process upon entry on the first day.

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

Indicator (c). All visitors are required to be registered at the front desk. Documents were provided that all contractors or volunteers are provided information about PREA. The facility administration educates volunteers who provide services on PREA. Policy 900.00 (page 6) states, "The program shall maintain documentation confirming that volunteers and contractors understand the training they have received." As noted inindicator (b) the facility provided documentation on the interns that had contact with residents over the last week.

Compliance Determination

In policy 900.00, Community Resource for Justice addresses the standard language expectations. The facility does not employ any contracted staff that provide direct services to the clients of Hampshire House. The facility provided PREA education materials to the Auditor as part of screening process before being allowed to move about the program. The Auditor was also able to see firsthand the process visitors are informed on residents' rights to sexual safety. Absent any contracted staff or volunteers to interview, policy, documentation provided, staff knowledge of the normal practice, and the interviews all support a determination of compliance.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) Policy 1.1.6 Intake Process Client files Individuals interviewed/ observations made. Random Resident Targeted Residents Current resident records Summary determination. Indicator (a). Agency policy and Hampshire House practice support all residents are provided PREA Education upon admission. They are educated on the client handbook, including PREA information, the facility's Zero Tolerance for sexual misconduct, and a PREA Brochure. The Intake and Release Coordinator has the residents sign for the education they receive. The forms can be provided in multiple languages. The Auditor was provided a Resident handbook, PREA brochure, and the PREA education acknowledgment form in English and Spanish, the two most common languages spoken. Resident interviews support they know several ways they could report PREA concerns, that they would be protected from retaliation, and that being free from abuse is their right. Policy 900.00 provides specific information on the content of resident education and residents support they are provided information about PREA in the first hours in the facility. "Within three days after the initial intake, the facility case management staff provides full orientation to the program, including a second review of the PREA information. The Policy states, "As part of orientation for residents during intake, staff will communicate PREA information verbally and in writing, in a manner that is clearly understood by residents. Information will include but is not limited to: • Presentation of this policy • Resident Grievance process • CRJ's zero-tolerance stance • Self-protection methods (see Section C., 8., Prevention) • Prevention and intervention • Treatment and counseling • Reporting incidents • Protection against retaliation • Consequences of false allegations b. Staff shall make every resident aware of PREA and the program's zero-tolerance stance prohibiting sexual contact, sexual abuse between residents or between residents and staff while at the program. c. Staff shall communicate to residents the definitions of sexual abuse and sexual harassment violations, and information on the various reporting mechanisms for residents who believe they are a victim of or witness to this behavior.

(1) Residents will be informed about the multiple ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such behavior and staff neglect or violation of responsibilities that may have contributed to such incidents.

d. Staff shall distribute to each resident a Resident Handbook, which includes the above information in language easily understood by residents. Staff shall also orient the residents to the section of the Handbook which discusses disciplinary sanctions for residents who intentionally make false allegations."

Random residents confirmed they received information from the Intake Release Coordinator in the first day at the facility. They report that the case worker provided a further orientation on their first session which included information about PREA.

Indicator (b). The Hampshire House facility does not routinely receive or transfer residents to or from other CRJ facilities. Most residents have had prior education about PREA in other state, county, or federal correctional centers. According to the Intake and Release Coordinator, Hampshire House's education occurs no matter where the individual is coming from, be it the community, a correctional center, or another CRJ program. The Intake release person confirmed there is no difference in the educational process no matter where the individual is admitted from.

Indicator (c). The Auditor received PREA materials in 2 languages. The facility has audio translation services (CyraCom International) to aid limited English proficient and a TTY for those with a hearing disability. Individuals with visual impairments can get larger print materials. A resident with a cognitive disability confirmed there are enough staff available that someone can help you if you have trouble reading. Policy 900.00 requires, "These residents (LEP and Disabled) are provided equal opportunities to participate in or benefit from all aspects of CRJ's efforts to prevent, detect, and respond to sexual abuse and sexual harassment." The Intake and Release Coordinator discussed with the Auditor on steps taken to ensure individuals with disabilities or language barriers comprehend the information provided. There were no individuals at Hampshire House that needed translation services to complete a interview with the Auditor.

Indicator (d). Each resident's PREA Intake Orientation Sheet is signed and dated by the resident in a paper format that is then placed in their file. The Auditor reviewed a sample of current and six prior resident forms. Resident interviews randomly confirmed that the orientation process occurs in most cases within the first 24 hours of admission. The Auditor was able to select a random sample of Hampshire House resident in advance and to review records on site.

Indicator (e). The Auditor confirmed that residents had handbooks, brochures, and postings (English and Spanish) about PREA and how to report a concern on each level of the facility. Resident interviews support they were aware of the information even if they said they were not worried about PREA. Residents also supported that there were staff who were both approachable and willing to help residents who might not understand the information provided in written formats.

Compliance Determination

The Auditor has determined Hampshire House is meeting the standard expectation in policy, practice, and documentation. The random resident interviews supported all residents of Hampshire House are provided education related to PREA. Resident interviews supported they know the zero-tolerance expectation toward sexual abuse or sexual harassment. The random residents confirmed that intake staff also educated them on how to report a concern and community-based services for those with victimization histories. Residents confirmed they did receive the information in a timely basis upon arrival. Two policies, Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) (pages 6-7) and Policy 1.1.6 Intake Process (pages 1-2), address the requirements of education of residents on PREA. Materials are continuously available in more than one language, and the staff were aware of the translation services available. Residents support understanding their rights under PREA and knowing where to turn for information if needed. The Auditor also considered the documents in client files consistent with policies supporting PREA education in determining compliance.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Reviewed the NIC training on Investigating Sexual Assaults in a Correctional setting Certificates of CRJ staff who have completed the training Individuals interviewed/ observations made. Staff trained in investigating sexual assault or sexual harassment claims Summary determination. Indicator (a). Hampshire House and CRJ would not be responsible for completing criminal investigations. The Manchester Police Department would be primarily responsible for conducting criminal investigations at Hampshire House. The referring authority of the clients involved (FBOP) will be informed of any PREA related investigations. The agency has trained multiple staff in completing an administrative investigation in a reentry facility. The agency has used the NIC training on investigating sexual assault in a confinement setting. All administrative investigations go through a multi-level review within the agency to ensure thorough investigations are completed. The Federal Bureau of Prison regional team is provided a copy of all investigative reports. Indicator (b). The NIC training provides the individual with the required content of the standard indicator. The information includes interviewing techniques with victims of sexual abuse, how to provide a Garrity or Miranda warnings, the importance of sexual abuse evidence collection in a confinement setting, and the factors used in substantiating a finding in an administrative or criminal case. The Auditor reviewed the NIC course to ensure the course content met the standards obligations. As a private agency Garrity does not apply, and the agency staff would only be responsible for conducting an administrative investigation. Investigative staff interviewed were aware if an administrative investigation unveiled a potentially criminal act, the event is immediately referred to the police. The investigative staff are aware of the importance of working communication with the local police to ensure the administrative investigation does not impede the criminal investigation. The Director of Hampshire House who completes most investigation has instilled an understanding amongst the staff on the impotance of protecting evidence. The Director had prior correctional experience which further aids his knowledge of correctional institutional investigations. The Director confirmed the topics listed in the indicator were covered in the training he had taken. Indicator (c). The Community Resources for Justice has provided the Auditor with the certificates supporting the training of investigators. The Agency has 3 staff who would be able to complete investigations at Hampshire House. The individuals have completed the training, and the Auditor reviewed the certificates (Investigating Sexual Assault in a Confinement Setting) of the 3 individuals most likely involved in a PREA investigation at Hampshire House. The Auditor's interview with the Director who is trained in investigation support he understand key aspects of the training related to indicator b). The investigators from CRJ would only be responsible for completing an administrative investigation of staff misconduct or investigations of client-on-client incidents that are clearly not criminal in nature. The is also the potential that the Federal Bureau of Prisons may also complete an investigation into sexual offenses at Hampshire House. Indicator (d). The Auditor is not required to audit this provision.

	Compliance Determination The Auditor finds Hampshire House compliant with the standard requirements. In determining compliance, the Auditor took into consideration the materials provided in the NIC course. The Auditor also used the certificates provided as proof of training. The Auditor considered the interviews with the Facility Director, Contract Oversight Manager and the agency's PREA Coordinator, all who received the NIC training. Absent any criminal investigations, the Auditor relied on agency policy, the NIC training materials, the administrative investigative file and the staff interviewed knowledge of the agency investigator in determining compliance. The investigator understood the importance of preserving evidence, how to communicate with victims of recent trauma, how communication with the Manchester police would be maintained, and how to determine a finding.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Individuals interviewed/ observations made. None Indicator Summary determination. Indicator (a). The indicator is NA. Hampshire House does not employ any medical or mental health staff. Indicator (b). The indicator is NA. Hampshire House does not employ any medical or mental health staff. Indicator (c). The indicator is NA. Hampshire House does not employ any medical or mental health staff. Indicator (d). The indicator is NA. Hampshire House does not employ any medical or mental health staff. Compliance Determination All indicators do not apply as Hampshire House does not employ any medical or mental health staff. The Auditor confirmed with the facility Director that residents can access the required services in the area. Mental Health Services are provided in the community through funding from the FBOP. These contracts are separate from the contract for Hampshire House. Hospital staff confirmed victims' capacity to receive follow-up services at the hospital and referrals to specialists when needed. The Elliot Hospital has SAFE-trained hospital staff who can provide SAFE/SANE services in sexual abuse victims. The Elliot Hospital is the larger of the region's hospitals in Manchester with SAFE/SANE services.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) Policy 1.1.6 Intake Process Hampshire House case files Hampshire House case notes Individuals interviewed/ observations made. PREA Coordinator PREA Manager Intake and Release Coordinator Summary determination. Indicator (a). All residence admitted to Hampshire House either as direct admissions or for transfer will be screened according to both PREA and intake policies. Both of the Agency policies require a screening process to occur. Page 17 of the Intake Policy (1.1.6) and pages 7-8 of the PREA policy (900.00) set forth the screening requirements. “All residents arriving at the program shall be assessed during an intake screening (and upon transfer to another facility) for their risk of being sexually abused by other residents or sexually abusive toward other residents, using the PREA Possible Victim/Predator Screening and Scoring Checklist.” The Auditor reviewed files of 14 clients' files of current admissions. All files reviewed confirmed that the clients were screened at admission on their risk of victimization or perpetrating behaviors. The program has not received any transfers from other CRJ facilities. Indicator (b). Hampshire House’s PREA policy (page 7) requires that residents are screened within 72 hours. The Auditor found, through random resident interviews and client file reviews, this policy expectation was being consistently met. The review of case files supports residence are screened within the 72-hour period required by this indicator. The Auditor was reviewed current or former client files reviewed were completed in under 72 hours. The Auditor also reviewed documents on site that supported compliance. Indicator (c). The PREA screening tool used at Community Resources for Justice facilities including Hampshire House is an objective instrument. The Auditor reviewed with Intake and Release Coordinator the process by which the tool is used. During the screening process residents are asked a series of questions that covers standard requirements. Depending on the resident’s answers, direct observation and information obtained through file to review the screener scores the category either yes or no. The tool is broken into two sections, one looking at victimization potential and the other looking at predatory behaviors. All residents are scored with the designation as either a known victim, a potential victim or a non-victim. Similarly, all residents are given a designation as a known predator, a potential predator or a non-predator. Information from the scoring is then used to determine the most appropriate housing given the current population makeup, offer referrals for treatment, and when approved for work, the case management team will consider how scoring might impact vocational opportunities. The Auditor confirmed with the PREA Coordinator that he provides training to new case managers on how to use the tool. The Auditor was unable to observe a intake as part of the audit process. Indicator (d). The Intake and Release Coordinator confirmed, consistent with policies and the Auditor’s review of the screening tool that the following are included: if the resident has been a prior victim of rape or sexual assault in an institution, if they are significantly younger or older than the current population, if the physical stature of the individual is smaller than the average population, if the individual has any developmental or mental health issues, if the resident is (or is perceived to be) LGBT or gender non-conforming, has a prior history of sexual abuse, has a prior history of engaging in sexual acts in prison, has a history of protective custody and finally, if the resident perceives that he or she would be at risk in the institution. Indicator (e). The tool also looks for predatory factors including a history of predatory sexual behaviors in prison, a history of physical or sexual abuse toward adults or children, a current gang affiliation, a history of consensual sex in institutions and a history of violent criminal behavior. The Auditor was able to review the process by which the Intake and Release Coordinator obtains information to score these related elements. The information may come from institutional records or direct conversations with the referring body. Indicator (f). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) sets forth on page 8, the

