

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

Interim Final

Date of Report August 4, 2018

Auditor Information

Name: Aaron Keech	Email: akeech37@gmail.com
Company Name: JAK Correctional Consulting Services LLC	
Mailing Address: PO Box 331	City, State, Zip: Wiley Ford, WV
Telephone: 301-876-3299	Date of Facility Visit: June 19 - 20, 2018

Agency Information

Name of Agency: McCall Center for Behavioral Health	Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.		
Physical Address: 58 High Street	City, State, Zip: Torrington, CT 06790		
Mailing Address: Click or tap here to enter text.	City, State, Zip: Click or tap here to enter text.		
Telephone: 860-496-2100	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: McCall Center for Behavioral Health's mission is to provide comprehensive, integrated substance use and mental health treatment to help people to lead healthier and more productive lives.			
Agency Website with PREA Information: www.mccallcenterct.org			

Agency Chief Executive Officer

Name: Maria Coutant Skinner, LCSW	Title: Executive Director
Email: maria.skinner@mccallcenterct.ort	Telephone: 860-496-2100

Agency-Wide PREA Coordinator

Name: Albert Stokes, LADC	Title: Director of Quality Improvement
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Email: albert.stokes@mccallcenterct.org	Telephone: 860-496-2100
PREA Coordinator Reports to: Maria Coutant Skinner, LCSW, Executive Director	Number of Compliance Managers who report to the PREA Coordinator 1

Facility Information

Name of Facility: Hotchkiss House
Physical Address: 25 Hotchkiss Place, Torrington CT 06790
Mailing Address (if different than above): Click or tap here to enter text.
Telephone Number: 860-626-7049

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input checked="" type="checkbox"/> Other community correctional facility: Mixed Model Recovery House		

Facility Mission: It is the mission of McCall Center for Behavioral Health's Hotchkiss House program to assist individuals referred through the Court Support Service Division in addressing areas of employment, housing, mental health and substance abuse disorders so that they may lead healthier and more productive lives.

Facility Website with PREA Information: www.mccallcenterct.org

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

Director

Name: Melissa L. Robles Gray, CDAC,CAC	Title: Program Director
Email: Melissa.gray@mccallcenterct.org	Telephone: 860-496-2100

Facility PREA Compliance Manager

Name: Melissa L. Robles Gray, CDAC,CAC	Title: Program Director
Email: Melissa.gray@mccallcenterct.org	Telephone: 860-496-2100

Facility Health Service Administrator

Name: Click or tap here to enter text.		Title: Click or tap here to enter text.	
Email: Click or tap here to enter text.		Telephone: Click or tap here to enter text.	
Facility Characteristics			
Designated Facility Capacity: 12		Current Population of Facility: 12	
Number of residents admitted to facility during the past 12 months			24
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			17
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			24
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			24
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18 years of age or more	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:			3-9 months
Facility Security Level:			Minimum
Resident Custody Levels:			Work Release
Number of staff currently employed by the facility who may have contact with residents:			9
Number of staff hired by the facility during the past 12 months who may have contact with residents:			1
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 4	
Number of Multiple Occupancy Cell Housing Units:		3	
Number of Open Bay/Dorm Housing Units:		0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
The video monitoring system was installed in 2016. The system consists of four video cameras placed in high traffic areas such as the front porch entry way, rear of the house, kitchen. Access to view the cameras is limited to the Program Director and Case Manager. Video retention is for thirty days.			
Medical			
Type of Medical Facility:		No on-site medical staff	
Forensic sexual assault medical exams are conducted at:		Charlotte Hungerford Hospital	

Other

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

Audit Findings

Audit Narrative

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

The PREA audit of the Hotchkiss House, "The Facility" operates under the parent company of the McCall Foundation, McCall Center for Behavioral Health "The Agency"; which is contracted by the Court Support Services Division (CSSD.) The Hotchkiss House provides substance abuse treatment services specifically designed to meet the needs of men on probation or in pre-trial status referred by the CSSD for residential treatment. The on-site audit phase began in the early evening on June 19, 2018 and concluded on June 20, 2018.

Pre-Audit:

During the Pre-Audit phase, on April 29, 2018 the facility received instructions both in English and Spanish to post the required PREA Audit Notice for confidential communications by May 9, 2018, six weeks prior to the on-site phase. On May 2, 2018, the Auditor received photographs indicating the required audit notices were posted in various locations throughout the facility. As of May 2, 2018, there were no confidential communications received from residents or staff. On May 14, 2018, the Pre-Audit Questionnaire along with supportive documentation was received, completed, and sent to the auditor as required with ample time to review. The Auditor wishes to extend his deepest appreciation to the Agency Executive Director, PREA Coordinator, facility Program Director and all employees of the McCall Center for Behavioral Health for their professionalism, hospitality, and kindness.

The Auditor completed a documentation review using the Pre-Audit Questionnaire, internet research, policies and procedures review, and additional documentation provided on the flash drive, to include the Agency and the Facility policies and procedures, Agency Mission Statement, and daily population reports. The results of the Pre-Audit Questionnaire and supporting documentation review were shared with the Program Director and PREA Coordinator. The auditor requested additional documentation relating to policy updates and clarification with facility and agency operations. The additional request for information was received well prior to the on-site visit. Phone conversations were conducted and emails exchanged with the facility Program Director, Agency PREA Coordinator and Executive Director. The Auditor contacted Just Detention International to inquire if that Agency or Facility had received any information regarding Hotchkiss House. A check of their records showed no complaints on file regarding the McCall Foundation, McCall Center for Behavioral Health.

On-Site:

On June 19, 2018 at 5:30 p.m., the entrance conference was held and attended by:

- Agency PREA Coordinator
- Facility Program Director/ PREA Compliance Manager
- Program Case Manager
- Program Monitor
- DOJ Certified PREA Auditor

Welcomes were given by the PREA Coordinator and Facility Program Director, Program Case Manager and Program Monitor. The Auditor introduced self and provided a brief description of experience, qualifications, and auditing background. The Auditor thanked all Agency and Program staff in attendance. He then reviewed the audit process, the audit schedule, and reviewed the resident population sheet and staff schedule. The purpose of the on-site visit held on the evening of June 19th was to interview residents based on their availability due to their employment schedule. Following the entrance meeting, eight residents were interviewed that evening.

On June 20, 2018, the second day of the on-site audit began at 6:30 a.m. with the interviews of two random 3rd shift staff who were a first responder and Intermediate level or higher level supervisor. Following 3rd shift staff interviews, a brief entrance meeting was held with the PREA Coordinator, Program Director, Program Case Manager and the Auditor to review the day's agenda and schedule. After the entrance meeting, the remaining three residents were interviewed based on their programming schedule. All twelve residents listed on the resident population sheet were interviewed over the two day on-site phase. There were no residents who had a physical disability, were blind, deaf, or hard of hearing, or spoke with limited English proficiency; however, there was one resident interviewed described as having a cognitive disability. There were no residents who identified as lesbian, gay, bisexual, transgender or intersex. Based on resident interviews, there were no residents who reported sexual abuse or sexual harassment or who disclosed a prior sexual victimization during screening process.

Once resident interviews were completed, staff interviews began with five random facility/program monitoring staff, non-security first responder staff, and one Intermediate level or higher level supervisor. The program Case Manager considered an Intake Staff and Performs Screening for Risk of Victimization and Abusiveness; the Agency Level Screening and Intake Coordinator; Agency Director of Outpatient Services; the PREA Coordinator and Program Director who are designated staff who monitors for retaliation and members of the incident review team.

Following staff interviews, the auditor met the PREA Coordinator at the McCall Foundation Main Administration building site and thoroughly reviewed eight human resource files at the McCall Foundation main administration building site to document that employees were acknowledging that they have not been involved in behaviors listed in 115.217, and that the employees had the appropriate criminal background checks and affirmative duty to disclose any such misconduct. The Director of Operations and Human Resources Administrative Staff was interviewed over the telephone on June 13, 2018. Since the Agency's last PREA audit in 2015, including the past twelve months, there have been no resident sexual abuse or staff misconduct allegations; therefore, no investigation files were reviewed. The zero allegations

for the last twelve months were confirmed with interviews with the Agency Executive Director, Human Resource Administrative Staff, PREA Coordinator, and the Program Director. Two resident files were examined using the Agency's database system, which indicated completion of the necessary intake records, screening assessments, and resident social histories. Furthermore, residents received PREA education and received the screening for risk of sexual victimization and abusiveness assessment and re-assessment. Later in the afternoon, the Auditor toured the entire facility and reviewed all areas where staff and residents may be found, including the resident rooms, living room and common areas, kitchen, basement, and resident bathrooms. Accompanying the auditor on the tour was the facility Case Manager. The tour ended at 5:00 p.m. An Exit Meeting was convened at 6:30 p.m. on June 20, 2018, when the on-site audit was completed. The PREA Coordinator, Program Director, and the Program Case Manager were present. The auditor thanked the leadership and staff of the McCall Center for Behavioral Health. The auditor gave an overview of the audit and commented on the success of the McCall Center for Behavioral Health for being well organized and for incorporating the PREA standards into the facilities operating procedures and organization. It was also discussed that additional documentation was required for two standards and it was determined this information would be sent to the auditor within the next thirty days to be in compliance with all the PREA standards. The requested information was sent to this auditor by the PREA Coordinator prior to the submission of this report. This auditor reviewed all requested information and this facility is in full compliance with the PREA standards.

Tour:

On the second day of the audit after all interviews and file reviews were completed, the Auditor, escorted by the Program Case Manager, toured the physical plant. It was politely requested that when the audit paused to speak to a resident, for staff to step away so the conversation may remain private. During the tour, the Auditor observed the location of video monitoring cameras inside and outside the facility. The cameras are monitored 24 hours a day and has the ability to record and store video for thirty days. None of the cameras field of view includes the toilet and shower areas. The Auditor noted that shower and toilet areas allow residents to shower ensuring their privacy from staff direct viewing.

The auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility. During the tour, the auditor communicated with two (2) residents. The Auditor spoke informally with residents and staff during the tour which covered the Case Manager and Intake Office, main entry foyer, living and programming room, dining rooms, kitchen, seven bedrooms, three bathrooms, closet and linen closet, front porch, rear patio area, basement, and garage.

The following observations were noted during the tour:

- Notices of the PREA audit were posted throughout the facility as required by the Auditor.
- The facility has no holding rooms/cells.
- The Grievance Box was posted in entry foyer
- The facility has no segregated or isolation rooms/cells.
- The resident's files are kept in secure area.
- PREA information is posted and is available in Spanish and English to include reporting information.
- The cameras do not have a line of sight into resident's rooms, or the toilet and showers.
- Staff of the opposite gender announces their presence when entering living units.

