

**PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES**

Date of report: 11 July 2016

Auditor Information			
Auditor name: Thomas Donahue			
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Telephone number: (860) 841-0416			
Date of facility visit: 7 June 2016			
Facility Information			
Facility name: Cheney House			
Facility physical address: 155 Wethersfield Avenue Hartford, CT 06002			
Facility mailing address: SAA			
Facility telephone number: (860) 254-1774			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center		<input type="checkbox"/> Community-based confinement facility
	<input type="checkbox"/> Halfway house		<input type="checkbox"/> Mental health facility
	<input type="checkbox"/> Alcohol or drug rehabilitation center		<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Michael Beaudry			
Number of staff assigned to the facility in the last 12 months: Fourteen			
Designed facility capacity: Sixty-Seven			
Current population of facility: Sixty-Seven			
Facility security levels/inmate custody levels: Level One/Level One			
Age range of the population: 18 – 65 yrs.			
Name of PREA Compliance Manager: Michael Beaudry		Title: Program Director	
Email address: mbeaudry@csimail.org		Telephone number: (860) 524-7114	
Agency Information			
Name of agency: Community Solutions Inc.			
Governing authority or parent agency: SAA			
Physical address: 340 West Newberry Rd., Bloomfield, CT 06002			
Mailing address: SAA			
Telephone number: (860) 683-7100			
Agency Chief Executive Officer			
Name: Robert Pidgeon		Title: President/CEO	
Email address: bpidgeon@csimail.org		Telephone number: (860) 683-7100	
Agency-Wide PREA Coordinator			
Name: Kristen Cappilletti		Title: PREA Coordinator	
Email address: kcappilletti@csimail.org		Telephone number: (860) 683-7100	

AUDIT FINDINGS

NARRATIVE

A PREA Audit was conducted at the Community Solutions Inc., Cheyney House, in Hartford, CT on 07 June, 2016. The Cheyney House is Residential Work Release House for adult males and part of Community Solutions Incorporated (CSI). The two persons conducting the audit were Thomas Donahue (certified PREA Auditor employed by Sparks Security) and Todd Sturgeon (Vice President Operations for Sparks Security). Interviewed was Sherry Albert as designee Agency Head, Lyndsey McLaughlin, Human Resources Director, and Kristen Cappilletti as PREA Coordinator, Retaliation Monitor (in conjunction with the Program Director), Agency Wide PREA Investigator and Incident Review Team Member. Michael Beaudry is the Program Director and was interviewed in that capacity as well as Retaliation Monitor and Incident Review Team member. During the six weeks prior to the audit, a comprehensive review was conducted of Agency policy and procedures.

Facility Director Michael Beaudry and PREA Coordinator Kristen Cappilletti greeted us, introduced us to staff, and proceeded to give us a tour of the Cheyney House.

The audit team interviewed approximately twelve percent of the population, equal to seven random residents and one resident with a disability. The audit team also interviewed three random staff representing two of the three shifts. Additional staff interviewed included Intake staff, the Program Manager and Assistant Program Manager who were also interviewed in their other roles as Incident Review Team members and Retaliation Monitors. The facility does not employ medical or mental health staff, utilizing those services from the community. Cheyney House provided the audit team with two private locations to conduct interviews with both staff and residents. Interviews were conducted during the Day Watch. The staff interviewed was both articulate and knowledgeable on the subject of their duties and specifically those aspects of PREA that were of potential impact to their positions. The overall impression was one of a well-trained and professional work force.

Cheyney House serves the Connecticut Department of Correction (CTDOC) as a halfway house for adult male residents where they participate in a work-release program. Potential residents of the program are referred by the CTDOC Community Services Division. These referrals must meet the eligibility criteria for community release as established by the CTDOC. The average length of stay at Cheyney House is fifty-six days for individuals within thirty days of discharge from sentence or release to Parole or Transitional Supervision. Admission is only by CTDOC referral.