requirement that all residents been reassessed within 30 days. At Hampshire House the Intake and Release Coordinators do both the initial and reassessments of all residents. The reassessments are completed with the assistance of information obtained by the case management staff. A review of the case files supported that the rescreening occurs with-in 30 days of the initial screening. Case management staff at CRJ facilities routinely ask residents about feeling of sexual safety, gender identity and victimization history. Case notes and resident interviews support staff members routinely check on residents' safety.

Indicator (g). PREA Coordinator for CRJ and the PREA Manager are aware that reassessments should occur whenever appropriate information is obtained that might impact a resident's scoring. Reasons for additional screenings can be new information has been obtained supporting aggressive or victimization histories, behavioral observations, or actual incidents related to sexual abuse or sexual harassment in the facility. CRJ has put into practice a system in which the case managers routinely ask residents about their feelings of safety to see if there is a treatment need or a reason to modify the screening results. There were no reported cases in the past year required rescreened as a result of additional information that was obtained or in response to incidents.

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

Indicator (i). The Auditor confirmed through interviews with the PREA Coordinator and the Intake and Release Coordinator that PREA sensitive information used in the scoring process is kept confidential. Hampshire House uses Secure Manage, a case management software product, that allows information access to be segregated by the employee's job description. This process will protect information from being disclosed or being used against a resident. It further ensures that only those with 'a need to know' have access to the information. The Auditor also confirmed this with various staff that they cannot move rooms in the facility because only the Intake and Release Coordinator, and upper administration can access the scoring forms to ensure safe housing.

Conclusions: The Auditor finds the standard to be in compliance with expectations. This conclusion was made based on a review of client files at Hampshire House, interviews with key individuals, and policies that support the standard expectations. The screening instrument provided an objective scoring process and the individuals charged with administering it were consistent with policy on description of scoring and security of information. The Auditor reviewed 14 case files to confirm the timeliness of the screenings and was able to confirm the screening process was applied consistent with the described procedures. The file review included current clients and client who were release in the last year. The Auditor also took into consideration the agency has put in place Quality Assurance measures to ensure screenings are done in a timely fashion consistent with the standards.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

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

Memo from Facility Director on Housing and search preference of former resident.

Resident casefiles including former transgender client.

Individuals interviewed/ observations made.

Facility Director

Screening Staff

Summary determination.

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

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

Indicator (c). Policy 900.00 states "The program makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis considering whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems." The Auditor spoke with both the facility Director and the Agency PREA Coordinator to get a understanding of the process and accommodation provided in the recent transgender admission to confirm the resident had a say in their housing. Hampshire House also consulted the FBOP to see what accommodations were previously provided in their prior institution.

Indicator (d). Transgender and intersex residents entering Hampshire House are asked about their feelings of safety and where they would feel more comfortable being housed. Page 8 of Policy 900.00 states "A transgender or intersex resident's own views with respect to his or her (if applicable) own safety shall be given serious consideration." Documentation provided supports that a conversation occurred with the transgender individual. To accommodate the recent admission of a transgender individual, they have provided a single room close to a one-person bathroom.

Indicator (e). Transgender or intersex residents at Hampshire House would be housed, according to the facility director, in one of the smaller rooms to provide the greatest level of privacy. Bathrooms located adjacent to sleeping quarters are designed for one person's use at a time. The Facility can also use a handicapped room. Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) (page 9) insure resident's ability to shower and change by themselves. The facility only had one admission of a transgender or intesex individual since the last audit period. The facility used a single room option on the female housing floor.

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

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

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) PREA Posters Hampshire House Handbook CRJ Website Memo for PREA Coordinator Individuals interviewed/ observations made. PREA Coordinator Hampshire House Director Phone call with FBOP Regional staff Postings up in the facility Indicator Summary determination. Indicator (a). The Community Resources for Justice and the Hampshire House facility provide the residents with multiple ways to report sexual harassment, sexual abuse, retaliation, or the neglectful acts of staff that could contribute to such harassment or abuse. Policy 900.00 (page 15) utilizes the standard indicator's language setting forth the expectation. "The program shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents." Facility brochures, posters, and residents confirm they can tell any staff person, any facility administrator, or the Agency PREA Coordinator. The Auditor confirmed with both resident and staff in interviews on the multiple internal ways an individual may report a concern. Residents were able to give multiple examples, knew they could make anonymous reports, and make reports on behalf of other residents. The Auditor also tested the agency's reporting system noted on their website for making complaints to the agency PREA Coordinator, which could include anonymous or third-party reports. Residents of Hampshire House often stated that PREA was not a concern of theirs in this facility. They would tell staff if they were a victim and were aware of the multiple other avenues. Residents are provided information in their orientation to Hampshire House, through their handbook, on posters throughout the facility, and on the CRJ website. Indicator (b). Hampshire House utilizes as a outside option for reporting a concern to the Office of the Inspector General. This USDOJ Office reviews concerns at FBOP facilities. Any complaints to the OIG would be forwarded to the Regional FBOP Office who would inform the facility of the allegation. The information is posted in the facility and the resident interviews supported knowledge of this reporting option. Policy language also addresses the indicator, "The program also shall inform residents of at least one way to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request." The residents also knew they could report to local law enforcement authorities or their probation officer. The Auditor call the OIG hotline and confirmed that they would field the call and notify the FBOP regional office. The Facility provided documentation of notifications about abuse that were reported to the department of justice at a prison and a community treatment provider that was forwarded for investigation.

Indicator (c). Policy 900.00 requires all staff to accept a report of sexual abuse, sexual harassment, or concerns of retaliation from any resident or third-party and to report them to the supervisor and document the information. Interviews with random staff confirm that they know they must receive and document an allegation of sexual misconduct, no matter the source, immediately.

Indicator (d). CRJ provides the staff of Hampshire House with multiple ways in which a staff person can report a concern about PREA in the facility. As noted in the previous indicator, staff interviews confirmed they could go outside the chain of command if they felt they needed to without cause. Staff recognized they could report a concern directly to the Hampshire House Director, the agency PREA Coordinator, the Director of Reentry Operations, or to the Human Resources Department. The Director support he is visible and available to both staff and residents.

Compliance Determination

The Auditor finds the standard is compliant based on policy language, client and staff knowledge of reporting options, educational material, agency website, handbook, and posters observed in the facility. The Auditor also tested the posted methods of reporting. The agency and facility have put in place multiple avenues for staff and residents to report concerns of sexual misconduct. The agency PREA Coordinator also confirmed there were two call from the FBOP but no third-party individuals who used the online process. Interviews with residents, staff, and agency administration supported the necessary resources were in place to ensure a timely response. Most residents confirmed they would go to a staff they trust as a primary option if they felt a need to report a concern and believed it would be taken seriously.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) Policy 1.1.8 Resident Grievance and Appeal Process Hampshire House Handbook Individuals interviewed/ observations made. Resident Interview Staff Interview Director Interview Indicator Summary determination. Indicator (a). This indicator applies to Hampshire House. Residents can file a grievance internally to the facility director, or as a Federal Bureau of Prison client, they may file a grievance form (BP-8) to the Bureau of Prison. The facility has a policy on grievances (policy 1.1.8) in addition to the information provided in the resident handbook that supports the standard on exhaustion of administrative remedies. Policy 900.00 also addresses the requirements of this standard. There were no PREA related grievances in the past year Indicator (b). Pages 15 and 16 of Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) provide direction related to residents filing a grievance. Consistent with the facility grievance policy (1.1.8), the policy states that residents are not required to resolve incidents through an informal process. The policy also states there is no time frame in which the PREA related grievance must be filed. “The program ensures a formal administrative process to address resident grievances regarding sexual abuse and sexual harassment. The program prohibits an informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse or sexual harassment. The program shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse or sexual harassment.” The Auditor’s Review found the resident handbook had language conistent with the standards variois indicators. Indicator (c). Grievances at Hampshire House are generally submitted directly to the Facility Director or Assistant Director which is currently vacant. If the Facility Director is the subject of the grievance, it may be submitted to either an Assistant Director, the Contract Oversight Manager or the CRJ PREA Coordinator. Both policies acknowledge there is no informal resolution attempt requirement, and the resident handbook (page 31) states there is no time frame requirement for filing a PREA related grievance. As noted in indicator (a) the residents also can file grievances through the FBOP system, including to the US Department of Justice’s Office of the Inspector General. Indicator (d). Hampshire House PREA policy 900.00 addresses the maximum time frames in which a grievance must be resolved. The time frames include an initial response within 7 days with an extension of an additional if notice is given in writing. Hampshire House’s short length of resident's stays, (approximately 4 months) means they reportedly try looks to resolve concerns in an expedited fashion.

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

Indicator (f). Policy 900.00 (page 16) defines the conditions for emergency grievances related to sexual assault or sexual harassment cases. The policy addresses time frames in which emergency grievances must be responded to, including an initial response within 48 hours and a final resolution within five days. A policy also covers the requirements of determining if the imminent or substantial risk of sexual abuse exists for the client. The grievance procedures are also outlined in the resident handbook (pages 30-32). Any client PREA Grievance will be handled immediately with the Director or Assistant Director who report they will notify the Contract Oversight Manager, the CRJ PREA Coordinator and the funding source. Policy 900 states, "The program shall provide procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse or sexual harassment. b. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse or sexual harassment, the program shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse or sexual harassment) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final decision shall document the program's determination whether the resident is in substantial risk of imminent sexual abuse or sexual harassment and the action taken in response to the emergency grievance." Similar language is available for the resident to review in the Hampshire Handbook.

Indicator (g). Language in policy 900.00 (pg.16) states that residents who file a grievance can only be disciplined if, after an investigation, it is determined that the grievance was filed in bad faith. It says, "The program may discipline a resident for filing a grievance related to alleged sexual abuse only where the program demonstrates that the resident filed the grievance in bad faith." Hampshire House has not had any cases in which a PREA grievance was purposefully filed in bad faith. As a result, there is no disciplinary process to review.