- There were several blind spots identified and staff were aware of those locations. The facility uses mirrors as an enhancement, and keys are restricted to limit staff access and staff supervision.
- There are no youthful offenders.
- There were no new or renovated areas observed.

Staff Interviewed:

All nine program staff was interviewed including six Facility Monitors, (two full time and four part-time), one full time Facility Case Manager, the Program Director, and the PREA Coordinator. Agency level staff were interviewed, including the Executive Director, Administrative Human Resource Staff, Director of Outpatient Services, and Screening and Intake Coordinator.

The Agency and Facility staff selected for interviews included:

Staff Interviews and Interactions	Number (#)
Agency Head or Designee	1
Agency PREA Coordinator	1
Program Director	1
Agency Contract Administrator	0
Medical Staff	0
Mental Health Staff	1
Non-Medical Staff Involved in Cross-Gender Strip or Visual Searches	0
Human Resources Staff	1
Volunteers who have Contact with Residents	0
Contractors who have Contact with Residents	0
Investigative Staff (Agency)	0
Investigative Staff (Facility)	0
Staff who Preform Screening for Risk of Victimization and Abusiveness	2
Staff on the Sexual Review Incident Review Team	2
Designated Staff Member Charged with Monitoring Retaliation	2
First Responder (Non-Security)	9
First Responder (Security)	0
Intake Staff	2
Staff conducting Unannounced Rounds	4
SANE/SAFE Staff	0
Staff Wo Supervise Resident In Isolation	0
1 st Shift Random Staff	2
2 nd Shift Random Staff	3
3 rd Shift Random Staff	2
Number of Random Staff Interviews	7
Number of Targeted Staff Interviews	24
Total Number of Staff Interviews	31

Note: Some randomly selected staff serve in one or more specialized roles and duties based on the facility size and characteristics of the facility. Some staff were interviewed more than once if their duties covered more than on specialized area.

Residents Interviewed:

On the first and second day of the audit the facility rated capacity was 12. The number of residents housed during the first and second days of the audit was 12.

The auditor documented the resident selection and interviews on the PREA Audit Agenda/Tally Sheet. Prior to and/or during the entrance conference, the auditor scheduled all interviews and documented residents that were interviewed by number.

Resident Interviews and Interactions	Number (#)
Residents with Physical Disability	0
Residents who are Blind, Deaf, or Hard of Hearing	0
Residents who are Limited English Proficient (LEP)	0
Residents with a Cognitive Disability	1
Residents who Identify as Lesbian, Gay, or Bisexual	0
Residents who Identify as Transgender or Intersex	0
Residents who Reported Sexual Abuse or Sexual Harassment	0
Residents who Reported Sexual Victimization During Risk Screening	0
Residents who are Randomly selected from each Living Area/Room	11
Number of Random Resident Interviews	11
Number of Targeted Resident Interviews	1
Total Number of Resident Interviews	12

Interviews with residents confirmed that they are well informed and educated on the agency’s Zero Tolerance Policy, their rights to be free from sexual abuse and sexual harassment, how to report sexual abuse or sexual harassment, and the right to be free from retaliation for reporting. All residents are aware that support services are available in the community for emotional support for sexual abuse victims. Residents stated they are informed about PREA during intake and orientation on the first day in the facility and are offered ample opportunity to ask questions. According to residents, the program holds PREA resident education groups on a monthly basis reviewing such topics as the ways residents can make a report of sexual abuse or sexual harassment, how to make a report, and information on outside counseling services for dealing with abuse. Ten of the twelve residents were transferred from a local or regional jail after serving their sentence and being placed on parole. Most all residents were familiar and had some prior knowledge of PREA before their first day at the Hotchkiss House. The remaining two residents were placed at Hotchkiss House as a condition of their probation and pre-trial status. All residents reported they feel safe, and more importantly, feel safe from sexual misconduct within the facility.

Documentation requested:

- Resident Roster
- Residents with Disabilities
- LGBTI Residents
- Residents who Reported Sexual Abuse
- Residents who Reported Sexual Victimization During Risk Screening
- Staff Roster
- Specialized Staff

- Contractors who have contact with Residents
- Volunteers who have contact with Residents
- Grievances made in the 12 months preceding the audit
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit

Facility Characteristics

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

It is the mission of the McCall Foundation and McCall Center for Behavioral Health

"To provide comprehensive, integrated substance use and mental health treatment to help people to lead healthier and more productive lives."

It is the mission of the Hotchkiss House to:

"Provide substance abuse treatment services specifically designed to meeting the need of men on probation or in pre-trial status referred by Court Support Services Division (CSSD) for residential treatment. These services will also include supervised housing, employment and vocational issues, use of community resources, case management, and the development of aftercare plans that assist in successful transition to self-supported independent living."

The primary goal for the Hotchkiss House program is to help CSSD-referred men to develop a drug-free lifestyle and reduce recidivism. Objectives include assisting residents in maintaining total abstinence from alcohol/drugs, securing immediate employment and improving future employability, engaging in counseling, increasing utilization of community supports, finding and securing safe and affordable housing, and developing continuing aftercare treatment.

Accreditation:

The facility has been accredited by the State of Connecticut, Department of Mental Health and Addiction Services (DMHAS.) On June 15, 2017, the DMHAS Regional Manager and Behavioral Health Specialist conducted a site visit of the Hotchkiss House to review areas of Admissions, Chart Review, Substance Abuse Policy and Procedures, Treatment Programming, and Client Interviews. The findings were favorable and no corrective action was required at that time.

Facility Background, Physical Plant and Security Supervision:

The facility (capable of housing twelve beds) is a substance abuse treatment service specifically designed to meet the needs of men on probation or in pre-trial status referred by Court Support Services Division

(CSSD) for residential treatment. These services will also include supervised housing, employment and vocational issues, use of community resources, case management, and the development of aftercare plans that assist in successful transition to self-supported independent living. The Hotchkiss House is located in Torrington, Connecticut in an older residential area and is a two story house with a basement. The first floor consists of Case Manager and Intake Office, main entry foyer, a living and programming room, two dining rooms, and a kitchen. Near the kitchen, is door leading to the basement. The basement is restricted and accessible for the laundry room, the resident weight room, and the supply storage room. Residents must have permission to access the area. There is a video camera located near the basement door that provides additional supervision. Off the rear entry way is a patio area for recreational and programming group meetings. The outside yard is fenced off where resident access is limited or restricted. A garage is located off the rear side of the house which is only accessible to maintenance staff who do not have contact with residents. The second floor has seven bedrooms each with a closet. This floor consists of four single resident rooms, two double rooms, and one four man room. There are three bathrooms with a shower and toilet, and a linen storage closet.

The length of stay for residents range from three to seven months based on resident progress and opportunity to gain independence focusing on recovery. The facility employs six Facility Monitors (two full-time and four part-time), one full time Facility Case Manager, Program Director, and the PREA Coordinator.

Facility Programming:

The Facility offers residents transitioning through three levels in Hotchkiss House. Level 1 is 30-45 days and consists of the resident attending McCall Center's Men's Intensive Outpatient Program Monday, Wednesday, and Friday from 8:30am – 12:00pm. While they are attending this program, their focus will be on refusal skills, developing relapse prevention and coping skills, problem solving, managing negative thoughts, increasing personal supports, and developing pro-social activities into daily living. Residents are restricted to the house unless they are attending a 12-step meeting with a senior peer or staff member. When residents successfully complete Level 1, and are actively engaged in treatment, they move into Level 2 and begin to look for employment.

At Level 2 residents are allowed 4 hours at a time to go out and look for employment. They continue treatment at the McCall Center by attending group and individual counseling weekly. In addition, and throughout their stay, residents meet weekly with a case manager, attend three weekly psycho-educational groups, and attend four outside recovery support activities. Residents are also offered a weekly vocational group at McCall Center until they obtain employment. Once a resident obtains employment he moves into Level 3. Level 3 allows a resident to apply for passes into the community and reconnect with his family back home. Throughout his stay, all movement in and out of the program is monitored through movement logs and on-going "client checks" to assure safety. In the final level aftercare plans will be developed with the resident to ensure on going care and support.

Facility Demographics:

- Rated Capacity = 12
- Actual Population (On 1st Day) = 12
- Youthful Residents Housed = 0

- Residents Age Range = 23- 74
- Gender = Male
- Custody/Security Level in the facility = Minimum
- Average Length of Stay or Time Under Supervision = 90- 270 days

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

The Auditor conducted an exit conference with the agency and facility officials. Facility officials and staff were very open and receptive to an honest discussion of areas where PREA compliance may need to be strengthened.

There were no summarized description of corrective actions, recommendations made, actions taken by the facility, relevant timelines, and methods used by the auditors to reassess compliance.

The standards are rated as exceeded, met, or not met. Most standards have between 1 – 15 provisions. To achieve compliance on any given standard, the facility must achieve 100% compliance with each provision within the standard. The auditor used the Department of Justice Final Rule for PREA Standards published in May 17, 2012. Forty-One (41) Community Confinement Standards were audited.

The PREA Coordinator was very knowledgeable about the PREA requirements and the implementation of processes and systems. Corrective actions, specific detail about deficiencies or concerns regarding findings may appear in the standard-by-standard discussions in the main body of the report. The facility concerns that were corrected within the 45 days before the auditor released the primary report are reviewed as compliant.

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

Number of Standards Exceeded:	2
Number of Standards Met:	39
Number of Standards Not Met:	0

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Policy 115.211
- Hotchkiss House Staff Schedule

- McCall Center Organizational Chart
- Agency Mission Statement
- Facility Mission Statement
- Client Population Counts
- Hotchkiss House Program Description
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Quality Assurance Director Job Description

Interviews:

- o Agency Designee – Executive Director
- o Agency PREA Coordinator
- o Program Director

The McCall Center policy 115.211 mandates a zero tolerance toward all forms of sexual abuse and sexual harassment. This policy outlines the agency’s approach to prevent, detect, and responds to sexual abuse and sexual harassment. The agency policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassments. Agency policy designates an upper level PREA Coordinator for the agency who has sufficient time and authority to develop, implement and oversee Agency and Program efforts to comply with the PREA Standards in all its facilities. Policy requires the Program Manager to implement these standards and ensure that preventative measures are followed at the Hotchkiss House program.

Interview Results:

- The Agency Executive Director confirmed the appointment of the Director of Quality Assurance as the Agency PREA Coordinator.