The Program emphasizes work release. All participants must be able to work and pay weekly room and board. As required, contributions are also made to the State's Victim's Compensation Fund. In-house substance abuse monitoring is conducted routinely.

The Cheyney House maintains a zero tolerance toward all forms of sexual abuse/harassment. Staff that become aware of or suspects sexual abuse or sexual harassment must report it immediately. Any incident determined to be a criminal matter will be reported to law enforcement. During the previous year, there were no sexual abuse or harassment allegations.

DESCRIPTION OF FACILITY CHARACTERISTICS



Located at 155 Wethersfield Avenue in Hartford, CT., Cheyney House is a converted apartment building dating to the 1950's and operates on three floors each with one main corridor. The first floor corridor is for staff offices, resident bedrooms, a resident recreation area, kitchen and dining service, and a house meeting room. The second floor is for resident bedrooms and other staff areas. The third floor is not in use by ordinance of the City of Hartford. The entire third floor is secured and monitored by camera and alarm. The only staffs with access to the third floor are the Program Director and Assistant Program Director. Anytime a door to the third floor is opened an alarm is triggered which sounds an audio alarm as well as an electronic indication in the computer in the main office. A small courtyard provides outdoor opportunity for sitting, walking the small area, or general relaxation. This area is also monitored by video surveillance.

Surveillance camera systems, located both in Director Beaudry's office and the main office, provide extensive monitoring of resident activity in the hallway areas. Video monitoring does not include bedrooms, toilet areas, or showers.

The bulletin boards affixed to the hallway walls contain pertinent information relative to PREA. The "PREA Auditor Notice" was clearly marked, with proper name and address, in a conspicuous place easily seen by all. PREA literature was clearly posted, as well as toll free telephone numbers to call for help. This information was confirmed by placing a telephone call from the main office to the CT Sexual Assault Crisis Service (CONNSACS). The call was answered and verification was obtained that their unit services the Cheyney House. Coin operated laundry facilities are on-site. Food service incorporates precooked food delivered from the CSI main kitchen located at another facility but operated under the auspices of a different CSI program. There are limited kitchen facilities on-site. Resident rooms were either two or three beds each. Each bed appeared to have its own dresser. Electrical service appeared to be adequate for television and other electronics owned by the residents as evidenced by the fact those items were plugged in and no extension cords or multi-outlets were in evidence. The building has a resident lounge/TV room. All furniture observed appeared to be in adequate condition appropriate for its intended use. Of special note was the camera system which had extensive coverage and was monitored from the Program Director's office on a flat screen monitor. Images

were sharp and in color and all cameras were operable and strategically positioned and aimed. These cameras are also amenable to off-premises monitoring. Outside grounds were neat and well kept.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 0

Number of standards met: **36**

Number of standards not met: 0

Number of standards not applicable: **03**

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

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

The Cheyney House maintains a zero tolerance policy toward all forms of sexual assault, abuse and harassment. Governing policy is "ADULT WORK RELEASE Policy Manual," Section 38, subsection 12, "PREA," section 1 "Policy" which describes the agency's zero tolerance policy. The "ADULT WORK RELEASE Policy Manual" defines what PREA is, the actions of the PREA Coordinator, staff responsibilities for monitoring, response plan, referrals and investigation protocols. The agency has designated an upper-level, agency-wide PREA coordinator, with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.212 Contracting with other entities for the confinement of residents

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

The Cheyney House is not a "public agency" as stipulated in the standard, thus the standard is determined to be "**Not Applicable**" to the Cheyney House.