Compliance Determination

Hampshire House has had no cases in which a grievance was filed related to PREA, including any third-party grievance complaints. The Auditor reviewed the grievance and subsequent investigation file to ensure timeliness of response. The Auditor considered determining compliance, interviews with staff, residents, the Assistant Director and policy. Staff interviewed were aware that they must accept all grievances, including from a third party. Residents were aware of their rights under the grievance policy and the related language in PREA policy 900.00. The Director was familiar with PREA requirements related to time and response requirements. The Auditor also took into consideration that residents are given the option of filing the grievance directly to the Federal Bureau of Prisons.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) PREA Brochure (English and Spanish) Resident Handbook (English and Spanish) PREA Postings (English and Spanish) Postings and resource book on NH Coalition Against Domestic and Sexual Violence Poting and resource information on REACH Crisis Services at YWCA Information on local DOJ Mental Health Provider Individuals interviewed/ observations made. Representative of Manchester Local rape crisis center(REACH-YWCA) PREA Monitor Case Manager Random residents PREA related postings in the facility Indicator Summary determination. Indicator (a). At Hampshire House, residents are provided information on accessing services for individuals who may have been the victim of sexual abuse. These organizations include Manchester's local rape crisis center (YWCA) and local mental health clinics that are contracted with the FBOP. The residents are provided information in written form as part of their initial packet upon admission. The facility's PREA brochure and the resident Handbook each have information about these organizations. The Auditor also was able to see information posted about these organizations in hallways, common areas, and case management staff offices. Residents of Hampshire House have access to a phone on site that is not recorded. Residents may also have cellular phones, which would allow private communication with representatives of these organizations. Residents confirm they can make confidential calls on-site or make arrangements to seek counseling services in the community. They report the staff is helpful to those who are less familiar with the area and will provide you information on how to contact and find local services. Indicator (b). Hampshire House residents are made aware of all staff members' duty to report any incident of sexual abuse. Residents of Hampshire House have access to unmonitored communication with outside agencies. The Phone system of Hampshire House is not monitored, and residents are allowed to have cellular phones. The resident interviewed understood the limitations of confidentiality if they disclose a crime or significant risk to an individual in the house. Manchester Local rape crisis center(YWCA), the local rape crisis agency, confirmed the ability to provide confidential support to the resident and provide those support directly at the agency's offices, or through phone contact with residents. The Manchester Local rape crisis center(YWCA) office is approximately 2 miles away in the neighboring community of Cambridge. The MOU speaks to some direct services provided and interviews with the representative confirmed a willingness to aid in the referral process as residents prepare to move home. The Federal Bureau of Prisons contracts with local service providers separate from their contract with CRJ. These agencies provide substance abuse, mental health and medication management services for clients in the region including those at Hampshire House. Residents who report ongoing abuse in these sessions would result in a notification to the FBOP who would in turn notify Hampshire House.

	Indicator (c). The Community Resources for Justice has entered into a relationship with the Manchester local rape crisis center. The Manchester YWCA's Reach Crisis Services is the local rape crisis agency. The Reach Crisis Center provided a letter which supports they provide comprehensive, free services, including a 24-hour hotline, advocacy, individual and group counseling, and case management. The Auditor confirmed in phone interviews the ability to provided accompaniment services during forensic exams and police interviews of a victim. The representative confirmed they do not have any current concerns of Hampshire House being a hotbed of sexual assault allegations. Compliance Determination Residents at Hampshire House are provided access to outside confidential support services. The residents have access to local mental health services providers funded through the FBOP and the services available through Reach Crisis Services The agency provided documentation that supported the appropriate relationships required in indicators (a) and (c) exist. Interviews with the Hampshire House Director and case management staff confirm how residents can be assisted in making an appointment for counseling. Observation during the tour supported that information about services was available in both English and Spanish. These languages are the two most common languages spoken by residents entering Hampshire House. Resident interviews supported victims of sexual abuse could get supportive confidential counseling services in the community or from the 'hotline.' Compliance is based on the materials available, the relationships developed with community providers and the resident's knowledge of how to access the resources.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) Agency Web Site (third party reporting form) Brochures for Residents and Visitors on PREA Resident Handbook Memo on Third Party Reporting Individuals interviewed/ observations made. PREA Coordinator Facility Director FBOP representative Resident Interviews Staff Interviews Visitor sign in process showing the distribution of Brochure on PREA Signage posted throughout the facility. Summary determination. Indicator (a). Community Resources for Justice has established systems to receive third-party reports on sexual assaults or sexual harassment. The agency website provides a phone number and Email address, and a printable form to aid in filing a complaint on behalf of a resident. The agency PREA policy 900.00, page 15, states that the program is to distribute information on how to report concerns related to PREA. This is accomplished by distributing brochures on PREA, which provide information on how to report a concern internally to the agency-wide PREA Coordinator. Residents are also provided information on how to report a concern related to PREA in their handbook and postings in the facility. The random residents interviewed supported they could make a complaint on behalf of a peer if they were too fearful for some reason. They also reported confidence that if a family member called on their behalf, the situation would be investigated. Residents also were aware they could make reports through the CRJ website, outside agencies, or their Probation officer. The Inspector General's Office is another avenue for FBOP clients to report a concern. Staff interviewed were aware that all third-party complaints needed to be taken seriously and referred immediately to the Facility Director and the Agency PREA Coordinator. Conclusions: The Hampshire House and Community Resources for Justice have successfully provided multiple means for residents and other interested parties to make a PREA complaint as a third party. The information is publicly available on their website and is provided to visitors in brochures and postings as they enter the facility. The facility has trained the Hampshire House staff on the need to accept all complaints no matter the source and refer them so they can be investigated. Interview with staff and residents support the policy 900.00 expectations are understood. The Facility Director, random staff, and the agency PREA Coordinator all reported not having received any third-party PREA related complaints in the past year other than the one described previously through the treatment provider to FBOP. The Auditor has previously tested the third-party reporting system by sending an email to the address listed on the website. Compliance is based on all the factors listed here, which support multiple avenues to report a concern about sexual harassment or sexual assault.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) Staff PREA Training materials NH Attorney General Website Elder Abuse NH Department of Health and Human Services (Bureau of Elderly & Adult Services (BEAS) Sexual Harassment Investigations Individuals interviewed/ observations made. CRJ PREA Coordinator Hampshire House Assistant Director Random Staff Community Mental Health provider PREA Memo from Director Indicator Summary determination. Indicator (a). Community Resources for Justice Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) repeatedly requires the immediate reporting of sexual abuse and sexual harassment claims, retaliation, and staff actions that may have contributed to such behaviors. Page 16 of the policy state, “Reporting Duties a. Any staff must immediately report to the Program Director or designee, any knowledge, suspicion, or information regarding: (1) an incident of sexual abuse or sexual harassment that occurred in the program; (2) retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment; (3) any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation”. The policy goes on to state, (page 17) “Upon receiving an allegation that a resident was sexually abused while residing at the program, the staff receiving this information must immediately notify the Program Director or designee, the SJS Deputy and the SJS Department Director.” The policy addresses the reporting of abuse that occurred in previous institutions and the duty to report retaliation incidents and incidents where staff duties may have contributed to abuse occurring. In random interviews, staff consistently reported they understood their responsibility to report in the areas described in indicator (a). The staff knew they must report all allegations of sexual assault or sexual harassment no matter the source of the allegation or even if they had questions on the validity of the allegations. The policy also requires the Program Director to notify the local authorities to begin the criminal investigation. In the review of the sexual harassment claims the response by program staff and administration was immediate. Indicator (b). Policy 900.00 (pg.18) requires the staff to keep confidential any PREA disclosure except to agency administrators and supervisors to facilitate treatment. Policy states, “Apart from reporting to designated supervisors or agency officials, staff shall not reveal 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.” Staff in random interviews repeatedly confirmed their awareness of the importance of protecting the victim and the investigative process by limiting the disclosure to those with a need to know. They were also aware of documenting the incident on email or written document to their supervisor but not to put it in the SecureManage electronic case management system where others could read.

Indicator (c). Hampshire House does not employ staff in medical or mental health services. Clients would potentially be referred to the Federal Bureau of Prisons (FBOP) contracted Mental Health services or local medical clinics for physical health issues where disclosure could be made.

Indicator (d). Hampshire House would not receive a resident under the age of 18. Staff are trained in mandatory reporting laws, and the local police could apply additional charges to crimes against these protected populations. The state of Massachusetts website confirms that residents over the age of 60 and those with disabilities have special protection under the law from sexual abuse. These crimes can be reported to local police, to the Department of Health and Human Services Bureau of Elderly & Adult Services (BEAS) or the Attorney General's office for the state of New Hampshire. The Websites reviewed support mechanisms are inplace to report if those who are targeted for their age, their disabilities or if they have a diminished capacity.

Compliance Determination

The Auditor concludes the standard is compliant based on training materials, policy, sexual harassment investigations and interviews completed. The investigative files were reviewed for staff actions and if the individuals were in target groups. Non of the alleged victims were in the program to be interviewed. None of the incidents required first responders to perform any actions beyond keeping the person safe and reporting to a supervisor. The Auditor spoke with the Facility Director, the CRJ PREA Coordinator, and random staff. The Auditor concludes that policy addresses for staff the need to report all incidents of Sexual Assault or Sexual Harassment while protecting the resident victim's privacy and the investigative process. Further supporting compliance is the interview with staff who consistently understood their duty to report while also understanding the need to protect victims' privacy.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) PREA Memo from PREA Coordinator Individuals interviewed/ observations made. Contract Oversight Manager Facility Director Random Staff Random Residents Indicator Summary determination. Indicator (a). Hampshire House has not had a situation where a resident has needed protective services from substantial or imminent risk of sexual assault. The facility has trained its staff to handle these situations consistent with first responder expectations, including taking immediate actions to ensure safety, keeping them apart from any perceived threat, and notification to supervisory staff. Since opening the facility has not had to separate residents as a part of a plan to keep a resident safe from sexual misconduct. The facility takes all resident conflicts seriously and tries to work with the individuals so they can complete their respective stays. It is clear though no aggression would be tolerated. Residents spoken to did not report any concerns about sexual aggression in the environment. Staff spoken with also were able to describe the steps they would take to protect a resident who had concerns about potential abuse. The Auditor did speak with the Director about one of the cases where harassment was confirmed that client had voiced some fear but the other individual was removed for another program violation so there were no needs to put further safeguards in place. Compliance Determination Since Hampshire House has not had to provide protection duties for a resident in danger of sexual assault, the Auditor relied extensively on interviews to determine compliance. Residents who display any form of aggression are removed from Hampshire House rather quickly, so protection duties would be limited as compared to a correctional setting. Interviews with the Contract Oversight Manager and Facility Director confirmed multiple steps that would be enacted to ensure the safety of all clients involved. Those steps would include moving the resident's room, identifying the potential threat, investigation, and the possible transfer of one or the other parties depending on alleged aggression. Random staff who were interviewed stated they would immediately respond to any concern related to residents' safety. The random staff reported speaking to the at-risk client in a private setting to better understand the situation. After discussing with the resident, they would notify supervisory staff to determine a solution while maintaining the resident's safety. Interviews with random residents supported that they could approach staff with a concern related to PREA and felt it would be addressed.