- Interview with the Agency PREA Coordinator indicated that he has a great deal of correctional experience and sufficient time and authority to coordinate that agency’s effort to comply with the PREA Standards. He facilitates annual meetings with the PREA Manager to discuss any needs, problems, ideas, or suggestions for improvement.

- Interview with the Agency PREA Coordinator has indicated that the facility Program Director is the designated Facility PREA Compliance Manager.

-Interview with the Program Director indicated that she is the designated facility PREA Compliance Manager.

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Policy 115.212

Interviews:

- Agency Designee – Executive Director
- Agency PREA Coordinator
- Program Director

The McCall Center policy, 115.212 states that the McCall Center for Behavioral Health is a private, not for profit agency and does not contract for the confinement of its Department of Corrections or Court Support Division Program residents with other private agencies or entities.

Interview Results:

- The Agency Executive Director, PREA Coordinator, and the Program Director confirmed the McCall Center does not contract with other entities for the confinement of residents.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

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

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations

- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- McCall Center for Behavioral Health Policy 115.213
- Staff Schedule
- 2017 Staffing Plan Assessment
- 2018 Staffing Plan Assessment
- Staffing Plan Development Process
- 2016 PREA Managers Meeting
- 2017 PREA Managers Meeting
- PREA Safety Committee Meeting Form 2015-2018
- Room Search Log January-April 2018
- PREA Rounds Form Template
- March 2017-April 2018
- Facility Schematics 2018

Interviews:

- Agency Designee – Executive Director
- PREA Coordinator
- Program Director

Initial review of the McCall Center for Behavioral Health Policy 115.213, indicates that the McCall Center develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and uses video monitoring to protect residents against sexual abuse and harassment. An interview with the Facility Director/Program Manager indicated that the facility takes into consideration the four requirements in standard 115.13 (a) – 1-4:

1. The physical layout of the facility;
2. The composition of the resident population;
3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
4. Any other relevant factors.

Over the past twelve months, the facility reported zero circumstances with staffing plan deviations. In circumstances where the staffing plan is not complied with the facility justifies and documents in the program logbook and the PREA Coordinator and Program Director are notified in writing. Since the first PREA audit in 2015, the program was allotted funding to pay for a video camera system to include the capability to record footage for thirty days. The program deploys a minimum number of cameras; however they are strategically located to supplement staffing and to enhance supervision of Residents. Mirrors are used around the corners of the stairs due to potential blind spots. The program has a minimum staffing ratio of one employee to twelve residents which is required by state standards. On a monthly basis, the PREA Coordinator and Program Manager make unannounced visits to the program to identify and deter staff sexual abuse and sexual harassment. The unannounced visits rotate so that each shift will be monitored and the managers will make a notation on observations and ask questions on the tour. Any concerns will be immediately reported to the Program Director and PREA Coordinator.

Interview with the Program Director revealed that at least annually, in collaboration with the PREA Coordinator, the facility reviews the staffing schedule to see whether adjustments are needed in the following:

- The staffing plan/schedule,
- Prevailing staffing patterns,
- The facility's deployment of video monitoring systems and other monitoring technologies, and
- The resources the agency/facility has available to commit to ensure adequate staffing levels.

The PREA Coordinator and Program Director's interview confirmed the process for conducting annual reviews. There were no major deviations from the staffing schedule, and there is no need for adjustments to the staffing schedule.

A review of the Pre-Audit Questionnaire Community Confinement Facilities and a confirmation by staff interviews, the average daily number of residents on which the staffing schedule was predicated was twelve. Since the last PREA audit the average daily number of residents reported was twelve.

Interview Results

- Interview with the Agency PREA Coordinator and the Program Manager/Facility PREA Compliance Manager indicated that they are consulted regarding any assessment of or adjustments to, the staffing plan.

- Interview with the Agency PREA Coordinator and the Program Manager/Facility PREA Compliance Manager indicated that the facility have a staffing plan. When assessing adequate staffing levels and the need for video monitoring they consider all of the components listed in the standard.

-Random staff interviews indicated that on a monthly basis the Program Director and PREA Coordinator make unannounced visits during different shifts. Staff are aware that alerting other staff is prohibited and if violated will lead to disciplinary action.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

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

115.215 (c)

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

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing

their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations

- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

- McCall Center for Behavioral Health Policy 115.215
- Staff Training Curriculum and Training Acknowledgement Forms
- 2017 PREA Managers Meeting
- 2016 PREA Managers Meeting
- PREA Room Search Log

Interviews:

- o Agency Designee- Executive Director
- o Agency PREA Coordinator
- o Random Staff
- o Random Residents
- o Facility Case Manager

The program staff does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening.) The facility rated capacity does not exceed 50 residents. Documentation review indicated the facility reports no exigent circumstances for this audit period. The facility will maintain documentation should exigent circumstances occur. The program's search policy prohibits staff from conducting strip searches or cross-gender visual body cavity searches.

Searches are conducted on all packages, bags, items, when brought into the facility from the outside. All of the above mentioned items are to go directly to the staff members on duty. Random searches will be performed in client's bedrooms weekly to ensure safety. Any contraband, drugs, weapons, etc. will be noted and reported to the Program Director who will consult with the Executive Director and other authorities depending upon the program.

Random searches and pat downs will be performed on clients when staff feels there may be cause or when a client leaves the program and returns. McCall Center does not touch or put their hands on any resident's genitalia, buttocks, or breast during a search. The staff members, when two are available will verbally direct the client to empty out their pockets, take off their shoes, lift up their pant legs and pull down socks, remove all outer garments for inspection, and lift shirt up to see waist band of pants. Staff will pat down shirt collars, arms, and inspect outer garments documenting a pat down or search of a resident occurred and the outcome. Documentation of all searches are written in the program logbook located in the Case Manager-Intake office.

The Agency requires the facility to implement policies and procedures that enable residents to shower and perform bodily functions and change clothing without non-medical staff of the opposite gender viewing the breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine room/cell or bed checks.

Observations of restrooms and shower during the tour confirmed that residents have privacy when using the restroom, showering and changing clothing. Shower curtains are present at all three bathrooms. All residents reported that they are never naked in full view of staff or residents. The facility requires 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. Over the past twelve months, the only

female staff employed at the facility is the Program Director. When the Program Director enters the second floor and prior to where resident bedrooms and bathrooms are located, the announcement is made. At the top of the two stairways, there is a notice posted reminding opposite gender staff to announce their presence when entering the second floor area near the resident rooms and bathrooms. Both residents and staff understand the rationale for making such announcement, “to cover up, be dressed and be respectful.”

During the on-site audit visit there were no transgender or intersex residents housed. If the facility were to receive a transgender or intersex resident, the Agency and Program staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, the facility determine 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. The PREA Coordinator confirmed there have been no cross-gender strips or visual body cavity searches conducted within the audited cycle.

The Agency trains 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. The Agency trained 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. Staff training records indicated staff received training in the cross-gender pat searches and understood the training they received.

According to a review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of residents reported was zero.
- In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff reported was zero.
- The number of pat-down searches of female residents that were conducted by male staff reported was zero.
- The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstances reported was zero.
- In the past 12 months, the number of transgender or intersex residents searched or physically examined for the sole purposes of determining the resident’s genital status was zero.

Interview Results:

- Nine (9) out of (9) staff interviewed and facility documentation indicated that the facility has a hands off policy and does not strip search or pat-down residents.
- Nine (9) out of nine (9) interviewed staff indicated that staff announce their presence when entering a housing unit that houses residents of the opposite gender. All staff indicated they knock on the resident bathroom door to check on and verify a resident is showering, performing bodily functions, and changing clothes. Residents are expected to acknowledge the door check by responding back in the affirmative.

- Twelve (12) out of twelve (12) residents interviewed stated that female staff announce their presence when entering the housing unit.
- Twelve (12) out of twelve (12) residents interviewed from all housing units stated that they and other residents are never naked in full view of staff, when using the toilet, showering, or changing clothing.
- Twelve (12) out of twelve (12) residents interviewed have undergone a pat down search conducted by male staff, usually two staff present, in a professional and respectful less intrusive manner.
- Twelve (12) out of twelve (12) residents interviewed reported never undergone a strip search or visual body search.

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

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

115.216 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Policy 115.216
- PREA Brochure (English)
- PREA Brochure (Spanish)
- Hotchkiss House Welcome Packet
- Resident PREA Poster (English and Spanish)
- Resident Reporting Information (English and Spanish)
- PREA Audit: Pre-Audit Questionnaire /Community Confinement Facilities

Interviews:

- Agency Designee- Executive Director
- Agency PREA Coordinator
- Random Staff
- Random Residents
- Disabled Residents
- Facility Case Manager

The program has taken appropriate steps to ensure that residents with disabilities (including, for example, Residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. In addition, the facility ensures that written materials are provided in formats or through methods that ensure effective communication with Residents with disabilities, including Residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

The program has taken reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The facility does not rely 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 or the investigation of the resident's allegations.

According to a review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of instances where Resident interpreters, readers, or other types of Resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under 115.264, or the investigation of the resident's allegations reported was zero.

Interview Results:

- Interviewed staff consistently stated they would not allow, except in emergency situations, a resident to translate or interpret for another resident in making an allegation of sexual abuse. They indicated that they can contact the staff who speak Spanish if the need arise. There are several program staff, including the Program Director and three Program Monitors, who are bilingual and fluent in Spanish. This would allow for non-English speaking residents receive the necessary accommodations and information in formats and through methods that ensure effective communication with residents identified as limited English proficient.
- Interview the resident with a cognitive disability reported he was provided materials in format that ensured effective communication and that he understood all material presented. Furthermore, staff took the necessary time to fully explain all PREA related material.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Policy 115.217
- Background Check Policy and Procedure
- Criminal Background Check Records Check for Staff
- Criminal Background Check Authorization Form
- Employee Code of Ethics
- PREA Disclosure (Prison Rape Elimination Act)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- o Agency PREA Coordinator
- o Administrative Human Resource Staff- Director of Operations

The Agency Policy 115.216 requires the facility not to hire or promote anyone who may have contact with residents and does not enlist the services of any contractor who may have contact with Residents as listed in this standard to include the following provisions:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; to include persons who are mentally ill or disabled or retarded or chronically ill or

handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or residential care.

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 subsection 2.

Agency policy requires that before hiring new employees who may have contact with Residents, the facility will perform a criminal background check; and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of residents or detainee sexual abuse or harassment or any resignation pending an investigation of such allegations. Since 2012, the Agency contracts with an online criminal background check service and performs several systems checks including social security verification, local, county, and state criminal records database, national terrorism network, employees driving record, and child sex offender registry. Agency completes a criminal background records check before enlisting the services of contractors who may have contact with Residents.