Standard 115.213 Supervision and monitoring

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

The Cheyney House has an "Annual Community Program Staffing Schedule." This documents staff deployment over all shifts for all staff. "ADULT WORK RELEASE Policy Manual," Section 4 "Prevention Planning", subsection B "Staffing Plan" dictates that the program is not permitted to deviate from authorized deployment levels, even if it results in management having to fill vacant slots. The annual security review shows that the facility does perform annual reviews of the requisite areas mandated in the standard. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.215 Limits to cross-gender viewing and searches

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

The Cheyney House does not conduct cross-gender, or any other type of strip search; such searches are prohibited by policy except in exigent circumstances. There have been no instances of a strip search occurring at the Cheyney House. This was also verified through staff and resident interviews. The facility does not accept female residents. Training provided to all staff covers a policy prohibition against conducting any kind of search of a transgender or intersex resident for the sole purpose of determining genital status. Training provided to all staff covers the methods and manner of how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Training attendance was verified through inspection of training logs and sign-in sheets. Curriculum was contained in "PREA Standards Training Cheyney House" slide #25 and 26 power point presentation. Governing policy includes the "ADULT WORK RELEASE Policy Manual," Section 4 "Prevention Planning", subsection C "Cross Gender Viewing and Searches". The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

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

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

Governing policy includes the "ADULT WORK RELEASE Policy Manual," section 4, Subsection D "Residents with Disabilities and Residents That Are Limited English Proficient" which states that residents with disabilities and/or limited English proficiency will have every opportunity to participate in all aspects of sexual abuse and sexual harassment prevention, detection and response. That same policy prohibits the utilization of resident interpreters, readers, or assistants in matters involving PREA issues. Interpretive services are available through the CTDOC and may be accessed via telephone. Education of residents is accomplished via CSI PREA Brochure (published in English and Spanish). It must be noted that, as a work release center, the Cheyney House does not accept significantly disabled residents. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.217 Hiring and promotion decisions

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

“ADULT WORK RELEASE Policy Manual”, Section 4, “Prevention Planning”, Subsection E, “Hiring and Promotion Decisions”, “CSI Services Employee Interview PREA Questions” serve to show that the agency takes significant steps to ensure that they do not hire staff or contractors or promote anyone who may have contact with residents who has any history of having 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) or 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 has been civilly or administratively adjudicated to have engaged in the activity described above. It is also evident from review of these documents and interviews conducted with the Human Resources Director that the agency considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Sub-section E-1 “Hiring and Promotion Decisions” of the same policy previously noted stipulates the policy mandating five-year background checks conducted on current employees. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

Standard 115.218 Upgrades to facilities and technologies

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

The Cheyney House has not acquired any new facilities within the reporting period. The Cheyney House has installed a video monitoring system within the reporting period. “ADULT WORK RELEASE Policy Manual” section 4, “Prevention Planning”, Sub-section F, “Upgrades to Facilities and Technology” mandates that, when the aforementioned activities occur, the agency will consider the effect of the design in protecting residents from sexual abuse. Tours of the facility showed that the installed video monitoring technology shows compliance with said policy. The video surveillance is transmitted to large flat screen color monitors located in the supervisor areas. Images were crisp and clear and the cameras were placed in a well-conceived and planned pattern. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

Standard 115.221 Evidence protocol and forensic medical examinations

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

Relevant documentation reviewed includes a memorandum to the Chief of Police, Hartford Police Department, Hartford, CT acknowledging their receipt of a written notice from the Cheyney House informing them of the requirements of 115.221 as they pertain to evidence protocol and forensic medical examinations resulting from incidents alleged to occur in the Cheyney House. The Cheyney House does not accept youthful residents as defined in PREA standards. SAFE/SANE examinations are conducted at Saint Francis Hospital, Hartford, CT or at UCONN Medical Center, Farmington, CT at no cost to the victim. This is affirmed in the "ADULT WORK RELEASE Policy Manual," section 11, "Medical, and Mental Health Care." The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

Cheyney House does maintain policies which mandate that all reported incidents of sexual assault/abuse will be immediately reported to Hartford Police Department for investigation. Said policy further states that the PREA Coordinator shall ensure any report of sexual assault/abuse or harassment, determined to be non-criminal by law enforcement will be administratively investigated. Governing policy is "ADULT WORK RELEASE Policy Manual" section 8, "Official Response Following Resident Report" and section 9 "Investigations". There have been no such incidents or allegations made during the reporting period, thus there is no sample documentation available for review. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.231 Employee Training