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) PREA Memo from Director Individuals interviewed/ observations made. Facility Director CRJ PREA Coordinator FBOP Regional Representative Indicator Summary determination. Indicator (a). Community Resources for Justice policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) requires that the Director of Hampshire House notify the director of another facility if a resident reports previous sexual assault incidents at the other facility. An interview with the Hampshire House Director confirms he is aware of this responsibility. The agency policy states, "Upon receiving an allegation that a resident was sexually abused or sexually harassed while confined at another facility, the Program Director that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse or harassment occurred." The Director of Hampshire House Confirmed that all allegations are reported through the contract oversight office of the Federal Bureau of Prisons. The regional representative of FBOP did not report any complaint to or from Hampshire House for abuse at other instittions. Indicator (b). In the interview, the Hampshire House Director was aware that notifications must be made within 72 hours of his staff being made aware of a sexual assault at another institution. Policy 900 goes on to state the requirement to report to the institution where the abuse occurred is "as soon as possible but no later than 72 hours after receiving an allegation." Indicator (c). The Director of Hampshire House reports he would document the notification by making a follow-up email after making initial contact with the Director of the other facility. Copies of the informational notice would be sent to the CJR Contract Oversight Manager Indicator (d). As noted in indicator (a) the Hampshire House Director and PREA Coordinator confirmed that an investigation would be enacted immediately upon notice from another institution of any criminal behavior at Hampshire House. Agency policy states, "The agency head or program director that receives such notification shall ensure that the allegation is investigated in accordance with these standards." There were no such allegations received at Hampshire House. Compliance Determination CRJ had received no reports from other correctional institutions about claims of sexual assaults at Hampshire House. The facility did not have to report any claims of sexual assault to any other correctional institution. Compliance, absent a claim relied on the Hampshire House Director and PREA Coordinator's knowledge, of the standard's requirements, including timeframes for reporting to other institutions. The Auditor also took into consideration CRJ's PREA policy, which addresses the standard language requirements.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) Hampshire House Coordinated Response Plan CRJ PREA Training materials Agreement with the local hospital to provide SANE services. PREA Memo Individuals interviewed/ observations made. Random Staff Case Management Staff Hampshire House Director PREA Coordinator Indicator Summary determination. Indicator (a). Hampshire House has not had a case requiring a staff member to act as a first responder to a sexual assault complaint. The Auditor had to rely on random staffs' ability to explain their first responder responsibilities. The random staff interviewed described the steps they were trained on, including separating the victim and the potential threat and securing the crime scene. They also knew to ask both the victim and the accused perpetrator to not shower, wash, brush, eat, drink, or take any other actions that would affect the evidence on them or their clothes. CRJ Policy 900 also sets forth expectations for staff consistent with this indicator (page 12). The policy states, "Upon learning that a resident was sexually abused, the first staff member to respond to the scene must: a. Separate the alleged victim and alleged abuser (to protect the victim and prevent further violence); b. Not leave the alleged victim alone; c. Ensure no one else enters the area to preserve and protect the crime scene; d. Check victim for immediate medical attention and call 911 if warranted. e. Contact the Person-in-Charge (Program Director or designee) to request the assistance (including notifying FBOP of incident); f. If the abuse occurred within a time period that would still allow for the collection of physical evidence (up to 96 hours), request that the alleged victim not take any action that could destroy physical evidence, including washing or showering, drinking or eating (unless medically indicated), brushing teeth, changing clothes, or toileting." Indicator (b). All staff at Hampshire House are trained to be first responders. All staff are trained in the facility's Coordinated Response Plan. The first four steps of the plan described the actions that a person could undertake in a sexual assault as a first responder. The Auditor confirmed with case management staff and the Intake and Release Coordinator that they also are trained as first responders.

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

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Hampshire House Coordinated Response Plan Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) Individuals interviewed/ observations made. Facility Director Random Staff Indicator Summary determination. Indicator (a). The Facility has a Coordinated response plan available to staff. The plan focuses on the first responder's actions, The Program Director, and the case management staff. Since the agency does not employ medical or Mental Health staff, there are no specific duties for these positions. Local Rape Crisis Agency and the local hospital with SANE nurses are listed in the plan. The plan is also covered in Policy 900.00 Pages 11-13, the policy is descriptive on the roles of line staff, facility, and agency administrative response to incidents of sexual misconduct. The Policy gives direction to first responders, facility, and agency administration. It also speaks to the coordination of services of local medical, mental health, emergency response agencies (police, ambulance), and hospital and rape crisis advocates. Compliance Determination The Hampshire House coordinated response plan is available to all staff. It is colorful, making it easy to identify, with each step indicating a required action and the individual responsible for ensuring it occurs. The staff's awareness of the coordinated response plan supports compliance. The Auditor believes that Hampshire House staff are sufficiently trained in implementing the plan if an incident occurs. The Hampshire House Director further supported compliance by his knowledge of the plan and the expectation that multiple individuals will have responsibilities.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire CRJ Employee handbook Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) PREA Memo from Director Individuals interviewed/ observations made. Contract Oversight Manager Indicator Summary determination. Indicator (a). CRJ, the parent organization of Hampshire House, does not employ unionized employees. The agency's employee handbook does state that individuals can be placed out of work during an investigation. Page 15-16 of the Agency employee handbook defines the right to discipline employees who engage in "gross misconduct.' The document goes on to state the right of CRJ to place employees out on administrative leave during and investigations into their actions. The facility Director confirmed his ability to immediately place a staff person out on leave in an investigation. In the 2020 allegation of sexual harassment by staff the individual was placed out on administrative leave during the investigation. The individual was taken off the schedule once the facility was made aware of the allegation. The removal from the schedule is documented in the facility's PREA Investigation report. Indicator (b). The Auditor is not required to audit this provision. Compliance Determination: The Auditor finds the standard to be compliant. The agency has an employment policy that allows Hampshire House to put an accused staff person out of work on administrative leave. In doing so, they would be able to protect a resident from any further abuse or subsequent harassment. The employee handbook also supported that there were no collective bargaining contracts and defined that individuals who are subject to an investigation can be placed out of work. The Director confirmed that he would notify the Director of Reentry, the Bureau of Prisons, who would also require the termination of an alleged staff member from having contact with a potential resident victim. The review of the investigative files supports the facility's actions to protect residents from contact with abusers.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) CRJ Employee Handbook CRJ Retaliation Monitoring form PREA Memo from Director on retaliation prohibition Individuals interviewed/ observations made. Director of Hampshire House PREA Coordinator Contract Oversight Manager. Indicator Summary determination. Indicator (a). Indicator (a). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) establishes, on pages 4 ad 5, an expectation to keep both staff and residents who report or corroborate with an investigation into sexual assault or sexual harassment from any form of retaliation. The policy states The program must employ all available measures to protect vulnerable residents from abuse or prevent abusers from having the opportunity to abuse by: (1) Consultation with the referral source; (2) Removing alleged resident abusers from contact with victims; (3) Removing alleged staff abusers from contact with victims; (4) Monitoring resident rooms, including by direct observation, if necessary; (5) Transferring potential victims/abusers to other facilities, if operationally possible; (6) Actively monitoring, for at least 90 days, the conduct and treatment of residents or staff who reported abuse or harassment, and, of residents who were reported to have suffered abuse to see if there are changes that may suggest possible retaliation by residents or staff; (7) Promptly remedying any signs of retaliation detected; (8) Monitoring any resident disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff; (9) Continuing monitoring beyond 90 days if the initial monitoring indicates a continuing need; (10) Providing monitoring that includes periodic status checks for residents; and (11) Protecting individuals who cooperate in investigations who express fear of retaliation. The program's obligation to protect against retaliation ends if any allegation is unfounded." The Contract Oversight Manager says he would expect the Program Director or Assistant Director to be the facility's primary individuals responsible for monitoring any adverse outcomes after a claim has been made. The Facilty had one case where the individual had made a claim of unwanted physical contact and harassment when off site. The resident was monitored for the 90 day period which included after the aggressor was removed from the facility. Indicator (b). The Director of Hampshire House and the Contract Oversight Manager both spoke to the multiple options Community Resources for Justice has to protect residents from retaliation. This includes reassigning rooms or moving residents from one floor to another. In more extreme cases, the agency can explore with the Bureau of Prisons permission to have a client move to another CRJ facility, to home confinement, or the individual be removed from the program altogether. CRJ employee handbook and interview with the Contract Oversight Manager confirmed that if an allegation is against a staff person, that individual could be placed on administrative leave while the investigation is happening. In the sexual harassment allegations reviewed by the Auditor, there was clear evidence that Hampshire house has separated parties to ensure emotional and physical safety. PREA Policy 900 also speaks to efforts to separate individuals to protect them from retaliation. "In less serious abuse situations (administrative), the appropriate staff shall consider whether to separate the residents or take other steps for their safety, to prevent intimidation or retaliation. Staff may move residents to another location within the program. The Deputy Director of Social Justice Services or designee shall assist the Program Director with this decision. Staff should also consider whether there are any resident witnesses who should be relocated to ensure their safety and protect them from intimidation." The investigative files supported a staff person was put out on

administrative leave once the facility began its investigation.

Indicator (c). As noted in indicator (a), the agency policy addresses the requirements of this indicator. The facility Director was aware that staff and residents who report or cooperate with a PREA investigation should be monitored for a period of 90 days. He was able to describe things that would be reviewed as a possible symptom of retaliation. Examples include monitoring for discipline, changes in attitude or behaviors, changes in interactions with peers. Though there were no retaliation monitoring for sexual assault claims the facility has adopted a retaliation monitoring form. The Contract Oversight Manager would also expect the facility Director to lead the monitoring process. The agency has developed a monitoring tool that would be used to collect information on the areas addressed in this indicator moving forward. As noted in indicator (a) the monitoring form reviewed supported the Director was looking at various elements of the clients progress in the program. Input included information from the case manager and the clients clinician in the community.

Indicator (d). The Hampshire House Director reports there would be periodic check-ins made by him or the appropriate case management staff to any individual who cooperated in the investigation. The reported contact with clients would be in addition to the regular case management check-ins required for residents. Hampshire House varies contacts with clients based on needs but the Director supported the client would be seen at least once a week after a PREA event. By practice, Hampshire House case management staff routinely asked residents about their feeling of safety as it relates to sexual misconduct. The retaliation monitoring form has a space for documenting the clients' monitoring process and boxes that coincide with elements to be considered.