After initial review of McCall Center Policy 115.217, #5) the Agency conducts criminal background records checks every five years of current employees and contractors who have contact with residents according to staff interviews. Additional documentation was requested as to how the agency tracks and has a system in place for otherwise capturing such information for current employees. The agency submitted a spreadsheet of list of staff names, dates of hire, date of last criminal background check, and future completed check. The spreadsheet indicated the date of last background check was completed in 2010 and one staff hired in 2017 did not receive a background check. As a result of the finding, the agency was requested to complete the necessary material for both staff to have check completed. Within two weeks after the on-site visit, the agency has provided documentation indicating the background checks were completed along with an improved system in place that will automatically notify Human Resource staff of such information on newly hired and current employees. During the on-site visit, the previously provided staff list was cross referenced

According to McCall Center Policy 115.217, #6) the agency shall impose upon employees a continuing affirmative duty to disclose any such misconduct; however, when asked if staff sign in writing documentation could not be provided upon request and required such language placed in writing such as in policy or an employee's code of ethics where staff would sign acknowledging such a duty to report to the agency.

The Agency prohibits staff from material omissions and the provision of materially false information shall be grounds for termination.

According to a review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmation by staff interviews the following has been recorded:

1. In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background checks: 1.

2. In the past 12 months, the number of persons promoted who may have contact with residents who have had criminal background checks: 0.
3. In the past 12 months, the number of contract for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 0.

Interview Results:

- Interview with Agency Human Resource Staff confirmed a hiring process performs criminal record background check on newly hired employees and contractors. The agency performs criminal record background checks on employees at least every five years. Given the initial finding of two staff in need of a background check, the tracking and monitoring system was improved to track background checks at the time of hire and conduct checks for employees at least every five years. After consulting with legal counsel, the Agency will enhance the code of ethics imposing upon an employee a continuing affirmative duty to disclose any previous misconduct. The adjustment to the code of ethics that was made required that employees sign the affirmation and the PREA Coordinator sent to the auditor within two weeks after the on-site audit phase. The information was reviewed by this auditor and the program is in full compliance with this standard. The Agency Human Resource Staff indicated that when a former employee applies for work at another facility, upon request from that facility that they would provide requested information as long as it does not violate policies or laws.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations:

- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- 2016, 2017, and 2018 Staffing Plan Assessments
- McCall Center Policy 115.218
- Program Blind Spot List
- Program Camera List

Interviews:

- Agency Designee-Executive Director
- PREA Coordinator
- Program Director

The facility Management Team indicates when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the plan will consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect Residents from sexual abuse. Since the last PREA Audit conducted in 2015, there have been no substantial expansions or modifications of the existing facility.

The facility Management Team indicated when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the plan will consider how the technology may enhance the facility's ability to protect Residents from sexual abuse. Since the last PREA audit, the facility installed a video monitoring system with the capability to record and store video for up to 30 days. The location discussed how to best enhance monitoring coverage to reduce the number of potential blind spots video cameras preventing sexual abuse and harassment.

Interview Results:

- Interviews with the Program Director/PREA Compliance Manager and the Agency PREA Coordinator indicated that there was no major expansion during the past three years. If there were any major expansions, the Program Manager/Facility PREA Compliance Manager and the Agency PREA Coordinator would be involved in the planning process. Both acknowledge in their interviews the additional video monitoring equipment that was installed after the last PREA audit.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

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

115.221 (d)

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

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- State of Connecticut Technical Guidelines for Health Care Response To Victims of Sexual Assault
- Memorandums of Understanding between McCall Foundation and Charlotte Hungerford Hospital
- Memorandums of Understanding between McCall Foundation and Susan B. Anthony Foundation
- PREA Program Sexual Allegation Checklist
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Compliance Letter between McCall Center and the Torrington Police Department
- McCall Center for Behavioral Health Policy 115.221

Interviews:

- o Agency PREA Coordinator
- o Program Director
- o Vice President of Operation at Charlotte Hungerford Hospital
- o Executive Director at Susan B. Anthony Project
- o Random Residents
- o Random Staff
- o Representative from the Torrington Police Department
- o Facility Case Manager

The Torrington Police Department serves as primary investigating authority for all incidents of sexual abuse and harassment. The representative from the Torrington Police Department indicated law enforcement officers and investigators are trained to follow the DOJ Violence Against Women publication, a national protocol for Sexual Assault Medical Forensic Examination for Adults. The facility does not house Youth/Adolescent victims of sexual assault. The program staff at Hotchkiss House received training on evidence protocols and uses the allegation checklist that is kept in the Case Manager-Intake office.

The Agency offers all residents who experience sexual abuse access to forensic medical examination, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate and examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) located at Charlotte Hungerford Hospital in Torrington, Connecticut. Should SAFEs or SANEs cannot be made available, if the examination is performed by other qualified medical practitioners, they must have been specifically trained to conduct sexual assault forensic exams. The auditor interviewed by telephone the Vice President of Operations at Charlotte Hungerford Hospital to verify and confirm the Memorandum of Understanding (MOU) between the hospital and the McCall Foundation. The MOU with Charlotte Hungerford Hospital provides medical care including if necessary a thorough forensic medical examination performed by a SAFE or SANE Examiner as well as necessary follow up medical care. In June 2018, the MOU was recently updated until June 30, 2019. The Agency will document its efforts to provide SAFEs or SANEs Examiners.

The program makes available to the victim a victim advocate. If not available to provide victim advocate services, the facility makes available (to provide services) a qualified staff member from a community-based organization or a qualified facility staff member. The victim advocate, if used, will meet the requirements of a qualified community-based organization staff who accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed. The facility defines a qualified community-based staff member as an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The auditor interviewed by telephone the Executive Director of the Susan B. Anthony Project and confirmed the existing MOU with McCall Foundation. The Susan B. Anthony Project is a Connecticut Sexual Assault Crisis Services Inc. (CONNSACS) member. CONNSACS provides sexual assault crisis counselors' accompaniment and support to the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed. In June 2018, the MOU was recently updated until June 30, 2020. The Agency will document its efforts to secure services from the rape crisis center.

According to a review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmation by staff interviews the following has been recorded:

- The number of forensic medical exams conducted during the past 12 months reported was zero.
- The number of exams performed by SANEs/SAFE during the past 12 months reported was zero.
- The number of exams performed by a qualified medical practitioner during the past 12 months reported was zero.

Interview Results:

- Interviewed staff, including the PREA Coordinator and Program Director, both were familiar with the evidence protocol and roles they would play as first responders. The staff stated they would "make sure the resident victim was stable," preserve the evidence and, if the mental health staff are on site, the mental health staff would conduct an assessment.

- For victims of sexual assault, interviewed staff including the Vice President of Operations at Charlotte Hungerford Hospital indicated that the facility will offer all victims access to forensic medical examinations without financial cost. Staff indicated that SANE/SAFE are provided by the local hospital.

- Nine (9) out of nine (9) interviewed staff indicated knowledge with evidence protocol to preserve evidence until local law enforcement officers arrived at the facility. Furthermore, staff knew the local hospital certified hospital where SAFE and SANE examinations are conducted and that the Susan B. Anthony Project provides the qualified victim advocate in case of sexual abuse.

- Eleven (11) out of residents (12) interviewed knew services were available outside the program for dealing with sexual abuse if they would need services. Those residents also knew the Susan B. Anthony Project was an outside entity to report an allegation of sexual abuse and harassment.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Hotchkiss House PREA Incident Check Sheet
- McCall Center Behavioral Health Policy 115.222
- McCall Center Behavioral Health PREA Website
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Agency Designee- Executive Director
- Agency PREA Coordinator
- Random Staff

According to interviews with the Agency Executive Director, PREA Coordinator, and Program Director, the agency and facility ensures that administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment reported on resident-on-resident or staff-on-resident misconduct. The agency has in place a policy and practice to ensure that allegations of sexual abuse and sexual harassment are referred for investigation to an agency with the legal authority to conduct investigations. The legal authority to conduct criminal investigations is the Torrington Police Department. All administrative investigations are conducted by the Court Support Services Division (CSSCD.)

When a sexual abuse allegation is reported, all staff are trained to initiate and complete the PREA Incident Check Sheet to record information to complete the initial report or allegation of sexual abuse. The required actions are to begin the first responder duties, contact the Program Director and PREA Coordinator, preserve evidence, immediately contact emergency services and victim advocacy, and document the incident in a written incident report.

The Agency has in place a policy 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. Per policy substantiated allegations of conduct that appears to be criminal are referred for prosecution.

If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. The Agency publishes the policy on its website.

Per a review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmation by staff interviews the following has been recorded:

- The number of allegations of sexual abuse and sexual harassment received during the past 12 months was zero (0).
- The number of allegations resulting in an administrative investigation during the past 12 months was zero (0).
- The number of allegations referred for criminal investigation during the past months was zero (0).

Interview Results:

- Additional interviews with staff confirmed the process for receiving an alleged allegation of sexual abuse and sexual harassment. Interviewed staff stated that they have been trained to report or refer everything regarding sexual abuse and sexual harassment to be investigated including having knowledge of and suspicion of sexual abuse or sexual harassment. Staff affirmed that they are trained to accept reports from all sources, including third parties and anonymous reports. Staff confirmed receiving the training on using the PREA Incident Check Sheet and the forms location which is in a binder in the Case Manager-Intake Office. All staff is aware that the local law enforcement agency responsible for investigating sexual abuse allegations is the Torrington Police Department. The Court Support Services Division conducts administrative investigations.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No

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

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Policy 115.331- Employee Training
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Training Curriculum
- PREA Training Standards for Community Confinement Facilities Power Point Presentation
- PREA Quiz and Answer Key
- PREA Scenarios Sheet
- PREA Meetings-Training 7/16/2017
- PREA Training Acknowledgement Form 2017
- PREA Training Acknowledgement for Vulnerable Adults 2017
- PREA Training Acknowledgement for 2017 and 2018
- PREA- Vulnerable Adults Additional Training for 2018
- PREA Hotchkiss House Staff Meeting-Training July 2018
- PREA Training Acknowledgement Forms for Mental Health Staff on 7/5/18

Interviews:

- o Agency PREA Coordinator
- o Program Director
- o Director of Outpatient Services
- o Random and Specialized Staff
- o Facility Case Manager

The Facility has trained staff who have contact with Residents on the ten (10) requirements stated in this standard. According to staff interviews, sexual abuse and sexual harassment training is provided in pre-service orientation training, annual in-service and other additional training and includes all requirements.