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

Cheyney House trains all employees who may have contact with residents on all of the requisite points as mandated in the standard. Governing standard is "ADULT WORK RELEASE Policy Manual" Section 6, "Training and Education" which mandates that, during employee orientation as well as annually, employees are trained on PREA policies and obligations. Review of the lesson plan contained in the

“PREA Standards Training Cheyney House” power point shows all required areas are covered. Sign-in sheets were reviewed showing that employees sign in and acknowledge the training received. Nearly one hundred percent (thirteen out of fourteen staff) of the Cheyney House work force has received their annual training and training is still ongoing. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

Standard 115.232 Volunteer and contractor training

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

Cheyney House has a policy in place to train contractors and volunteers in the form of “ADULT WORK RELEASE Policy Manual”, Section 6, “Training and Education”. That same policy mandates that, absent this training, no contractor or volunteer will be permitted contact with residents and will be escorted and supervised by staff at all times. In fact, there have been thirteen intern/volunteers and contractors utilized by the parent agency, CSI, all of which have received this training. Those contractors entering the house are limited to maintenance and clerical functions and are always under constant escort by staff. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

Standard 115.233 Resident Education

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

The Cheyney House ensures that residents receive information explaining the requisite subjects 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 and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Cheyney House is not a Direct Intake facility, in that all residents are transferred from other facilities and are subject to the intake procedures. All residents receive a handout entitled, “Sexual Assault Prevention for Residents.” They also receive a copy of the facility “Zero Tolerance Policy” and a “Resident Handbook,” both of which serve to provide the necessary education. The Cheyney House also provides resident education in formats accessible to all residents, including those who are limited English proficient, and deaf. Visually impaired or otherwise disabled residents are not accepted at Cheyney House, as this is a work release facility without provisions for those types of residents. Twelve resident files were reviewed and documentation of education was determined to be in order. Resident interviews further indicated a well-informed population with sufficient knowledge and understanding of their rights to be free from sexual abuse/harassment and how to report

such incidents should they occur. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be **“Meets Standard”** for this standard.

Standard 115.234 Specialized training: Investigations

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

Cheyney House does not conduct criminal investigations due to lack of jurisdiction. Administrative Investigations are completed by the Agency PREA Coordinator, Kristen Cappilletti in conjunction with the CTDOC Parole division. Investigator training and certification was provided and documented by the CTDOC PREA Coordinator, David McNeil and was consistent with the same level of training offered to CTDOC Investigators through the Moss Group and the PREA Resource Center entitled “Investigating Sexual Abuse in Confinement”. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be **“Meets Standard”** for this standard.

Standard 115.235 Specialized training: Medical and mental health care

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

The Cheyney House has no Medical or Mental Health staff that work regularly, or even occasionally, in their facility. All medical and mental health services are obtained at local hospitals, clinics or through the CT Department of Correction. The standard is determined to be **“Not Applicable”** to the Cheyney House.

Standard 115.241 Screening for risk of victimization and abusiveness

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

The Cheyney House subjects each arriving resident to an Intake screening in order to ascertain potential risk of sexual abuse by other residents or being sexually abusive toward other residents.