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

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

Compliance Determination

The Auditor finds that Hampshire House is compliant with the expectations of this standard. Absent a case rquiring monitoring, the Director of Hampshire House and the Contract Oversight Manager were both aware of the conditions they need to monitor for retaliation against any individual who cooperates in an investigation. The Director understood the monitoring should continue even if the perpetrating individual has been removed. The policy statement, the monitoring form in place, documentation of past monitoring, the counseling services available to staff and residents, and the interview results were supporting this determination of compliance. Included in consideration were the residents who consistently supported in interviews they could approach staff and believed they would be kept safe.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) Staff Training Records of Administrative Investigation Investigation files MOU with local Police Individuals interviewed/ observations made. Facility Director PREA Coordinator Summary determination. Indicator (a). Policy 900.00 sets forth the requirements of the standard, including an immediate notification by the Program Director to the local police department. The policy states, “All allegations of sexual abuse or sexual harassment must be reported to the PREA Coordinator: (1) Allegations of sexual harassment between residents will be reported for investigation by the Program Director; Upon receiving an allegation that a resident was sexually abused while residing at the program, the staff receiving this information must immediately notify the Program Director or designee, the SJS Deputy and the SJS Department Director. (1) The Program Director, or designee, must then: a) institute the Incident Report process; b) call the local authorities to begin a criminal investigation c) call the appropriate contracting agency d) notify CRJ Human Resources if a staff person is involved).” Since Hampshire House or CRJ staff would not complete a criminal investigation, they will promptly report any sexual abuse or sexual harassment allegation that appears to be criminal to the Manchester Police Department. The Director of Hampshire House was interviewed as a trained investigator. He reported that the administrative investigation would happen immediately, and it would include a thorough and objective review of the facts. The only delays in the administrative investigations are when those actions would impede the criminal investigation. All interviewed staff understood the need to accept all allegations, including third-party and anonymous reports, and report them immediately. The Director reported the investigations completed in the last year did not include a criminal investigation. A review of the investigative reports supports prompt investigations in response to an allegation. Indicator (b). As documented in 115.234, the Hampshire House Director is trained in investigating sexual assault in a criminal justice facility. Currently, the Assistant Director’s position is vacant, which would reportedly be trained. The Director’s supervisor (Contract Oversight Manager) and the PREA Coordinator have also been trained. The training they received was from the National Institute of Corrections. The Director described the training and the most helpful elements from the NIC training he received. Copy of the Director’s Investigator Training Certificate was provided along with certificates for the, the Agency’s PREA Coordinator and the Director of Reentry Services. All reports go up the chain for review to the Director who has extensive background in investigations in his prior law enforcement career.

Indicator (c). As stated above, Hampshire House would not employ an investigator who would gather DNA or other physical evidence associated with a criminal investigation. DNA and physical evidence collection would be the responsibility of the Manchester Police and the trained SANEs at the Elliot Hospital. The Hampshire House Director confirmed he would ensure that the Manchester Police Department would have access to all electronic monitoring information or any written reports completed by employees. CJR has trained staff on the importance of preserving the crime scene. During the administrative investigations reviewed by the Auditor, interviews were completed with alleged victims, suspected perpetrators, and appropriate witnesses, as well as written statements and documentation of video surveillance reviews. The investigative staff would also look at the suggested perpetrator's records (residents or staff) to determine if there were prior reports or complaints of sexual misconduct. The investigative files and report support the review of the elements described in this indicator.

Indicator (d). This indicator would be the responsibility of the Manchester Police Department, who would perform a criminal investigation. Hampshire House has not had any sexual assault investigations that required police involvement for criminal acts. In the interview with the Director, he described the steps he would take to ensure open communication in the event of criminal investigations between the Manchester Police Department and CRJ. The agency and the police have established a relationship through other non-PREA cases. The Auditor was provided a letter supporting the relationship.

Indicator (e). Interview with the investigator (Director) supported that at no time does the Community Resources for Justice require individuals, during an investigation, to undergo a polygraph or other truth-telling device as a condition of said investigation. The investigator confirmed that the credibility of each individual is determined on an individual basis and not based on the individual's status as a staff member vs. a resident. The Manchester Police do not require the use of any truth-telling devices to initiate a sexual assault investigation. CRJ policy states, "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation." The Investigative reports reviewed described some of credibility factors used in making a determination.

Indicator (f). The Director confirmed that he would decide if staff actions or failures contributed to the incident occurring as part of the administrative, investigative process and refer them to CRJ Senior Leadership. The Auditor reviewed the steps to be taken in the investigation process by the Hampshire House management. The Auditor considered the investigator's knowledge of what should be in an administrative investigation report, the steps taken to ensure a thorough investigation was completed, and the thought process used to draw conclusions. The Director was aware that the Administrative Investigation should not impede the criminal investigation process when a criminal investigation occurs. In the allegations reviewed, the investigator documented the use of video evidence as part of the process in determining the investigation's outcome.

Indicator (g). Criminal investigations report content would be the responsibility of the Manchester police department. The agency would keep any communication on the criminal investigation as well as the administrative investigation. The Director reports they have developed relationships with the Manchester Police Department since opening to ensure lines of communication can occur during an event like a PREA investigation. The agency has not had to request a copy of the completed criminal investigation as there have been none to date for criminal sexual misconduct.

Indicator (h). If an allegation is substantiated, the determination of a criminal investigation would be the Manchester Police Department's responsibility, who would refer to the County Prosecutor for criminal prosecution.

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

Indicator (j) The Investigator interviewed confirmed that the departure of an alleged abuser or victim would not result in a premature conclusion of the administrative investigation. Policy 900.00 page 20 confirms that "departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation." The facility did complete an investigation of the former resident's claim even though the individual was no longer at the facility.

	Indicator (k) Auditor is not required to audit this provision. Indicator (l) Hampshire House has provided documentation of a working relationship with the Manchester Police Department. The Hampshire House Director reported that he would ensure open communication between the two agencies so that federal requirements of PREA, including required notifications, can be completed in a timely fashion. Policy 900.00 (page 20) requires the Director to remain informed about the outside investigative agency's progress. Compliance Determination No individual was a reported victim of sexual assault at Hampshire House for the Auditor to interview as part of this standards review. None of the current residents were involved in any of the previous administrative investigations. Absent a criminal case, the Auditor relied on interviews, policy, training records, and CRJ administrative investigative files to determine compliance. The Auditor reviewed the information obtained in the sexual harassment claims. The interviews showed an understanding of the steps necessary to complete a thorough administrative investigation. The information included the steps necessary to determine witnesses' credibility, how staff actions impacted the incident, collaborate with outside agencies, and records retention requirements. The facility's relationship with the Manchester Police Department supports systems to ensure a prompt criminal investigation. As a community confinement facility, the perpetrator of sexual assault or sexual harassment would likely be removed from the facility, but the investigator understood the necessity of completing an administrative investigation and deciding to substantiate or not substantiate or determine that the claim was unfounded. The interviews support the agency's commitment to ensure safety by training all staff to report every claim no matter the source. The investigator's statement on the investigative process will include determining if staff actions or inactions aided in potential abuse.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) Memo from the Director on the standard used to determine the outcome. Individuals interviewed/ observations made. Trained staff Investigator Indicator Summary determination. Indicator (a). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) (page18) stated that no greater standard than a preponderance of evidence would be used in substantiating an administrative investigation. The Interview with an investigator confirmed this expectation. In addition to stating this measure, the Director described how he came to a conclusion in the administrative investigations he has completed. In our discussions on the three cases the Director discussed the information obtained and the thought process for his conclusion in weighing the evidence. In one case the initial allegation was for non-consensual contact which could not be substantiated but the Investigator did conclude harassment had occurred. Compliance Determination The Auditor spoke with the Director as the investigator. CRJ has several staff trained in completing an administrative investigation of PREA claims of sexual abuse or sexual harassment. The Auditor confirmed there is no greater standard in determining the investigation outcome than a preponderance of the evidence. The Agency policy and investigation files reviewed by the Auditor also supports a determination of compliance.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) CRJ Client Notification Form Administrative Investigations Individuals interviewed/ observations made. Interview with the Hampshire House Director Interview with Assistant Director Interview with PREA Coordinator Indicator Summary determination. Indicator (a). At the conclusion of an investigation, the Hampshire House and CRJ administration will ensure, according to interviews, that resident victims are informed of the outcome, including a determination that the claim is substantiated, unsubstantiated, or unfounded. This requirement is stated in the agency PREA policy on page 20. The facility has a form for the notification of the resident on the outcome of sexual assault complaints. The agency form is to be used to inform residents of the outcome of both sexual assault allegations and allegations of sexual harassment. The facility provided forms for two of the three administrative investigations completed in the past year. In the third incident, neither resident claimed abuse or harassment. Indicator (b). As noted in 115.271 (l), if Manchester Police Department is completing the criminal investigation, the facility director would open up communication channels to ensure sufficient information is obtained in a timely fashion to report to victim residents. CRJ would complete administrative investigations into sexual assault where appropriate. Such investigations would determine whether the staff's actions or inactions played a part in the assault. Absent a criminal case; the Auditor asked the Director Hampshire House about how he would stay informed on a PREA criminal investigation. The Director reports that he or the Assistant Director would act as point persons for communication between the Manchester Police Department and CRJ. Indicator (c). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) (page 11) states, "following an allegation of abuse by a staff person, supervising staff shall take steps to separate them, so there is no possibility of further unmonitored contact between them until an investigation is completed. The appropriate staff shall determine if the staff member should be placed on administrative leave pending the results of an investigation". The Director Hampshire House is aware of the required notifications to the victim if an allegation involves a staff person, including when the staff person is no longer employed, has been indicted, or when the staff person is convicted. In one case, the staff person was put out on administrative leave during the investigation and the resident was informed. Indicator (d). The Director Hampshire House is also aware of notification to a victim when a resident perpetrator has been indicted or convicted. Since Hampshire House's length of stay is usually under six months, notification on convictions would be unlikely and become the responsibility of the Victims' Assistance Office of the New Hampshire Attorney General's office. The Director was also aware of the need to notifiy residents when the accused perpetrator is no longer working at that location if they were indicted or if the staff person was convicted. The form created by CRJ covers the requirements of this indicator.

	Indicator (e). The facility will provide the resident with a written notification of the investigative outcome. This will also go in the client's permanent record and a copy will be forwarded to the PREA Coordinator. Documentation can also be written into Secure Manage. The agency completed the form to document the findings and why the resident was not informed, such as no longer in custody. Indicator (f). Auditor is not required to audit this provision. Compliance Determination The Community Resources for Justice has put in place mechanisms to ensure residents are told of the outcome of sexual assault and sexual harassment claims. In determining compliance, the Auditor reviewed policies, websites, and reporting forms and conducted interviews with the Director, trained in completing administrative Investigations, and the agency's PREA Coordinator. Based on the above-stated factors, Hampshire House is compliant in its ability to report to residents. Hampshire House had not had a sexual assault incident requiring resident notification. The agency policy requires notifications to be made on sexual harassment cases. The Auditor relied on the interviews, the reporting forms completed for sexual harassment cases, and the policy in determining compliance.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) Policy 1.4.8 Vendor/Contractor Supervision CRJ Employee handbook Individuals interviewed/ observations made. Interview with Director of Hampshire House Interview with Human Resources staff. Indicator Summary determination. Indicator (a). CRJ Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) states staff can be subjected to "disciplinary sanctions up to and including termination for violating CRJ sexual abuse or sexual harassment policy." CRJ employee handbook (page 15) further informs staff of potential discipline. "The agency reserves the right to discipline or discharge any employee for violating any agency policy, practice, or rule of conduct." The handbook goes on to state that, "Employees may also be disciplined or terminated for gross misconduct." Indicator (b). CRJ Policy 900.00 states, "Sexual abuse, sexual harassment or sexual contact with residents shall subject staff to appropriate discipline, up to and including termination." The Employee handbook states, "Gross misconduct, including, but not limited to violations listed below, may result in the employee being terminated for a single violation." Gross Misconduct includes acts which are criminal or presents a threat to the agency, its residents, or staff. Human Resources staff and the Director of Hampshire House confirmed that employees who engage in sexual misconduct with a resident can be terminated for the first offense. No employees of Hampshire House have been disciplined for sexual harassment or sexual abuse of clients at Hampshire House. In an unsubstantiated case where potential victims denied harassment or abuse, the staff never returned after being placed on administrative leave. The individual was substantiated to have violated supervision but quit before a discipline was finalized. Indicator (c). Community Resource for Justice is an at-will employer and has the ability to determine appropriate sanctions for non-criminal behavior. Policy 900.00 utilizes the standard language to state consequences should be commensurate with the nature of the offense and the employee's history with the agency. CRJ Employee handbook notifies staff that they can be terminated "All CRJ employees are at-will, which means they may be terminated at any time and for any reason, with or without advance notice. Employees are also free to quit at any time." Interviews confirmed that discipline for non-criminal behaviors would be based on the employee's overall history and the nature of the offense. In a second investigation, the Director's review resulted in a review of training with the staff involved. Indicator (d). Hampshire House does not employ any individuals who perform duties in a licensed capacity. The facility will notify the Manchester Police Department of all sexual assaults or sexual harassment behavior that appears to be criminal in nature, even if the employee has left the agency. The Director Hampshire House confirmed that outcomes of administrative or criminal investigations related to sexual abuse or sexual harassment of clients would be forwarded to Human resources to become part of their employment record. As noted in Indicator (a), a case reviewed was not substantiated as a criminal actions but the report includes confirmation that policy violations appear to have occurred which could be reported in any future employment inquiry.