Training is tailored to the gender of the Residents at the employee's facility. Review of the Agency Policy stated that staff receive additional training if the staff is reassigned from a facility that houses only male Residents to a facility that houses only female Residents, or vice versa. The staff will receive this training through additional pre-service training. This facility housed only male residents. The facility documents, through employee signature verification, staff understanding of the training they have received. The

Hotchkiss House documents staff training using the training roster, which requires the staff signature and date.

Per a review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of staff employed by the facility, who may have contact with Residents, who were trained on the PREA requirements reported, was 9.
- In the past 12 months, the number of staff employed by the facility, who may have contact with Residents, who were trained or retrained on the PREA requirements since the last audit reported was 9.

Interview Results:

- Nine (9) out of ten (9) random staff interviewed consistently stated they receive PREA Training in a variety of ways. These include PREA Training as part of the training provided for newly hired during orientation. Additionally, they consistently indicated they receive the training at the time of hire and annual refresher training.

- All random staff indicated refresher training occurs on an annual basis at minimum and when policies and practices are revised and updated as necessary. Staff was comfortable and confident during their interviews. They did not hesitate in responding to questions and their responses indicated that they have received a level of training in PREA, including the agency's zero tolerance policy, ways to privately report abuse, and the facility's response to allegations of sexual abuse and sexual harassment.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations

- McCall Center for Behavioral Health Policy 115.232
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- o Agency PREA Coordinator
- o Program Director
- o Random Staff

The Agency has a policy that ensures 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. The policy further states that all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and have been 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. The facility will maintain documentation confirming that volunteers and contractors understand the training they received. The Agency will document volunteer and contractor training using the rosters, which requires the volunteers', contractors' and instructor's signature and date. Over the past twelve months, the McCall Foundation has not used any volunteer or contracted staff over the past twelve months.

Interviews with the PREA Coordinator and Program Director indicated that the Agency and program does not enlist the assistance of volunteers or contractors. Both the PREA Coordinator and Program Director acknowledged that if the Agency or Program would use volunteers or contractor for services in the future, the training required is outlined in this standard, 115.232.

Per a review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of volunteers and individual contractors who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response: 0
- In the past 12 months, the number contractors who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. 0

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- McCall Foundation Policy 115.233
- The Resident Brochure: Guide To PREA: Prevent, Detect, Respond to Sexual Abuse & Harassment in Confinement Facilities (English)
- The Resident Brochure: Guide To PREA: Prevent, Detect, Respond to Sexual Abuse & Harassment in Confinement Facilities (Spanish)
- PREA Resident Intake and Orientation Form
- Zero-Tolerance Policy for Sexual Harassment and Sexual Abuse Acknowledgement
- Hotchkiss House Welcome Packet-Handbook (English)
- Hotchkiss House Welcome Packet-Handbook (Spanish)
- Hotchkiss House Visitors Pledge of Confidentiality Acknowledgment of Understanding and Agreement to Abide by the PREA Standards
- Hotchkiss House PREA Reporting Document
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

- Facility Reporting Notice
- Facility Grievance/PREA report Notice Form

Interviews:

- Program Case Manager-Intake Staff
- Agency Screening and Intake Coordinator
- Random Residents

A review of staff interviews and documentation indicated that during the intake process, residents receive information explaining the facility's zero- tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting such incidents, and information regarding the agency's policies and procedures for responding to such incidents.

During intake, residents are given the Program Welcome Packet Handbook. During orientation, additional PREA related information is provided. The additional information the residents receive is the Resident Brochure, the Zero-Tolerance Policy Acknowledgement Sign-off Form, and the PREA Reporting Document explaining how and to whom a resident can report abuse and harassment.

The staff conducting intake/orientation gives residents the opportunity to ask questions to clarify anything if they do not understand. Residents' acknowledgement statements were provided of receiving PREA information. All twelve (12) residents indicated receiving the above mentioned information on the first day of admission, if not in the first few hours of admission.

The program provides comprehensive education to residents on a monthly basis during group treatment by discussing PREA related information in person and regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. All residents at the program received and have been educated on PREA. Residents that transfer to the facility also receive the required PREA Education.

Resident interviews confirmed that the facility provides resident education in formats accessible to all residents, including those who are limited in English proficiency, deaf, visually impaired, disabled, as well as to residents who have limited reading skills. Staff and resident interviews reveal that the facility provides the PREA Education in English and Spanish, to include resident handbooks and posters.

The facility maintains documentation of resident participation in the education sessions by using the Resident sign in sheet. In addition to providing PREA education, the facility ensures that key information is continuously and readily available and visible to Residents through posters, Resident handbooks, and other written formats.

Per a review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmation by staff interviews the following has been recorded:

- The number of Residents admitted during past 12 months who were given this information at intake reported was 24.

- The number of Residents transferred from a different community confinement facility, during the past 12 months who received refresher information was 24.

Interview Results:

- The Program Case Manager staff indicated that during orientation all residents, to include transfers from other facilities, are educated on the zero tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment. In general this information is given during the intake process and is given on the date of admission. The Case Manager also gives each resident information regarding outside counseling services and resident reporting to local law enforcement.

- Twelve (12) out of twelve (12) residents interviewed stated that when they first came to this facility they received information regarding facility rules against sexual abuse and harassment.

- All twelve (12) residents were interviewed using the following statement, when you came to this facility, were you told about:

- Your right to not be sexually abused or sexually harassed, all resident answered yes.
- How to report sexual abuse or sexual harassment, all residents answered yes, they were told.
- Your right not to be punished for reporting sexual abuse or sexual harassment, all answered yes, they were told.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

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

115.234 (b)

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

- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]
 Yes No NA

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Policy 115.234
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- DMHAS Site Visit Monitoring Tool and Report dated 6/15/17

Interviews:

- Agency Designee- Executive Director
- Agency PREA Coordinator
- Program Director

The McCall Center for Behavioral Health Policy 115.234 indicates the McCall Center does not conduct administrative or criminal investigations of sexual abuse or sexual harassment. All administrative investigations are conducted by the Court Support Services Division (CSSD.) All criminal investigations of

sexual abuse and/or sexual harassment will be conducted by the local law enforcement agency, Torrington Police Department, and-if warranted- the Connecticut State Police. The Torrington Police Department, Detective Bureau is responsible for investigating sexual assaults of both children and adults and these cases are investigated by specially trained detectives.

Interviews with the Agency Executive Director, PREA Coordinator, and Program Director indicated that the McCall Center for Behavioral Health does not conduct administrative and criminal investigations. Administrative investigations are conducted by CSSD and criminal investigations are conducted by the Torrington Police Department (TPD). Based on the successful working relationship McCall Center has with local stakeholders including CSSD and the TPD, Agency staff will cooperate with outside investigators and remain informed about the progress and outcome of the investigation.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

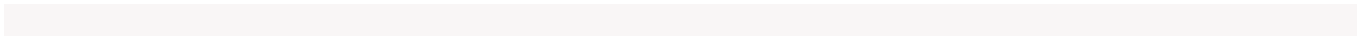
- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232?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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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



Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Policy 115.235
- PREA Mental Health Staff Training Acknowledgement Sheet
- National Institute of Corrections Certificates.

Interviews:

- Agency PREA Coordinator
- Program Director
- Agency Director of Outpatient Services

The McCall Center for Behavioral Health Policy 115.235 indicates that although the Agency does not have mental health practitioners or medical staff, the agency shall ensure that all staff who work regularly in its’ facilities have been trained. The agency does not employ full or part time medical practitioners; therefore, it does not conduct forensic examinations. The local hospital conducts all emergency care or treatment to include “Sexual Assault Forensic Examinations”. The examiners from the local hospital, Charlotte Hungerford Hospital are qualified SAFE and SANE practitioners who comply with the National Protocol for Sexual Assault Medical Forensic Examinations.

Over the past twelve months, the McCall Center has eleven (11) mental health practitioners who work regularly to provide mental health and substance abuse services residents at the Hotchkiss House. Mental health practitioners shall receive the training mandated for employees under 115.231, depending upon the practitioner's status at the agency. However, most of the mental health staff did not have the required training. After the onsite visit, all mental health practitioners were trained using the program's PREA Training Standards for Community Confinement Facilities Power Point Presentation used in standard 115.231 staff training for all agency staff. The mental health practitioners completed the National Institute of Corrections online course, PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. The Agency PREA Coordinator sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the program is in full compliance with this standard.

Interview Results:

- Interviewed PREA Coordinator, Program Director, and Agency Director of Outpatient Services confirmed the agency does not have hired medical staff. Residents with medical conditions are treated at local clinics and hospital. Interviews indicated the need for mental health PR actioners training and confirmed training completion.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Policy 115.241
- Victim or Predator Assessment Tool
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Agency Database System

Interviews:

- Agency PREA Coordinator
- Program Director
- Program Case Manager
- Agency Screening and Intake Coordinator
- Random Staff
- Random Residents

The facility assesses all residents during intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents. The intake screening includes residents who transfer from other prisons or jails or from the community.

The interview with the Agency Screening and Intake Coordinator indicated that residents are interviewed during an initial telephone conference to determine the resident’s acceptance and appropriateness for placement at the Hotchkiss House. The Assessment Tool is administered along with questionnaires and other relevant information available at that time. After the initial interview is completed and the resident is accepted and admitted to the program, the Program Case Manager begins the intake and orientation process to include the Assessment Tool. A documentation and file review revealed that intake screenings are taking place within 72 hours of arrival at the program. In addition, during intake screening, procedures require the staff to review available documentation (judgment and sentence, commitment orders, criminal records, investigation reports, field and medical files) for any indication that a resident has a history of sexually aggressive behavior. Housing assignments are made accordingly. The facility uses an objective screening instrument.

Staff interviews with the Agency Screening and Intake Coordinator and Program Case Manager and documentation reviews reveal that the Screening for Risk of Victimization and Abusiveness include the following:

- Whether the resident has a mental, physical, or developmental disability;
- The age of the Resident;
- The physical build of the Resident;
- Whether the Resident has previously been incarcerated;
- Whether the Resident’s criminal history is exclusively nonviolent;
- Whether the Resident has prior convictions for sex offenses against an adult or child;
- Whether the Resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;

- Whether the Resident has previously experienced sexual victimization;
- The Resident's own perception of vulnerability.

Staff interviews for conducting Screening for Risk of Victimization and Abusiveness indicated that the facility uses an objective Screening Instrument to document this process. At admissions, the Assessment Tool is completed by the Program Case Manager using the Agency database and the results of the assessment are documented and placed in the resident social file. The result is whether the resident is vulnerable or sexually aggressive.