Intake screening occurs immediately upon arrival at the facility. The Case Manager accomplishes the Intake screening. The “PREA Screening Checklist” form is utilized to ensure that all of the requisite factors are evaluated, including; 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 is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; the intake screening also considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive; whether the resident has a serious and/or lengthy history of violent offenses; whether the resident has previously experienced sexual victimization; and the resident’s own perception of vulnerability. Per agreement with the CT Department of Correction, the Cheyney House does not accept any resident with a history of sexual offenses or misconduct. Per, “ADULT WORK RELEASE Policy Manual”, section 6, “Training and Education”, subsection F, “Screening for Risk of Victimization and Abusiveness” mandates that reassessment will occur on the thirtieth business day after arrival. Reassessment will be accomplished by the PREA Coordinator and noted in the resident’s case notes. In the event of any new information or any incident related to a resident’s safety or risk of victimization the Program Manager will conduct the reassessment and immediately take appropriate action to ensure the resident’s safety. This policy also states that residents will not be disciplined for refusing to answer, or discuss information related to mental/physical disability, sexual orientation, previous victimization, or a resident’s perception of vulnerability. All information gathered pursuant to intake screening and subsequent reassessment(s) is contained within the resident file that is restricted to Case Managers and Program Director access. A random review of twelve resident files showed intake screening and reassessments were occurring as mandated by policy. During interviews, all of the residents stated they were asked the questions listed on the PREA Screening Checklist upon intake to the facility. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

Standard 115.242 Use of screening information

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

Cheyney House uses information from risk screening to assess housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. “ADULT WORK RELEASE Policy Manual”, section 6, “Training and Education”, subsection F, “Screening for Risk of Victimization and Abusiveness” states that upon obtaining any new information or incident related to safety or risk of victimization the PREA Coordinator will conduct a reassessment and take immediate action to ensure the safety of a potential victim. Subsection G, “Use of Screening Information” states that individual determinations will be made on a case-by-case basis utilizing the screening information. The “ADULT WORK RELEASE Policy Manual”, states that risk factors are considered in making housing and programming

assignments. During screening, the intake package is reviewed for indicators which would identify potential victims or predators. Cheyney House does not accept female residents. There were no transgender or intersex residents at the facility. There were no dedicated facilities, units, or wings solely for housing residents based on such identification or status. All showering is accomplished separately. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be **“Meets Standard”** for this standard.

Standard 115.251 Resident reporting

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

The Cheyney House provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents can report directly to staff, including to the Program Director, via written memo, verbally, anonymously, or from a third party to any staff member. Residents are permitted to retain cell phones and thus are able to contact facility administration, outside agencies, CT Department of Correction hotlines or law enforcement agencies telephonically. Since these are private phones, they are not monitored. In short, there are no limitations placed on residents or their ability to report issues of this sort. Reporting rights are outlined in the “ADULT WORK RELEASE Policy Manual” section 7, “Reporting”, subsection A, “Resident Reporting”; subsection B, “Staff Reporting”; PREA posters and flyers posted throughout the facility, and the “Resident Handbook”. Staff is mandated to document any verbal or third party reports immediately. Staff is permitted to report issues privately, as stated in the PREA Training power point lesson plan. During the interview process, both staff and residents were aware of the reporting policies as stated above. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be **“Meets Standard”** for this standard.

Standard 115.252 Exhaustion of administrative remedies

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

The Cheyney House does not have administrative procedures to address resident grievances regarding sexual abuse. Facility Grievance policy states that any issues related to sexual abuse will be handled as an Administrative Investigation rather than a Grievance. The standard is determined to be **“Not Applicable”** to the Cheyney House.

Standard 115.253 Resident access to outside confidential support services

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

“ADULT WORK RELEASE Policy Manual” Section 7, “Reporting”; subsection D, “Resident Access to Outside Confidential Support Services” mandates that the facility shall provide residents with contact information to outside victim advocates and support services. Since residents retain personal cell phones, contact is made in as confidential a manner as possible. Since these are private cell phones, the extent to which such communications will be monitored is non-existent. Cheyney House has entered into an MOU with CT Sexual Assault Crisis Services (CONNSACS) to provide these services and maintains copies of that agreement. Residents are not limited to that organization as they have the ability to contact anyone, anywhere. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