	Compliance Determination The Community Resources for Justice has a policy in place that states staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action (900.00 pages 20). Disciplinary actions, up to and including termination, will be taken for a substantiated finding of sexual abuse. Discipline, per policy, will be proportional to the nature and circumstances of the acts committed and comparable to other staff with similar histories. All sexual abuse allegations will be reported to the local authorities regardless of whether the staff resigns or is terminated. No Hampshire House staff has been terminated for a PREA related violation in the past year. because of a criminal or administrative investigation. One other staff was retrained from the Director's review of actions in the investigation. Compliance was based on policy and the interview with the Director Hampshire House, the agency PREA Coordinator, and the Human Resources staff. The Auditor also took into consideration the agency PREA policy and CRJ employee handbook, which described the discipline process for staff, including grounds for immediate termination for "gross misconduct."

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Hampshire House Pre-Audit Questionnaire

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

Policy 1.4.8 Vendor Contractor Supervision

PREA training record for contractors

Individuals interviewed/ observations made.

Hampshire House Director

PREA Coordinator

Indicator Summary determination.

Indicator (a). Hampshire House does not employ any individual contractor to provide direct service to residents in the licensed capacity. The facility has no direct service contractors; all contractors entering the facility are supervised by staff. The contractors entering are one-time individuals with the exception of the foodservice company whose staff have undergone criminal background checks and are provided basic information on PREA. The food service staff drop off meals to staff outside the kitchen door. Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) allows for the immediate cessation of visits by any contractor or volunteer accused of engaging in sexual misconduct. “Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from entry to any CRJ programs and shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.” The agency policy requires all criminal behavior to be reported to the police, no matter if the individual is an employee, a contractor, a volunteer, or a visitor. Client services are available in the community, including the Manchester YWCA who can provide support or therapy to individuals with past histories of sexual abuse. The FBOP contracts for other mental health services that Hampshire House’s residents can access.

Indicator (b). According to CRJ and Hampshire House policy 900.00 (pages 20-21), in the case of any violation of boundary issues by any contractor or volunteer, the Facility Director will determine if the violation is non-criminal actions should result in the termination of their contact with residents. “The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of CRJ sexual abuse or sexual harassment policies by a contractor or volunteer.” According to the Hampshire House Director, criminal actions would notify the Police and funding source. He confirms the individual would have an immediate termination of access to residents during the investigation.

Compliance Determination

Hampshire House does not employ contractors who provide direct services to the clients or any volunteers or college interns. The program had no current volunteers at the time of the audit. Policy 1.4.8 Vendor/Contractor Supervision sets forth the expectation that vendors are to be under staff supervision when around clients unless approved by facility leadership. Hampshire House policy 900.00 Resident and Staff Sexual abuse and Sexual Misconduct (PREA) (page 18) require the notification to law enforcement of any PREA violations, and the misconduct would be grounds for barring admission to the facility (page 20). As noted in 115.232, all individuals entering the facility are educated about PREA, and Contractors or volunteers are supervised. The facility has not employed or received any voluntary services of a professional to whom a licensing board would be informed for violations of PREA. The Agency PREA Coordinator reports that no volunteer or contractor was the subject of any PREA-related investigation in the past year or required any corrective actions. Compliance, absent any discipline of volunteers or contractors, is based on the policy that supports investigation discipline, and removal of contact.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) Policy 1.1.7 Resident Rules and Sanction Policy 1.1.9 Resident Rights Resident Handbook FBOP Prohibited acts FBOP Disciplinary Hearing form Individuals interviewed/ observations made. Program Director Residents Indicator Summary determination. Indicator (a). Policy 900 Staff and Resident Sexual Abuse (PREA) sets forth the requirement of any resident found to have engaged in resident-on-resident sexual abuse can be subject to discipline. It states, “residents will be subject to disciplinary sanctions pursuant to a formal disciplinary proceeding following an administrative finding that the resident engaged in resident-on-resident sexual abuse or sexual harassment or following a criminal investigation” (page 21). At Hampshire House, there have been zero resident-on-resident sexual abuse cases. Without a case of confirmed resident-on-resident abuse, the Auditor must rely on the policy, resident handbook information defining discipline and facility leadership. As a Community Confinement Center, the belief is that a new criminal charge would likely result in an immediate placement in a higher level of custody. In one unsubstantiated case the alleged aggressor was removed for other program violations Indicator (b). The Facility Director reports that the discipline process is fair and has consequences that vary based on the severity of guideline violation. The resident handbook pages-33-35, outlines prohibited actions and types of sanctions for non-criminal acts. As a community confinement center, the referring authority would immediately remove residents engaging in sexual abuse. An interview with the facility Director confirms that the individual’s prior disciplinary history could weigh in the process and that sanctions would be consistent with those who committed similar offenses. Indicator (c). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA), page 21, requires consideration of the resident’s mental illness or disability in determining appropriate sanctions. The policy states, “The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.” An interview with the facility Director confirms that any discipline of the resident takes into consideration the resident’s ability to comprehend their actions. Indicator (d). As a community confinement facility, it would be unlikely that the perpetrator of sexual abuse or aggression would stay in the facility. Individuals who engage in such actions would likely be returned to higher levels of custody. Hampshire House can refer individuals with sexual abuse histories to outside counseling at Manchester’s Manchester YWCA or other mental health programs in the area, including those funded by the Federal Bureau of Prisons. The Manchester YWCA staff confirms they can provide this counseling to individuals with sexual abuse histories.

Indicator (e). Policy 900.00 confirms on page 21 that residents will not be disciplined for engaging in consensual sexual contact with the staff. “The program may discipline a resident for engaging in sexual contact with a staff only after an investigation finding the staff did not consent.” The Auditor also confirmed with the Program Director that residents in these situations would be considered victims and not be subjected to disciplinary actions.

Indicator (f). Community Resources for Justice Policy 900.00 and the Hampshire House resident handbook (page 6) confirm that a resident can be disciplined if they purposefully lied in submitting a PREA-related complaint. The policy states that complaint files with a reasonable belief that the alleged conduct that occurred shall not constitute a false allegation. CRJ administration confirmed that this would only occur after the completion of an investigation, which supported such intent in its findings. Interviews with residents confirmed an understanding that PREA complaints cannot result in discipline without an investigation substantiating an intentionally false report. There were zero investigations of false reports related to sexual abuse or sexual harassment claims in the past year.

Indicator (g). Hampshire House prohibits sexual contact between residents. It is stated in the resident handbook on page 37 that residents may not engage in sexual acts. According to the facility Director, if residents have engaged in sexual activities, there would be an investigation of facts, and residents would be met with to ensure there was no intimidation by either party to claim the activity as consensual. Residents who would be disciplined through this process would have notifications sent to their referring authorities.

Compliance Determination:

The Hampshire House has a policy that addresses the concerns of this standard. The residents are also afforded information related to sexual misconduct in the facility in the resident handbook. These documents address the conditions in which a resident could be disciplined that sanctions are equivalent to the nature of the misconduct, the required consideration of a resident’s mental health or functioning level, and the consequences for sexual misconduct between residents. Interviews with the Program Director confirmed policy expectations, including no discipline for the residents in consensual acts with staff persons. There have been two disciplines in the past year for sexual harassment concerns. In the investigations into sexual harassment, the investigation concluded the incidents did occur, and the Director discussed the situation with the Bureau of Prisons and had the aggressor removed.

Interviews with residents confirm that they are told of prohibited acts at Hampshire House at admission and are provided a handbook that outlines the discipline process. Compliance, absent a disciplinary event for sexual assault, is based on policy, handling sexual harassment claims, information available through the client handbook and administration, line staff, and resident interviews. Further supporting compliance is the availability for treatment of individuals with an offending history.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900 Staff and Resident Sexual Misconduct (PREA) NH Attorney General's Website NH Coalition Against Sexual Assault Website Manchester YWCA Website MOU with The Elliot Hospital Information on Crime Victims Compensation Program Individuals interviewed/ observations made. The Elliot Hospital Representative of Manchester YWCA Random Staff Program Director Indicator Summary determination. Indicator (a). Hampshire House has an agreement for the medical treatment of victims of sexual abuse. The Elliot Hospital in Manchester will provide victims of sexual assault appropriate services. The Elliot Hospital can provide emergency services, including access to trained Sexual Assault Nurse Examiners. The facility's coordinated response plan requires potential victims to be sent to the hospital. Ongoing support for medical support for victims of abuse can occur at The Elliot Hospital. Policy 900.00 Staff and Resident Sexual Misconduct (Page 14) has language requiring unimpeded access to care for victims of sexual abuse consistent with the language of the indicator. "Resident victims of sexual abuse shall 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." Staff interviewed understood that resident victims should be offered the opportunity to go to the hospital for a forensic exam. Indicator (b). Hampshire House does not employ medical or mental health staff. All victims would be sent to the hospital. All staff at Hampshire House are trained as first responders. In their interviews, the random staff knew the need to preserve evidence and the importance of emotionally supporting the victim. Hampshire House has a coordinated response plan that confirms this practice. Interviews with staff further confirmed the importance of an immediate response to actual sexual abuse incidents and any situation where residents state concern of potential abuse. Staff described the importance of providing physical and emotional safety to the victim and the importance of immediate access to hospital care. Indicator (c). Interviews with staff at The Elliot Hospital supported residents would be offered information on emergency contraception and prophylactic medication as necessary. After the emergency visit to the hospital, they may do follow-up care or at area health clinics, including The Elliot Hospital's clinic, where they can receive appropriate services, including medication, even if initially refused.