Interviews and documentation reviewed indicated that the Program Case Manager reassesses the residents' risk level for sexual victimization or sexual abusiveness whenever warranted and within 30 days of arrival at the institution. Other factors that may prompt a reassessment include if the resident is identified at risk for victimization or for being at risk for being sexually abusive; if there is a referral, a request, or an incident of sexual abuse; or if additional information is received that bears on the resident's risk of sexual victimization or abusiveness. Residents are not disciplined for refusing to answer or for not disclosing complete information in response to any questions as stated in section (d).

The agency implements 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 as described above. Access to residents' Assessment Form on the Agency's database is restricted to the PREA Coordinator, Program Director, Screening and Intake Coordinator and Program Case Manager.

Per a review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmation by staff interviews the following has been recorded:

- The number of Residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexually victimization or risk of sexually abusing other Residents with 72 hours of their entry into the facility was 24.
- In the past 12 months, the number of residents entering the facility (either through intake or transfer) (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was 24.

Interview Results:

- Interview staff indicated that the PREA Coordinator, Program Director, Screening and Intake Coordinator and Program Case Manager have access to residents risk assessment in order to protect sensitive information from exploitation.
- Interviewed staff indicated that the initial risk screening assessment considers all the requirements listed in this standard.
- Interviewed staff indicated that the process for conducting the initial screening is a checklist and a written format.

- Interviewed staff indicated that the staff does reassess a resident's risk level as needed due to referrals, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

- Twelve (12) residents were asked, when you first came to this facility, do you remember whether you were asked any questions like:

- o Whether you have been in jail or prison before, ten (10) out of ten (12) answered "yes."
- o Whether you have ever reported to authorities sexual abuse or harassment, twelve (12) out of twelve (12) answered "no."
- o Whether you identify with being gay, lesbian, or bisexual, twelve answered "no."
- o Whether you think you might be in danger of sexual abuse at this facility, ten (10) out of ten (10) answered "no."

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Policy 115.242
- Victim or Predator Assessment Tool
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Agency Database System
- Resident Bed/Housing Placement List

Interviews:

- Agency PREA Coordinator
- Facility Case Manager
- Agency Screening and Intake Coordinator
- Program Director
- Random Residents

The Agency/facility uses the information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those residents at high risk for being sexually victimized from those at high risk of being sexually abusive. Individualized determinations about how to ensure the safety of each resident will be made according to staff interviewed.

The facility did not have any transgender or intersex Residents during the audit period. However, if the facility receives a transgender resident and in deciding whether to assign a transgender or intersex resident to which male living unit and in making other programming assignments, the facility will consider on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems.

Staff interviews with the Program Case Manager indicated that when making placement and programming assignments for each transgender or intersex resident the facility will reassess them at least twice each year to review any threats to safety experienced by the Resident. Staff interviews also indicated that if they were to have a transgender or intersex Resident, the Resident's own views with respect to his or her own safety will be given serious consideration. Transgender and intersex Residents will be given the opportunity to shower separately from other Residents.

Per a review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation was 0.
- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, treatment or special education services was 0.
- In the past 12 months, the average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization was 0.

Interview Results:

- The interviews with the PREA Coordinator, Program Director and Case Manager indicated that the facility will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units, or wings solely based on identification status for protecting such residents.

- Interviewed staff indicated that the facility is not subject to a consent decree, legal settlement, or legal judgment. Staff indicated that the facility ensures against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings solely on the basis of their sexual orientation, genital status, or gender identity. They specified that the facility will house these residents in the general population unless requested by the resident for special housing for safety issues.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No

- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- The Resident Brochure: Guide To PREA: Prevent, Detect, Respond to Sexual Abuse & Harassment in Confinement Facilities (English)
- The Resident Brochure: Guide To PREA: Prevent, Detect, Respond to Sexual Abuse & Harassment in Confinement Facilities (Spanish)
- PREA Posters
- PREA Incident Check Sheet-First Responder and Coordinated Response Plan
- McCall Center for Behavioral Health Policy 115.251
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Outgoing Message Notice to report PREA incidents

- PREA Zero Tolerance and Reporting Information Document
- PREA Reporting to Agency Representative Form
- Hotchkiss House Welcome Packet Handbook
- Reporting Notice Posted on the Agency's website
- Facility Reporting Notice
- Facility Grievance/PREA report Notice Form
- Susan B. Anthony Project Reporting Notice
- Hotchkiss House Reporting Telephone Numbers List

Interviews:

- PREA Coordinator
- Program Director
- Random Staff
- Random Residents
- Facility Case Manager

The McCall Center for Behavioral Health Policy 115.251 provides multiple ways for residents and staff to privately report sexual abuse and sexual harassment. The agency informs residents of at least one way to report to a public or private entity or office that is not part of the agency. During the intake process and during PREA related group meetings, residents are informed of the ways to report sexual abuse and harassment. Staff is informed of the PREA Coordinators and Managers telephone numbers for the purpose of privately reporting abuse or harassment of residents. Staff was trained on these procedures during PREA training.

Interviews with staff and documentation review indicated that the facility has established procedures allowing for multiple internal ways for residents to report privately to agency/facility officials regarding sexual abuse and sexual harassment, retaliation by other residents or staff, to include staff neglect or violation of responsibilities that may contributed to PREA incidents.

The follow are internal options:

- Grievance Process
- Tell the Case Manager
- Reporting to any staff member either verbally or in writing
- Call the Susan B. Anthony Project Reporting Notice Form
- Telephone the PREA Coordinator, Program Director, or Director of Outpatient Services
- Writing a Resident request
- Writing an anonymous note

Interviews with staff and documentation indicated that the facility has established at least one way for Residents to report abuse or harassment to a public or private entity that is not part of the agency and that they can receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the Resident to remain anonymous upon request. The following are external reporting ways:

- Call the Susan B. Anthony Project Reporting Notice Form

- Call the Torrington Police Department
- Third Party Reporting by telling a family member, attorney, or probation/parole officer

A review of the Pre-Audit Questionnaire / Community Confinement Facilities confirmed by staff interviews:

- In the past 12 months, the number of residents detained solely for civil immigration purposes was 0.
- In the past 12 months, the number of residents detained solely for civil immigration who were provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security was 0.

Interview Results:

- An interview with the Program Director indicated that the Hotchkiss House is tasked with the obligation to house adult male residents. The facility does not detain residents solely for civil immigration purposes. However, if they receive a resident solely for civil immigration purposes the facility will provide the resident with information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

- Eleven (11) out of eleven (11) interviewed staff indicated that they can privately report sexual abuse and sexual harassment of residents to their supervisor or use the PREA Hotline.

- Eleven (11) out of eleven (11) interviewed staff indicated that residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by using the PREA Hotline, completing a grievance, or telling a trusted staff. They also indicated that residents can report verbally, in writing, anonymously, and from third parties. Staff can promptly document any verbal reports of sexual abuse and sexual harassment and the agency provides a method for staff to privately report sexual abuse and sexual harassment of residents.

- Interviewed residents were asked, how would you report any sexual abuse or sexual harassment that happened to you or someone else? Twelve (12) out of twelve (12) residents stated several ways they would report, including telling a staff, using the hotline, passing a note, or filing a grievance.

- Interviewed residents were asked can you make reports of sexual abuse or sexual harassment either in person or in writing and could make a report without giving their names. Twelve (12) out of twelve (12) residents said “yes.”

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.252 (b)

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

115.252 (c)

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

115.252 (d)

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

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

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

115.252 (f)

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Policy 115.252
- Hotchkiss House Welcome Packet Handbook
- Grievance Box Notice

Interviews:

- o Agency Designee- Executive Director
- o PREA Coordinator
- o Program Director
- o Random Residents
- o Random Staff

The McCall Center for Behavioral Health and Hotchkiss House has an administrative process to address resident grievances regarding sexual abuse. The agency and program does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. A resident can submit a grievance any time regardless of when the incident is alleged to have occurred. The agency refrains from requiring a resident to use any informal grievance process or to otherwise attempt to resolve with staff for an alleged incident of sexual abuse. The agency ensures 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.

Third Parties:

1. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist the resident in filing requests for administrative remedies relating to allegations of sexual abuse, and also permitted to file requests on behalf of the resident.
2. If a third party files a request on behalf of a Resident, the facility will 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. If the resident declines to have the request processed on his behalf, the agency shall document the residents' decision.

Emergency Grievances:

1. The facility has established procedures for filing emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse.
2. According to interviews, when the facility receives an emergency grievance alleging a resident is at substantial risk of imminent sexual abuse, the staff immediately forwards the grievance for investigations. Resident's documentation indicated that the facility may discipline a Resident for filing a grievance related to alleged sexual abuse when the Resident filed the grievance in bad faith.
3. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency immediately forwards the grievance to both the PREA Coordinator and the Executive Director, who shall provide an initial response with 48 hours, and shall issue a final agency decision within five calendar days.
4. The agency may place the resident who is allegedly at substantial risk of imminent sexual abuse in another residential program during the investigation, or when the final decision has been made. A factor in deciding this would be if the resident who was at risk was feeling unsafe and made the request. This would be discussed with the Executive Director, PREA Coordinator, and the facility Program Director.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- In the past 12 months, the number of grievances filed that alleged sexual abuse reported was 0.
- In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed reported was 0
- The number of grievances alleging sexual abuse filed by Residents in the past 12 months in which the Resident declined third-party assistance, containing documentation of the Resident's decision to decline reported was 0.
- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was 0.
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was 0.
- In the past 12 months, the number of Resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the Resident for having filed the grievance in bad faith reported was 0.

Interview Results:

According to staff interviews, the facility does not require a resident to use any informal grievance process as it relates to PREA, or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse.

According to Staff Interviews, the facility ensures that:

1. Residents who allege sexual abuse submit the grievance without submitting it to a staff member who is involved in the allegation. Grievance forms can be obtained from the counselor or through the Program

Supervisor, Program Case Manager, or ask any staff members; they may mail it to the Executive Director and PREA Coordinator.