Standard 115.254 Third-party reporting

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

“ADULT WORK RELEASE Policy Manual” Section 7, “Reporting”; subsection D, “Resident Access to Outside Confidential Support Services” governs third party reporting of sexual abuse and harassment. The Cheyney House has the PREA poster prominently displayed throughout the facility in all resident occupied areas, with contact numbers for the CTDOC PREA Hotline, the CSP PREA Hotline, and the CT Sexual Assault Crisis Services (CONNSACS). Cheyney House has established a method to receive third-party reports of sexual abuse and sexual harassment by posting their phone number and email address on their publicly available web page as well as their stance of zero tolerance and mandatory reporting of sexual abuse and sexual harassment. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

Standard 115.261 Staff and agency reporting duties

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

Cheyney House requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The requirement is embodied within "ADULT WORK RELEASE Policy Manual" section 8, "Official Response Following Resident Report" subsection A, "Staff and Agency Reporting Duties". "PREA Standards Training" power point slides #80 and 81 document the requirement and training of staff to maintain confidentiality of information related to a sexual abuse report. Cheyney House does not have medical or mental health practitioners working in the facility. Cheyney House does not accept residents under the age of 18. Cheyney House mandates all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, be forwarded to the facility's Program Director. Staff members also indicated their knowledge and understanding of the reporting requirements during interviews. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.262 Agency protection duties

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

Cheyney House mandates that immediate action to protect the resident be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. This mandate is encompassed within "ADULT WORK RELEASE Policy Manual" section 8, "Official Response Following Resident Report" subsection B "Agency Protection Duties". There have been no such determinations within the reporting period. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.263 Reporting to other confinement facilities

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

“ADULT WORK RELEASE Policy Manual” section 8, “Official Response Following Resident Report” subsection C, “Reporting to Other Confinement Facilities” states that, upon receiving an allegation that an resident was sexually abused while confined at another facility, the Program Director shall notify the CTDOC Parole Office or the Federal Bureau of Prisons as applicable and the facility head of the facility from which the inmate arrived,. All residents accepted to Cheyney House arrive under the custody of the CTDOC Parole Office and arrive from a CTDOC facility or another halfway house but still under their custody. Policy mandates such notification shall be provided immediately after receiving the allegation and that such notification shall be documented. There have been no such incidents within the reporting period. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

Standard 115.264 Staff first responder duties

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

“ADULT WORK RELEASE Policy Manual” section 8, “Official Response Following Resident Report” subsection D “Staff First Responders” and subsection E “Coordinated Response” outline the responsibilities of first responder staff members. The Cheyney House also provides a “CSI PREA Incident Check Sheet” to ensure that all mandated requirements and processes are accomplished. Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: ensure the safety of the alleged victim from the alleged aggressor/ abuser; notify a supervisor, duty officer and program manager; identify, separate and secure the residents involved; ensure that the victim is not left alone; identify the crime scene; maintain the security and integrity of the crime scene. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, changing clothes, defecating, drinking, or eating. All staff members at the Cheyney House are “Security Staff” by definition. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

Standard 115.265 Coordinated response

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

Cheyney House maintains a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, investigators, and facility leadership. Said plan is delineated in "ADULT WORK RELEASE Policy Manual" section 8, "Official Response Following Resident Report" subsection D "Staff First Responders" and subsection E "Coordinated Response" and "CSI PREA Incident Check Sheet". The plan generally outlines the actions of the various personnel in order to achieve a unified and coordinated response. There have been no occasions requiring a coordinated response during the reporting period. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

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

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

The Cheyney House has not entered into or renewed any collective bargaining agreement or other agreement of any sort during this reporting period or at any other time that limits their ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