	Indicator (d). Community Resources for Justice policy 900.00 (page 14). States "treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation." Interviews with community service providers and information on the New Hampshire Victims Compensation Fund website confirm there is no cost for treating victims of sexual assault. The New Hampshire Victims Compensation Fund is available to ensure no cost for treatment, thus removing fiscal concerns as a barrier to seek treatment. Compliance Determination Hampshire House does not employ medical or mental health staff. They have trained staff in the duties of the first responders, including getting the victim to treatment services as soon as possible. Line staff are aware they should only ask the victim enough information to be able to obtain appropriate treatment. They are also mindful of the importance of protecting evidence, including informing resident victims not to take any action that would degrade evidence. Victims of sexual assault at Hampshire House have appropriate access to medical and mental health services without cost. The Auditor finds the standard to be in compliance. Absent a case requiring the plan's implementation. The Auditor relied on policy, staff, and administration knowledge of the coordinated plan and community resource information to determine compliance.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) Hampshire House Resident Handbook. Case management notes PREA Screening results Directors Memo on ongoing care for victims CRJ Victim refusal form. Individuals interviewed/ observations made. Residents with prior victimization histories Case management staff Local rape crisis agency Local medical and mental health clinics Indicator Summary determination. Indicator (a). Hampshire House will offer medical or mental health evaluations and treatment to individuals sexually abused at the facility or during a previous institutional stay. A resident who reports prior victimization history to the Hampshire House staff would be offered a referral to community-based counseling services available in the region. Federal Bureau of Prisons (FBOP) contracts locally to provide clients access to mental health, substance abuse, and psychiatric care. Residents acknowledged they believe the staff will aid individual victims in finding services. The Auditor received information to support those individuals with past victimization histories and was offered a referral for counseling services. Identified residents with victimization histories interviewed confirmed their access to community-based counseling services. Representatives of the Elliot Hospital confirmed their ongoing support to the victim's medical needs. CRJ acknowledges that residents have a right to refuse treatment but requests that they sign a form that acknowledges this fact. Case Management staff will encourage treatment and explain the reasons why it is important. The Case Management staff will provide support and referrals at a later date if the victim changes their mind. Indicator (b). Representatives of local medical and mental health clinics confirm they can provide ongoing services while the individual remains at Hampshire House. Hampshire House does not subcontract for these services, but they are available to the resident through various local service providers. If the resident leaves the area, these agencies confirm they will aid in the continuity of services by making referral recommendations close to the community where they will be living. The representative of Manchester YWCA also confirmed that individuals with whom they have provided supportive services would be offered information about the availability of support in the community in which the individual was going to live. Indicator (c). Medical and mental health services are provided at several community-based providers. Representatives told the Auditor of these facilities that Hampshire House clients receive the same services that all individuals living in the community seeking services would receive. In addition to the interview with community agency representatives, the Auditor reviewed several agencies' websites for information on service availability.

Indicator (d). The Elliot Hospital staff confirmed residents of Hampshire House who were victims of sexual assault would be offered pregnancy testing.

Indicator (e). The Elliot Hospital staff confirmed if the sexual assault results in pregnancy, the victim would receive counseling on pregnancy-related medical services.

Indicator (f). The Elliot Hospital staff confirmed HIV testing is provided to all victims of sexual abuse.

Indicator (g). Treatment services are provided to victims even if they do not name the abuser or cooperate fully with the investigation. Interviews confirmed the stated CRJ policy (900.00 (page 14), “treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation.” The Director confirmed the agency’s commitment to removing any barrier to preventing a victim from pursuing treatment.

Indicator (h). The CRJ policy 900.00 (page 14) would put in place a follow-up assessment requirement if a perpetrating individual were to remain in custody. “The program will 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. “Community agencies confirm an evaluation of a sexual offender can be provided if required. As a Community Confinement Facility, it would be unlikely a perpetrating individual would remain in such a level of custody. Such individuals would most likely be transferred back to higher custody FBOP facilities or local police custody as part of the ongoing criminal case.

Compliance Determination

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 speaks to each aspect of this standard. The Hampshire House Director also provided a memo describing the facility’s plan to ensure ongoing physical and emotional care to victims of abuse. The agency has also entered into relationships with area service providers who can provide victims of abuse the appropriate ongoing support and treatment. Interviews with community health providers confirmed that resident victims could receive free-of-charge services, including HIV testing, prophylactic treatment, pregnancy testing, and related services. The Auditor, in determining compliance, considered conversations with the community service providers, the Director, interviews with case management staff and residents with victimization histories, as well as resident records. The Auditor also completed internet research on the various health service agencies to further support the finding of compliance.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) Policy 221 Emergency Plans PREA Incident review form Investigative files Individuals interviewed/ observations made. Hampshire House Director Contract Oversight Manager Director of Reentry Operations PREA Coordinator Indicator Summary determination. Indicator (a). Policy 900.00 Staff and Resident Sexual Misconduct (page 21) set forth the obligation to have a critical review of all incidents of sexual abuse unless the allegation has been unfounded. “The facility shall conduct a sexual abuse or sexual harassment incident review at the conclusion of every sexual abuse/harassment investigation, including where the allegation has not been substantiated” The agency policy goes beyond the standard requirement as it requires reviews of sexual harassment cases in addition to the sexual abuse cases. The Agency’s Emergency Plan policy 2.2.1 page 3 also sets forth a practice of critical incident reviews. There was documentation provided on all three investigations completed of an incident review. Indicator (b). Policy 900.00 states the review will normally occur within 30 days of the conclusion of an investigation. The Auditor can only assess the timeliness without a complaint based on policy language and interviews with senior management staff. In the reviews of the three sexual harassment cases, the Hampshire House the reviews occurred between 1 and 16 days after the completion of the investigation. Indicator (c). The review team included the agency and facility management Including the PREA Coordinator, The Hampshire House Director or Assistant Director. The PREA Coordinator reports, Case Managers, and other staff when appropriate would be added. If the case was criminal, the review would include information obtained from law enforcement or community medical or mental health service providers. The Director of Reentry Operation will also complete a critical review of the incident. The Auditor suggested in client-on-client incidents to involve case management staff or residential supervisory staff to get additional perspectives and the educational value such reviews can provide. Indicator (d). The CRJ policy 900.00 (pages 21-22) defines the elements to be considered by the review team consistent with this indicator’s requirement. The Policy states, “The review team shall: a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

d. Assess the adequacy of staffing levels in that area during different shifts;

e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and current camera systems; and

f. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to sections a. – e. (above) and any recommendations for improvement, and submit such report to CRJ's Chief Operating Officer (COO), the Program Director and the PREA Coordinator.

5. The facility shall implement the recommendations for improvement or shall document its reasons for non-compliance. In addition to the policy, the Auditor was able to see the intended form used to record the information discussed. The Auditor also confirmed with the Facility Director and the PREA Coordinator the elements that would be discussed." The agency has developed a review form that ensures consistent information is considered including the required elements of this indicator. The Auditor reviewed these forms for information on potential improvements or training needs.

Indicator (e). Policy 900.00 states, "The facility shall implement the recommendations for improvement, or shall document its reasons for non-compliance." Interviews with facility Director and Agency PREA Coordinator support understanding how information from incident reviews would spurn action. In discussions with the Director of Reentry Operations and the Contract Oversight Manager further support both an immediate response to an identified need and the agency's overall process to use a critical review as a mechanism for overall improvement. Interviews supported area in which retraining or training reinforcement was needed.

Compliance Determination

The Hampshire House allegation for sexual assault weres unsubstaniated and the Director and PREA Coordinator complete incident reviews. The Auditor reviewed the completed Incident Review forms, as well as policy and interviews to confirm compliance. Interviews with senior management of the agency and facility support an understanding of the requirements of the indicators. The Interviews also supported an understanding of how critical review could put into action changes in policy or procedures if needed. CRJ upper Administration reportedly look not only at incidents reviews as an opportunity to improve the program in question but an opportunity to raise the bar of safety across the agency.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) PREA Annual report Hampshire Data collection monthly form Hampshire PREA Data Spreadsheet Individuals interviewed/ observations made. PREA Coordinator Indicator Summary determination. Indicator (a). CRJ collects uniform data on all its facilities. The Auditor was provided with a spreadsheet of Data, which includes some 56 data points related to PREA. The spreadsheet collects information on PREA complaints/investigation and tracks screening information, population, grievances, searches, and number of notifications of investigation outcomes, to name a few items. The definitions used by the Agency in Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) are consistent with the PREA guidelines for Sexual Abuse and Sexual Harassment. Agency Policy states, “CRJ shall collect accurate, uniform data for every allegation of sexual abuse and sexual harassment at all facilities under its direct control using a standardized instrument and set of definitions. CRJ shall aggregate the incident-based sexual abuse data at least annually.” The PREA Coordinator receives data month from each of the agency’s programs allowing him as the Deputy Director of Standards and Quality Assurance to track progress/ trends on both a facility and agency level. Indicator (b). The agency takes collected aggregate data at the facility and agency levels to attempt to identify trends. The PREA Coordinator receives information on a monthly basis from each of the Social Justice Services Programs. CRJ management interviews support an active review of all incidents to determine trends or needs. A client safety issue identified in non-PREA incidents could result in a solution that could also benefit sexual safety (i.e., Camera purchases, procedural changes). The facility has completed an annual report which shows aggregate data. Indicator (c). The Auditor compared interviews with the Agency PREA Coordinator and information from the PREA DATA Spreadsheet to the SSV-4 form. The Auditor was able to identify the key elements of the Survey of Sexual Violence in the CRJ data report. Each of the agency’s reentry facilities are required to forward to the Quality Assurance Department. The PREA Coordinator is the Deputy Director of Standards and Quality Assurance. In this role the SQA team produces reports for the agency management team. Indicator (d). All incident reports and investigations are forwarded to the Agency PREA Coordinator for the required storage. Indicator (e). N/A- the facility does not contract for the confinement of residents. Indicator (f). N/A- The Department of Justice has not asked Hampshire House for the SSV data, though the elements

	collected by the facility and the PREA Coordinator to support an ability to complete said report. Compliance Determination The Community Resources for Justice collects information sufficient to complete the Survey of Sexual Victimization (SSV) in all its programs, including Hampshire House. Indicator (e) does not apply as CRJ does not contract for beds. Hampshire 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 standard's data collection requirement. Compliance is based on the information provided to the Auditor and the interview with the Agency PREA Coordinator, who oversees Quality Assurance in the Reentry facilities. The agency PREA Coordinator is responsible for maintaining the Agency aggregate data on all facilities.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Hampshire House Pre-Audit Questionnaire

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

CRJ Website with PREA Annual Report

Documentation of Executive Directors approval

Individuals interviewed/ observations made.

PREA Coordinator

Contract Oversight Manager

Facility Director

Indicator Summary determination.