2. The grievance is not referred to a staff member who is involved in the allegation.
3. Staff interviews indicated that if a resident files a grievance, the facility issues a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Staff interviews indicated no grievances were filed for the past 12 months.
4. An interview with the PREA Coordinator and Program Director indicated that computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision.
5. The McCall Center and Hotchkiss House policy requires notifying the Resident in writing when the organization files for an extension, including notice of the date by which a decision will be made.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Memorandum of Understanding with Susan B. Anthony Project
- McCall Center for Behavioral Health Policy 115.253
- PREA Poster
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Agency PREA Coordinator
- Program Director
- Executive Director at Susan B. Anthony Project
- Random Residents

The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents the mailing address to the local Rape Crisis Center, the Susan B. Anthony Project. The facility provides residents with mailing addresses and telephone numbers including toll-free hotline numbers where available of local, state, or nation victim advocacy or rape crisis organizations and the information is available and posted in the facility. An interview with the Program Director and PREA Coordinator indicated that the facility is a private contract facility tasked with the obligation to house adult male residents. The program informs residents prior to them communicating with outside organizations that phone calls may be monitored and that reports of sexual abuse or sexual violence will be forwarded to authorities in accordance with mandatory reporting laws. Residents receive this information at the time of Intake as part of their Orientation.

Interview Results:

- Twelve (12) out of twelve (12) residents interviewed stated that they did know that there are services available outside of Hotchkiss House for dealing with sexual abuse, if they needed it.
- Twelve (12) out of twelve (12) residents interviewed stated that they think the PREA hotline numbers are free to call.
- Ten (10) out of twelve (12) residents interviewed stated when they are able to talk with people regarding services and the services remain private. One resident was not completely sure and the one resident did not know.
- Twelve (12) out of twelve (12) residents interviewed stated that they think the PREA hotline numbers are free to call.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Hotchkiss House PREA Incident Check Sheet
- McCall Center Behavioral Health Policy 115.254
- McCall Center Behavioral Health PREA Website
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- The Visitor Pledge and Acknowledgement to PREA

Interviews:

- Agency PREA Coordinator
- Executive Director
- Program Director

The program uses the McCall Center for Behavioral Health website page as their main method of third-party reporting of sexual abuse and sexual harassment. The agency has a dedicated confidential voicemail that anyone can call and leave a message regarding suspected sexual abuse and or sexual harassment. This voicemail is checked daily by the PREA Coordinator. This auditor tested the confidential voicemail system and the test was successful.

The public is made aware through the visitors pledge and acknowledgment information and form. Third party information is provided to all visitors regarding their family members who are incarcerated at Hotchkiss House by an agency website. If at any time a resident makes an allegation of being a victim of a sexual assault or sexual harassment and does not feel comfortable telling, writing, or using the posted hotline, the family member can make an official report of the Resident’s behalf by contacting the assigned staff. The Executive and Program Director stated that all sexual abuse or sexual harassment reports are done in a discreet manner to not compromise the safety and wellbeing of the resident.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary,

as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Hotchkiss House PREA Incident Check Sheet
- McCall Center Behavioral Health Policy 115.261
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- The Visitor Pledge and Acknowledgement to PREA

Interviews:

- Agency PREA Coordinator
- Program Director
- Random Staff
- Agency Director of Outpatient Services
- Facility Case Manager

Agency/Program policy requires staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency; retaliation against Residents or staff who reported the incident; as well as staff neglect or violation of responsibilities that contributed to the incident or retaliation. This policy information was confirmed by all staff interviews.

Agency/Program policy requires, apart from reporting to the designated supervisors or officials and designated state or local services, that; staff are prohibited from revealing any information related to a sexual abuse incident to anyone other than to make treatment, investigation, and other security and management decisions. When sexual abuse incidents occur at the facility, staff interviews indicated that the facility will report all allegations of sexual abuse and sexual harassment, including third-party, and anonymous reports, to the facility's designated investigators, the Executive Director, PREA Coordinator, and the Program Director.

Interview Results:

- All Hotchkiss House staff interviewed indicated that the program management required all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at the facility; retaliation against residents or staff who reported the incident, and any staff neglect or violation of responsibilities that may have contribute to an incident or retaliation. Staff was also aware of the facility procedure for reporting any information related to a resident sexual abuse allegation.

- Interviews with the PREA Coordinator and Program Director indicated that all allegations of sexual abuse and sexual harassment to include third party and anonymous sources are reported directly to the investigators.

- Interviewed Mental Health staff indicated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the incident. Unless otherwise precluded by Federal, State, or local law, mental health practitioners shall be required to report sexual abuse and to inform residents of the practitioner's duty to report, and the limitations of confidentiality at the initiation of services.

Standard 115.262: Agency protection duties**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.262 (a)**

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Hotchkiss House PREA Incident Check Sheet
- McCall Center Behavioral Health Policy 115.262
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Agency Designee-Executive Director
- Agency PREA Coordinator
- Program Director
- Random Staff
- Program Case Manager

When the facility learns that a Resident is at substantial risk of imminent sexual abuse, it takes immediate Action by separating the residents involved, modifying the resident's bed assignment, and consulting with the Court Support Service Program (CSSD) to transfer the victim or aggressor to another community confinement facility.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by random staff interviews:

- In the past 12 months, the number of times the agency or facility determined that a Resident was subject to a substantial risk of imminent sexual abuse reported was 0.

Interview Results:

- Interview with the PREA Coordinator, Program Director, and Case Manager indicated that when they learn that and resident is subject to a substantial risk of imminent sexual abuse, the facility separates the residents involved, modifies the residents bed assignment, and consult with the Court Support Service Program (CSSD) to transfer the victim or aggressor to another community confinement facility.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Hotchkiss House PREA Incident Check Sheet
- McCall Center for Behavioral Health Policy 115.263
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- o Agency Designee- Executive Director
- o Program Director
- o Random Staff

If the facility received an allegation that resident was sexually abused while confined at another facility, staff interviews indicated that program staff will notify the Program Director and the PREA Coordinator would notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The facility provided a process should they receive a report while a resident was confined at another facility. Upon receipt of a report from another confinement facility of sexual abuse allegations by a previous resident while at Hotchkiss House staff will follow all PREA investigation standards and policies. Staff interviews indicated that when receiving allegations reported from other facilities, they would complete an incident report and send for investigations.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- o During the past 12 months, the number of allegations the facility received that a Resident was abused while confined at another facility was 0.
- o During the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was 0.

Interview Results:

- Interview with the Program Manager indicated that when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment involving staff occurred at their facility, they would put that staff on no-contact. If it involves a resident they would monitor that resident until investigation is completed.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Hotchkiss House PREA Incident Check Sheet
- McCall Center for Behavioral Health Policy 115.264
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Hotchkiss House PREA Response Plan

Interviews:

- Agency PREA Coordinator
- Program Director
- Random Staff

All program staff are considered first responders. Upon learning of an allegation that a resident was sexually abused, the first staff responder shall contact the Program Director and PREA Coordinator and inform them of the allegation. Staff training records confirm all program staff have received and acknowledged receipt of the first responder duties. The first staff to respond will separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, (if the abuse occurred within a time period that still allows for the collection of physical evidence), request that the alleged victim and ensure the abuser do not take any actions that could destroy physical evidence, (including as appropriate, washing brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating), and immediately notify medical and mental health practitioners. Staff interviews indicated they are knowledgeable and on point with regards to first responder duties. Random staff were quick to point out the first responder duties list located in the Intake Case Manager Office to use as a reference when necessary.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- In the past 12 months, the number of allegations that a Resident was sexually abused was zero.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Hotchkiss House PREA Incident Check Sheet
- McCall Center for Behavioral Health Policy 115.266
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Hotchkiss House PREA Response Plan

Interviews:

- o PREA Coordinator
- o Program Director
- o Random Staff
- o Program Case Manager

The program has 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. The institutional plan is located in a folder in the Intake Case Managers Office for easy access and reference. The McCall Center for Behavioral Health Policy 115.265 states the roles and responsibilities- each staff member, supervisor, and administrator on duty will perform to ensure the victim’s safety and the preservation of evidence. Again, interviewed staff were aware of the location of the coordinated response plan located in the Intake Case Manager Office to use as a reference when necessary.

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- McCall Center for Behavioral Health Policy 115.266

Interviews:

- o Agency Designee- Executive Director
- o PREA Coordinator
- o Program Director

Staff interviews with the Agency Executive Director, PREA Coordinator, and the Program Director and documentation indicated that the Agency and program do not belong to a collective bargaining union.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Policy 115.267
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Retaliation Monitoring Form

Interviews:

- Agency PREA Coordinator
- Agency Designee- Executive Director
- Program Director

The facility prohibits retaliatory behavior by Residents or staff in regards to the reporting of sexual abuse, sexual harassment, or cooperation with investigators as it relates PREA related incidents and allegations. Resident rights documentation and staff policy establishes expected conduct. The PREA Coordinator and Program Director are responsible for monitoring retaliation.

The facility has several protection and reporting measures for residents. They can utilize the "Grievance Box" to document retaliatory acts or other PREA related concerns and issues. The process is over seen by the Program Director who works in concert with the PREA Coordinator to ensure privacy and policy compliance. The Program Case Manager with supervisory approval by the Executive Director and consultation with the PREA Coordinator has the option to change resident housing or transfer resident victims or abusers, to remove alleged staff or resident abusers from contact with victims, and to provide emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The facility reported that there is no retaliation for this audit reporting period. However, if the facility were to have issues with retaliation the policy will guide them on this standard. For example, for at least 90 days following a report of sexual abuse, the facility monitors the conduct and treatment of Residents or staff

who reported the sexual abuse and 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, and act promptly to remedy any retaliation. Items the facility should monitor include Resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility continues monitoring beyond 90 days if the initial monitoring indicates a continuing need.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- The number of times an incident of retaliation occurred in the past 12 months was 0.

Interview Results

- Interviewed staff indicated that when preventing retaliation against residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations, they have the ability to change resident housing or transfers a resident, remove the alleged abusers, and refer resident to counseling for services. When preventing retaliation against staff, they would change the staff shift or change the staff work details.

- Interviewed staff indicated that they will monitor the resident at least weekly. However, this process would end around 90 days.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Policy 115.271
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Agency Designee-Executive Director
- PREA Coordinator

- Program Director

The McCall Center does not conduct administrative or criminal investigations; however, it will respond to all reports of sexual abuse and sexual harassment promptly, thoroughly, and objectively - including third party and anonymous reports. The McCall Center procedures indicate that administrative investigations are conducted by the Court Support Services Division. Criminal investigations of sexual abuse and harassment will be conducted by the local law enforcement agency, Torrington Police Department and, if warranted, the Connecticut State Police. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- The number of substantiated allegations of conduct that appears to be criminal that were referred for prosecution since the last PREA audit was 0.

Interview Results:

- Interviews with the Executive Director, PREA Coordinator, Program Director indicated that the agency or program does not conduct administrative or criminal investigations therefore the standard is not applicable.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Policy 115.272
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- o Agency Designee-Executive Director
- o PREA Coordinator
- o Program Director

The McCall Center for Behavioral Health does not conduct administrative investigations, therefore no standard higher than a preponderance of the evidence.

Interview Results:

Interviews with the Executive Director, PREA Coordinator, and Program Director confirm the agency or program does not conduct administrative investigations nor determine evidentiary standards.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Policy 115.273
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Resident Reporting Form

Interviews:

- o PREA Coordinator
- o Program Director

Following a resident's allegation that a staff member has committed sexual abuse against the Resident, the facility will subsequently notify the Resident (unless the allegation has been determined to be unfounded or unsubstantiated) when 1) the staff member is no longer posted in the resident's unit; 2) the staff member is no longer employed at the facility; 3) the facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4) the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following a resident's allegation that he has been sexually abused by another resident, the agency will 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. All notifications are documented and the program has a designated form to submit to the resident in order to inform them of the outcome. The facility's obligation to report under this standard terminates if the alleged victim is released from the Department's custody. When the facility notifies residents, it is done verbally and documented.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- o The number of criminal and/or administrative investigations of alleged Resident sexual abuse that were completed by the agency/facility in the past 12 months was 0.
- o Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of Residents who were notified, verbally or in writing, of the results of the investigation was 0.
- o The number of investigations of alleged Resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was 0.
- o Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of Residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was 0.
- o In the past 12 months, the number of notifications to Residents that were provided pursuant to this standard was 0.

Interview Results

- Interviews with the PREA Coordinator and Program Director indicated that the program notifies residents both verbally and in writing, who make an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Policy 115.276
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- o PREA Coordinator
- o Program Director

The McCall Center will inform and collaborate with CSSD in the matter of staff violation of agency sexual abuse or sexual harassment policies. In addition, staff shall be subject to disciplinary sanctions up to and including termination for violating agency Resident sexual abuse and/or harassment policies. The Directive indicates that termination is the presumptive disciplinary sanction for a staff member who has been found to have engaged in sexual abuse. All terminations for violations of agency resident sexual abuse or harassment policies or resignations by staff who would have been terminated but for their resignation will be reported to law enforcement agencies- unless the activity was clearly not criminal- and to any relevant licensing bodies.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- o In the past 12 months, the number of staff from the facility who has violated agency sexual abuse or sexual harassment policies was 0.
- o In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was 1.
- o In the past 12 months, the number of staff from the facility who has been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported were 0.
- o In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies reported was 0.

Interview Results

- Interviews with the Executive Director, Director of Operations, PREA Coordinator, and Program Director confirmed staff violating agency sexual abuse policies will be disciplined and that termination is the presumptive action and referral for prosecution where indicated.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Policy 115.277
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- o PREA Coordinator
- o Program Director
- o Director of Operations

The Agency/Facility identifies sanctions for contractors, vendors and volunteers which specify that those who engage in sexual abuse will be prohibited from contact with Residents and will be reported to law enforcement agencies- unless the activity was clearly not criminal and to relevant licensing bodies (Department of Mental Health and Addictions Services and the CSSD). The facility will take appropriate remedial measures and will consider whether to prohibit further contact with Residents, including in the case of any other violation of the Agency's resident sexual abuse or sexual harassment policies by a contractor or volunteer.

Over the past twelve months, the McCall Center did not use contractors or volunteers to provide services to residents. Should the McCall Center decide to use volunteers and contractors, they will be advised during their orientation that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and will be reported to law enforcement agencies- unless the activity was clearly not criminal and to relevant licensing bodies. There have been no violations of the agency's sexual abuse policies by any contractor or volunteer during the past twelve months.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- In the past 12 months, the number of volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was 0.
- In the past 12 months, the number of contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of a resident was 0.

Interviews with staff confirm that at the present time the program does not use contractors or volunteers for services or require them to have contact with residents.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Policy 115.278
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Hotchkiss House Welcome Packet Handbook

Interviews:

- PREA Coordinator
- Executive Director
- Agency Director of Outpatient Services

The Agency has a resident disciplinary process when a resident is subject to a disciplinary sanction following an administrative finding that the resident engaged in resident-on-resident sexual abuse and following a criminal finding of guilt for resident-on-resident sexual abuse. The disciplinary process allows sanctions to 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 within the facility.

The resident Discipline Process considers whether a resident’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. The facility offers counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse. The facility also considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

Staff interviews indicated that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, if an investigation does not establish evidence sufficient to substantiate the allegation.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- In the past 12 months, the number of administrative findings of Resident-on-Resident sexual abuse that have occurred at the facility was 0.
- In the past 12 months, the number of criminal findings of guilt for Resident-on-Resident sexual abuse that have occurred at the facility was 0.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by

medical and mental health practitioners according to their professional judgment?

Yes No

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Hotchkiss House PREA Incident Check Sheet
- McCall Center for Behavioral Health Policy 115.282
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- State of Connecticut Technical Guidelines for Health Care Response To Victims of Sexual Assault

Interviews:

- PREA Coordinator
- Program Director
- Random Staff
- Agency Director of Outpatient Services
- Vice President of Operation at Charlotte Hungerford Hospital
- Executive Director for Susan B. Anthony Project

The Agency policy requires that 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. If no qualified medical or mental health practitioners are on duty at the time a report of abuse occurs, the staff first responder takes preliminary steps to protect the victim and immediately notify the appropriate medical and mental health staff.

Resident victims of sexual abuse while incarcerated are 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. The facility is to offer prophylactic treatment and follow-up for sexually transmitted and other communicable diseases to all victims, as appropriate.

Treatment services are 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. Emergency medical care services would take place at the local certified hospital, Charlotte Hungerford Hospital and emergency mental health care services could be provided immediately with McCall Center mental health clinicians until services could be provided by the Susan B. Anthony Project.

Interview Results

- Interviewed staff describes the following actions they would take as a first responder: Separate the alleged victim and abuser, preserve and protect evidence on the victim, abuser, and the location where the incident occurred.
- Interviewed staff indicated that they would ask the alleged victim and abuser not to take any actions that could destroy physical evidence; washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating, etc.
- Interviewed staff indicated that they would immediately notify their supervisor.
- Interviewed Medical and Mental Health Care staff indicated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services from the local hospital.

- Interviewed Medical and Mental Health Care staff indicated that evaluation and treatment of residents who have been victimized entail follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Policy 115.283
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- State of Connecticut Technical Guidelines for Health Care Response To Victims of Sexual Assault
- Hotchkiss House PREA Incident Check Sheet

Interviews:

- PREA Coordinator
- Program Director
- Random Staff
- Agency Director of Outpatient Services
- Vice President of Operation at Charlotte Hungerford Hospital
- Executive Director for Susan B. Anthony Project

The Agency/Program offers medical/mental health evaluation and, provides services to all residents who have been victimized by sexual abuse through outside services. The McCall Center offers medical and mental health evaluations and connects residents with the Charlotte Hungerford Hospital and the Susan B. Anthony Project.

Staff interviews indicated that evaluations of and services for victims include follow-up services, referrals for continued care following resident's transfer to, or placement in, other facilities, or their release from custody. The facility provides victims with medical/mental health services consistent with the community level of care.

Staff interviews indicated that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate through outside services. The Agency/Facility requires treatment services to be provided to victims without financial cost. The facility conducts a medical/mental health evaluation of resident-on-resident abusers upon learning of abuse history and offer treatment. If the resident reports history of sexual abuse or abusiveness appears at risk for victimization, security and case management are notified.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Policy 115.286
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Incident Review Report

Interviews:

- Agency PREA Coordinator
- Executive Director
- Program Director
- Incident Review Team

- Agency Director of Outpatient Services

The Agency requires each facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded. The review will occur within 30 days at the conclusion of every sexual abuse allegation that is deemed substantiated or unsubstantiated; the McCall Center PREA Committee will review the investigation process, conclusions, and outcomes. The review team will include upper-level management officials, the Executive Director, Clinical Director, Quality Assurance Director (PREA Coordinator), Program Director, Director of Special Services, and Operations Director; The PREA Committee will obtain information and input from line supervisors, investigators and medical or mental health practitioners. The McCall Center documents the sexual abuse incident review in the written report. All team reviews will include recommendations and implementation, (if any) and reasons for not doing so. The report is submitted to the PREA Coordinator and Executive Director.

The review team is required to consider and complete the following:

- 1) Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
- 2) Whether the incident or allegation was motivated by race, ethnicity, gang affiliation, gender identity, status or perceived status as lesbian, gay, bisexual or intersex, or was motivated or caused by other group dynamics at the facility;
- 3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- 4) Asses the adequacy of staffing levels in that area during different shifts;
- 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility- excluding only “unfounded” incidents- was 0.
- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding- only “unfounded” incidents-was 0.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations

- 2017 Survey of Sexual Victimization, Adult Residential Facilities
- McCall Center for Behavioral Health Policy 115.287
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Executive Director
- PREA Coordinator
- Program Director

The Agency/Facility collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions as required by Agency policy. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

Agency aggregates the incident-based sexual abuse data at least annually and generates a comprehensive and informative annual report. The Agency and Program are required by policy to maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. The agency aggregated incident-based sexual abuse data at least annually. Upon request, the agency will provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Standard 115.288: Data review for corrective action**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.288 (a)**

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Hotchkiss House PREA Annual Report 2017
- McCall Center for Behavioral Health Policy 115.288
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Executive Director
- PREA Coordinator
- Program Director

The Agency and the Facility review data collected and aggregated pursuant to § 115.87 to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training- including identifying problem areas and taking corrective action on an ongoing basis. Interviews reveal that the Agency prepares an annual report of its findings and corrective action that includes the facility and the agency.

The report includes a comparison of the current year's data with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The report is approved by the agency head and made readily available to the public through its website.

The Agency redacts specific material from the reports that would present a clear and specific threat to the safety and security of a facility.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Policy 115.289
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Executive Director
- PREA Coordinator
- Program Director

The Agency aggregated sexual abuse data from the facility under its direct control is made readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available the Agency removes all personal identifiers. The agency maintains sexual abuse data collected for at least 10 years after the date of initial collection. Data collected is securely retained.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- PREA Annual Report 2017
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- o PREA Coordinator

Interview Results:

- Interview with Agency PREA Coordinator and agency website has indicated that the agency has conducted the required PREA Audits every year. The agency has ensured that at least one-third of each type is audited.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- McCall Center for Behavioral Health Website
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- o Agency PREA Coordinator

Interview Results:

Interview with Agency PREA Coordinator and a review of the agency website indicated that the agency has made publicly available all PREA audits as required by standard.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the

agency under review, and

- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

J. Aaron Keech

August 4, 2018

Auditor Signature

Date

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

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