Standard 115.267 Agency protections against retaliation

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

The Cheyney House has established "ADULT WORK RELEASE Policy Manual" section 8, "Official Response Following Resident Report" subsection G, "Agency Protection Against Retaliation" 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 and to designate which staff members are charged with monitoring retaliation. Resident victims or abusers may be subject to transfer

or remand at the discretion of the CTDOC Parole Services. Alleged staff abusers would also be subject to removal from resident contact, again at the discretion of the CTDOC Parole Services. Emotional support services for residents are handled via MOU with CONNSACS. The Cheyney House Program Director/PREA Coordinator would monitor the conduct and treatment of residents or staff. During interview, the Program Director indicated that he would accomplish detection of retaliation by watching for isolation, mood changes, behaviors other than normal and different interactions between staff and residents. He also indicated that they would utilize other staff to gain information on issues of this nature. Monitoring would take place on individuals who reported the sexual abuse and/or who were reported to have suffered sexual abuse in order to detect changes that may suggest possible retaliation by residents or staff and would enable the administration to act promptly to remedy any such retaliation. Monitoring would continue for as long as those individuals were in the Cheyney House program. No such incidents of retaliation have ever occurred at the Cheyney House. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be **“Meets Standard”** for this standard.

Standard 115.271 Criminal and administrative agency investigations

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

The Cheyney House conducts its own administrative investigations into allegations of sexual abuse and sexual harassment in a prompt, thorough and objective manner for all allegations, including third-party and anonymous reports. Policy governing investigations is promulgated via “ADULT WORK RELEASE Policy Manual” sections 9, “Investigations”, subsection A, “Criminal and Administrative Agency Investigations”. Cheyney House has no authority to compel interviews. Cheyney House has no authority to mandate polygraph examination or other truth-telling devices for any reason. By policy standard investigation protocols are utilized for investigations. Written reports document investigative findings including whether staff actions or failures to act contributed to the incident. Issues of a criminal nature are investigated by the Hartford Police Department independently of the Cheyney House. A letter was sent to and acknowledged by the Hartford Police Department requesting that such investigations shall be conducted pursuant to the above requirements. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be **“Meets Standard”** for this standard.

Standard 115.272 Evidentiary standard for administrative investigations

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

The Cheyney House maintains a “preponderance of evidence” standard for administrative investigations as outlined in “ADULT WORK RELEASE Policy Manual” section 9 “Investigations” subsection B

“Evidentiary Standard for Administrative Investigations”. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be **“Meets Standard”** for this standard.

Standard 115.273 Reporting to residents

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

Cheyney House has never had an incident/investigation that would necessitate notification pursuant to this standard. Cheyney House does maintain a policy, “ADULT WORK RELEASE Policy Manual”, section 9, “Investigations”, subsection C “Reporting to Residents” and Section 10, “Discipline” subsection A “Discipline Sanctions for Staff” and subsection C “Discipline Sanctions for Residents” which encompass all aspects of the standard. Notification will be documented via incident report. Obviously, when an investigation is conducted by an outside law enforcement agency, that agency has no obligation to share the results thereof with the Cheyney House; however, a request for those results would be made and documented. It is noted that, under the current arrangement between the Cheyney House and the CTDOC Division of Parole, it is virtually inconceivable that a resident would still be housed at the Cheyney House by the time such an investigation was completed and notification became warranted, thus their obligation under this standard would be negated. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be **“Meets Standard”** for this standard.

Standard 115.276 Disciplinary sanctions for staff

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

“ADULT WORK RELEASE Policy Manual”, Section 10, “Discipline” subsection A “Discipline Sanctions for Staff” encompasses all aspects of the standard and stipulates that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. All allegations of violation of agency sexual abuse or sexual harassment policies would be referred to law enforcement agencies prior to any investigation on the part of the Cheyney House unless the activity was clearly not criminal. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be **“Meets Standard”** for this standard.

Standard 115.277 Corrective action for contractors and volunteers

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

Cheyney House maintains a policy applicable to this standard; “ADULT WORK RELEASE Policy Manual”, Section 10 “Discipline”, subsection B “Corrective Action for Contractors and Volunteers”. The policy encompasses all aspects of the standard. The Cheyney House volunteers/interns have all received the relevant training and there have been no relevant incidents or reported allegations and contractors are only permitted access to resident occupied areas while under direct staff escort. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

§ 115.278 Disciplinary sanctions for residents.

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

Cheyney House accepts inmates exclusively from the CTDOC. All inmates remain under the authority of the CTDOC while residing in the Cheyney House. CTDOC Administrative Directive 9.5, “Code of Penal Discipline” encompasses the pertinent portions of the applicable standard while prohibiting all sexual activity on the part of an inmate, this regardless of the circumstances under which that activity occurs. The Code of Penal Discipline classifies all sexual activity as a Class A offense. A charge of “Sexual Misconduct” would result in immediate removal from the Cheyney House and a return to a CTDOC where the disciplinary process would proceed. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

§ 115.282 Access to emergency medical and mental health services.

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

Cheyney House policy “ADULT WORK RELEASE Policy Manual” section 11, “Medical and Mental Health Care” mandates that inmates shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services without financial cost. Cheyney House does not maintain on-duty Medical and Mental Health Care staff. Emergency treatment would be handled at either Saint

Francis Hospital or UCONN Medical Center at the discretion of the CTDOC. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

§ 115. 283 Ongoing medical and mental health care for sexual abuse victims and abusers.

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

Cheyney House accepts inmates exclusively from the CTDOC. Inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility will be eligible for medical and mental health evaluation and, as appropriate, treatment from the CTDOC. The evaluation and treatment of such victims shall 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, this based upon determination by CMHC (Correctional Managed Health Care) which is the contracted medical provider for the CTDOC, consistent with the community level of care. 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. Cheyney House does not accept female inmates, nor does it accept any inmate with a history of sexual offenses or misconduct. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

§ 115. 286 Sexual abuse incident reviews.

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

Cheyney House policy, “ADULT WORK RELEASE Policy Manual” section 12, “Data Collection and Review” subsection A “Sexual Abuse Incident Reviews” mandates that the PREA Coordinator will conduct a sexual abuse incident review at the conclusion of all sexual abuse investigations, including where the allegation has not been substantiated. The review will be conducted by the PREA Coordinator with input from any staff members with pertinent information. There were no sexual abuse incidents reported at the Cheyney House during the past twelve months, thus there were no sexual abuse incident reviews conducted. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this standard.

§ 115. 287 Data collection.

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

Cheyney House policy, "ADULT WORK RELEASE Policy Manual" section 12, "Data Collection and Review" mandates that the Cheyney House will collect accurate, uniform data for every allegation of sexual abuse using the form "SSV-IA Survey of Sexual Victimization" published by the Department of Justice, Bureau of Justice Statistics. All sexual abuse data will be aggregated at least annually. Cheyney House will maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. To date, there have been no incidents of sexual abuse, thus there has been no data collected. The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

§ 115. 288 Data review for corrective action.

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

During the period for which records exist, Cheyney House has not had an incident of sexual abuse, thus there has been neither data collected nor any data to review nor any data to publish. The lack of data because of an absence of incidents is published on the Agency website Agency website <http://www.csi-online.org/pdf/2015%20CSI%20Annual%20PREA%20Report.pdf> .

The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be "**Meets Standard**" for this standard.

§ 115. 289 Data storage, publication, and destruction.

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

Cheyney House to date has never had an incident of sexual abuse, thus there has been no data collected, nor any data aggregated or published. "ADULT WORK RELEASE Policy Manual" section 12, "Data Collection and Review" subsection C "Data Collection, Storage, Publication, and Destruction" states that they will maintain records of all incidents related to incidents or allegations of sexual

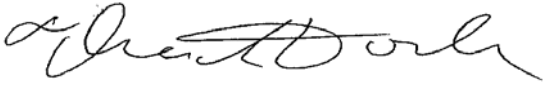
assault/abuse or harassment. Records will be maintained for ten years. As a result of an absence of incidents no data is published on the Agency website located at Agency website <http://www.csi-online.org/pdf/2015%20CSI%20Annual%20PREA%20Report.pdf> .

The Cheyney House complies in all material ways with the standard for the relevant review period and is determined to be “**Meets Standard**” for this 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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



11 July 2016

Auditor Signature

Date