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

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

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

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

Compliance Determination

Hampshire House and the Community Resources for Justice policy (900.00) addresses the standard's requirements on the use of data for corrective action. CRJ's Standards and Quality Assurance Department has developed a database that supports corrective action through routine elements monitoring. The department collects over 50 factors related to PREA and has the mechanism to assess agency-wide needs/improvements. The features look at various indicators in the facility's efforts to prevent, detect, and respond to PREA incidents, including education, screening, and investigatory requirements. Since the facility does not have a history of PREA incidents, there is limited data from which to make a critical analysis. As a result, the agency looks at these events and other non-PREA events when determining safety concerns. The PREA Coordinator leads the agency's standards and accreditation process and has created a system in which problem areas can be identified and corrective action plans monitored. The agency PREA Coordinator, the Facility Director, Director of Reentry Operations and the Contract Oversight Manager 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.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) Policy 1.1.4 Case Record CRJ website Annual PREA reports PREA memo on Data retention and distribution Individuals interviewed/ observations made. PREA Coordinator Facility Director Tour of Hampshire House Indicator Summary determination. Indicator (a). Agency records are maintained securely in the SecurManage software program. The system reportedly utilizes access controls to different fields of information based on an employee's job description. The facility has a Policy 1.1.4 Case Records that defines the confidentiality of the records. Policy 900.00 (page 22) states, "CRJ shall ensure that data collected pursuant to Section Q. are securely retained. CRJ shall make all aggregated sexual abuse data from programs under its direct control readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available, CRJ shall remove all personal identifiers. CRJ shall maintain sexual abuse data collected pursuant to Section Q. for at least ten years after the date of the initial collection unless Federal, State, or local law requires otherwise." Indicator (b). In the Auditor's review of the CRJ Website, he found the last six years of annual reports available to the public. This also supports the policy language provided in indicator (a). Indicator (c) The Auditor's review of aggregate reports shows no identifiers are used that could result in the identification of any victim of sexual abuse. Indicator (d). The PREA Coordinator reports PREA data will be maintained for at least ten years. Agency Policy as shown in indicator (a) requires the data to be maintained for ten years. Compliance Determination The Community Resources for Justice PREA policy 900.00 addresses this standard's requirements on pages 21- 22. All facility data is provided to the agency PREA Coordinator responsible for maintaining and securing all data. In the event of 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. No state or local law is requiring more extended maintenance of the records. The PREA Coordinator works with the Agency's Head and the Contract Oversight Manager to develop an annual report.

	Compliance is based on the annual report's information, which includes no identifiers and includes information on all PREA required facilities run by CRJ. The policy indications on handling information support 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 ten years. The annual report is posted on the agency website as required.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Hampshire House Pre-Audit Questionnaire

CRJ Website/ PREA

Individuals interviewed/ observations made.

Tour of Hampshire House

General observation of staff and resident interactions by the Auditor

Indicator Summary determination.

Indicator (a). CRJ is in its third cycle of audits. In the last three years, the agency, had 8 adult Reentry programs, all of which were audited on compliance with PREA. In this year, the Hampshire House is one of three Audits to occur.

Indicator (b). CRJ has Audits spread out over all three years of the Audit cycle. The agency has added and lost programming but has still maintained audits in each of the cycle years. In the last few years, the agency has added or reopened residential programs required to be PREA Compliant. Of the ten facilities, two other facilities plus Hampshire House were completed since last August. The program has already set a date for two new programs to be audited by the end of 2022.

Indicator (h). The Auditor was not only provided access to all areas during the tour and was also able to move freely about the facility to observe staff and resident interactions. The Auditor, staff, and residents practiced social distancing, with interviews occurring with more than 6 feet of space between the Auditor and the person being interviewed. Both the Auditor and the individuals being interviewed wore masks. The interviews occurred in private in a conference room space on the second floor of the facility. Interviewees were informed on the confidentiality of the interview process unless abuse was occurring in the facility.

Indicator (i). The Auditor was permitted to request and receive copies of relevant documents. Information was provided in advance, and more was furnished onsite at the Auditor's request. The Agency PREA Coordinator provided additional clarity as needed during the post-audit period. The Auditor was able to see the secure manage electronic case management system used in the facility. Additional documentation was asked to be uploaded after the site visit.

Indicator (m). The Auditor was able to meet in a private space with clients and staff. The Auditor was provided with use of the second-floor conference room to meet with staff and residents. This space was also used for the opening and closing meetings. Residents were told they could leave the door open if it made them more comfortable.

Indicator (n). Posting with the Auditor's contact information was found throughout the facility. The Auditor confirmed the postings were up for weeks prior to the site visit through interviews with staff and residents. The Director was reminded that the notices must stay up until the final report is issued.

Compliance Determination

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

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Hampshire House Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) CRJ website Annual PREA reports Individuals interviewed/ observations made. PREA Coordinator Facility Director Summary determination Indicator (f). The Community Resources for Justice has posted on its agency's website (CRJ.org) PREA Audit reports Dating back to 2015. The PREA Audits cover all the facilities in Social Justice Programs required to meet PREA. Compliance determination The Community Resources for Justice is compliant based on the agency website's review, which showed prior PREA reports posted.

Appendix: Provision Findings		
115.211 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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 community confinement facilities?	yes
115.212 (a)	**Contracting with other entities for the confinement of residents**	
	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 adopt and 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.)	na
115.212 (b)	**Contracting with other entities for the confinement of residents**	
	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.)	na
115.212 (c)	**Contracting with other entities for the confinement of residents**	
	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.)	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.)	na
115.213 (a)	**Supervision and monitoring**	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.213 (b)	**Supervision and monitoring**	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	**Supervision and monitoring**	
	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
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	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
	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
115.215 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	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 the facility does not have female inmates.)	yes
115.215 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical 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
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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
	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

115.215 (e)	Limits to cross-gender viewing and searches	
	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
	If the 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
115.215 (f)	**Limits to cross-gender viewing and searches**	
	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
	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

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
115.216 (b)	**Residents with disabilities and residents who are limited English proficient**	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.216 (c)	**Residents with disabilities and residents who are limited English proficient**	
	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
115.217 (a)	**Hiring and promotion decisions**	
	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
	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
	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 two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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 two questions immediately above ?	yes
115.217 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
115.217 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	**Hiring and promotion decisions**	
	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

115.217 (f)	**Hiring and promotion decisions**	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	**Hiring and promotion decisions**	
	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
115.218 (a)	**Upgrades to facilities and technology**	
	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
115.218 (b)	**Upgrades to facilities and technology**	
	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 any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	**Evidence protocol and forensic medical examinations**	
	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
115.221 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	**Evidence protocol and forensic medical examinations**	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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
115.221 (h)	**Evidence protocol and forensic medical examinations**	
	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? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does the policy 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
115.231 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
115.231 (b)	**Employee training**	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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

115.231 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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
115.231 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	**Volunteer and contractor training**	
	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
115.232 (b)	**Volunteer and contractor training**	
	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
115.232 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	**Resident education**	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	**Resident education**	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	**Resident education**	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	**Resident education**	
	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
115.234 (a)	**Specialized training: Investigations**	
	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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	**Specialized training: Investigations**	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	**Specialized training: Investigations**	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	**Specialized training: Medical and mental health care**	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	**Specialized training: Medical and mental health care**	
	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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	**Specialized training: Medical and mental health care**	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	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.)	na
115.241 (a)	**Screening for risk of victimization and abusiveness**	
	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
	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
115.241 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	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
	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
	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
115.241 (e)	**Screening for risk of victimization and abusiveness**	
	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
	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
	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
115.241 (f)	**Screening for risk of victimization and abusiveness**	
	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
115.241 (g)	**Screening for risk of victimization and abusiveness**	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	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

115.241 (h)	**Screening for risk of victimization and abusiveness**	
	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
115.241 (i)	**Screening for risk of victimization and abusiveness**	
	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
115.242 (a)	**Use of screening information**	
	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
	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
	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
	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
	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
115.242 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	**Use of screening information**	
	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
	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
115.242 (d)	**Use of screening information**	
	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
115.242 (e)	**Use of screening information**	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	**Use of screening information**	
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.251 (b)	**Resident reporting**	
	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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	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
115.252 (b)	**Exhaustion of administrative remedies**	
	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
	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
115.252 (c)	**Exhaustion of administrative remedies**	
	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
	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
115.252 (d)	**Exhaustion of administrative remedies**	
	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
	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 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
	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
115.252 (e)	**Exhaustion of administrative remedies**	
	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
	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
	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

115.252 (f)	**Exhaustion of administrative remedies**	
	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
	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
	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
	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
	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
	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
	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
115.252 (g)	**Exhaustion of administrative remedies**	
	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
115.253 (a)	**Resident access to outside confidential support services**	
	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
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	no
115.253 (b)	**Resident access to outside confidential support services**	
	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
115.253 (c)	**Resident access to outside confidential support services**	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	**Third party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	**Staff and agency reporting duties**	
	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
	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
	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
115.261 (b)	**Staff and agency reporting duties**	
	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
115.261 (c)	**Staff and agency reporting duties**	
	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
	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
115.261 (d)	**Staff and agency reporting duties**	
	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
115.261 (e)	**Staff and agency reporting duties**	
	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
115.262 (a)	**Agency protection duties**	
	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
115.263 (a)	**Reporting to other confinement facilities**	
	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
115.263 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	**Staff first responder duties**	
	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
	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
	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
	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
115.264 (b)	**Staff first responder duties**	
	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
115.265 (a)	**Coordinated response**	
	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
115.266 (a)	**Preservation of ability to protect residents from contact with abusers**	
	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
115.267 (a)	**Agency protection against retaliation**	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	**Agency protection against retaliation**	
	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

115.267 (c)	**Agency protection against retaliation**	
	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
	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
	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
	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
	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:4. Monitor resident housing changes?	yes
	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
	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
	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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	**Agency protection against retaliation**	
	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
115.271 (a)	**Criminal and administrative agency investigations**	
	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
	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
115.271 (b)	**Criminal and administrative agency investigations**	
	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

115.271 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	**Criminal and administrative agency investigations**	
	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
115.271 (e)	**Criminal and administrative agency investigations**	
	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
	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
115.271 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.271 (g)	**Criminal and administrative agency investigations**	
	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
115.271 (h)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	**Criminal and administrative agency investigations**	
	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
115.271 (j)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	**Criminal and administrative agency investigations**	
	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	**Evidentiary standard for administrative investigations**	
	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

115.273 (a)	**Reporting to residents**	
	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
115.273 (b)	**Reporting to residents**	
	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
115.273 (c)	**Reporting to residents**	
	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
	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
	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
	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
115.273 (d)	**Reporting to residents**	
	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
	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
115.273 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	**Disciplinary sanctions for staff**	
	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
115.276 (d)	**Disciplinary sanctions for staff**	
	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
	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
115.277 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	**Corrective action for contractors and volunteers**	
	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
115.278 (a)	**Disciplinary sanctions for residents**	
	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
115.278 (b)	**Disciplinary sanctions for residents**	
	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
115.278 (c)	**Disciplinary sanctions for residents**	
	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
115.278 (d)	**Disciplinary sanctions for residents**	
	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
115.278 (e)	**Disciplinary sanctions for residents**	
	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

115.278 (f)	**Disciplinary sanctions for residents**	
	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
115.278 (g)	**Disciplinary sanctions for residents**	
	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
115.282 (a)	**Access to emergency medical and mental health services**	
	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
115.282 (b)	**Access to emergency medical and mental health services**	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	**Access to emergency medical and mental health services**	
	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
115.282 (d)	**Access to emergency medical and mental health services**	
	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
115.283 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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
115.283 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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
115.283 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

115.283 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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
115.283 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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
115.286 (a)	**Sexual abuse incident reviews**	
	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
115.286 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	**Sexual abuse incident reviews**	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.286 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	**Data collection**	
	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
115.287 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	**Data collection**	
	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
115.287 (d)	**Data collection**	
	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
115.287 (e)	**Data collection**	
	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.)	na
115.287 (f)	**Data collection**	
	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.)	na
115.288 (a)	**Data review for corrective action**	
	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
	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
	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
115.288 (b)	**Data review for corrective action**	
	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
115.288 (c)	**Data review for corrective action**	
	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
115.288 (d)	**Data review for corrective action**	
	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
115.289 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	**Data storage, publication, and destruction**	
	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
115.289 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	**Data storage, publication, and destruction**	
	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
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, 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? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes