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

☐ Interim  ☒ Final

Date of Report  10/06/2019

Auditor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sonya Love</td>
<td><a href="mailto:sonya.love57@outlook.com">sonya.love57@outlook.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Company Name</th>
<th></th>
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<tbody>
<tr>
<td>Diversified Consultant Services</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City, State, Zip</th>
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</thead>
<tbody>
<tr>
<td>P.O. Box 452</td>
<td>Blackshear, Georgia 31516</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
<th>Date of Facility Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>(678) 200-3446</td>
<td>Click or tap here to enter text.</td>
</tr>
</tbody>
</table>

Agency Information

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Governing Authority or Parent Agency (If Applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Solutions, Inc.</td>
<td>Click or tap here to enter text.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>340 West Newberry Road, Suite B</td>
<td>Bloomfield, CT 06002</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click or tap here to enter text.</td>
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</table>

<table>
<thead>
<tr>
<th>The Agency Is:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Military</td>
<td>☐ Private for Profit</td>
</tr>
<tr>
<td>☒ Private not for Profit</td>
<td>☐ County</td>
</tr>
<tr>
<td>☐ State</td>
<td>☐ Federal</td>
</tr>
</tbody>
</table>

Agency Website with PREA Information:  Click or tap here to enter text.

Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fernando Muniz</td>
<td><a href="mailto:fmuniz@csimail.org">fmuniz@csimail.org</a></td>
<td>860-683-7100</td>
</tr>
</tbody>
</table>

Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kristen Cappelletti</td>
<td><a href="mailto:Kcappelletti@csimail.org">Kcappelletti@csimail.org</a></td>
<td>860-683-7107</td>
</tr>
</tbody>
</table>

PREA Coordinator Reports to:

Fernando Muniz, CEO and Sherry Albert, COO

Number of Compliance Managers who report to the PREA Coordinator: 7
## Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>Drapelick-Sullivan Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>1095 Blue Hills Avenue</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Bloomfield, Ct. 06002</td>
</tr>
<tr>
<td>Mailing Address (if different from above):</td>
<td>same</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>same</td>
</tr>
<tr>
<td>The Facility Is:</td>
<td>☒ Private not for Profit</td>
</tr>
<tr>
<td>☐ Military</td>
<td></td>
</tr>
<tr>
<td>☐ Private for Profit</td>
<td></td>
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<tr>
<td>☐ Municipal</td>
<td></td>
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<td>☐ County</td>
<td></td>
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<tr>
<td>☐ State</td>
<td></td>
</tr>
<tr>
<td>☐ Federal</td>
<td></td>
</tr>
<tr>
<td>Facility Website with PREA Information:</td>
<td><a href="http://www.csi-online.org">www.csi-online.org</a></td>
</tr>
</tbody>
</table>

Has the facility been accredited within the past 3 years? ☒ Yes  ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA
☐ NCCHC
☐ CALEA
☐ Other (please name or describe): Click or tap here to enter text.

☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Click or tap here to enter text.

### Facility Director

| Name: | Derek Harrison |
| Email: | dharrison@csimail.org |
| Telephone: | (860) 286-9833 |

### Facility PREA Compliance Manager

| Name: | Derek Harrison |
| Email: | dharrison@csimail.org |
| Telephone: | (860) 286-9833 |

### Facility Health Service Administrator ☒ N/A

<p>| Name: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |</p>
<table>
<thead>
<tr>
<th>Facility Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Designated Facility Capacity:</strong> 75</td>
</tr>
<tr>
<td><strong>Current Population of Facility:</strong> 75</td>
</tr>
<tr>
<td><strong>Average daily population for the past 12 months:</strong> 75</td>
</tr>
<tr>
<td><strong>Has the facility been over capacity at any point in the past 12 months?</strong> ☒ No</td>
</tr>
<tr>
<td><strong>Which population(s) does the facility hold?</strong> ☒ Males</td>
</tr>
<tr>
<td><strong>Age range of population:</strong> 18+</td>
</tr>
<tr>
<td><strong>Average length of stay or time under supervision</strong> 120 days</td>
</tr>
<tr>
<td><strong>Facility security levels/resident custody levels</strong> Level 1</td>
</tr>
<tr>
<td><strong>Number of residents admitted to facility during the past 12 months</strong> 233</td>
</tr>
<tr>
<td><strong>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</strong> 225</td>
</tr>
<tr>
<td><strong>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</strong> 215</td>
</tr>
<tr>
<td><strong>Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</strong> ☒ Yes</td>
</tr>
</tbody>
</table>

Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies): ☒ Federal Bureau of Prisons ☒ U.S. Marshals Service ☒ U.S. Immigration and Customs Enforcement ☒ Bureau of Indian Affairs ☒ U.S. Military branch ☒ State or Territorial correctional agency ☒ County correctional or detention agency ☒ Judicial district correctional or detention facility ☒ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☒ Private corrections or detention provider ☒ Other - please name or describe: Click or tap here to enter text. ☒ N/A

| **Number of staff currently employed by the facility who may have contact with residents:** 24 |
| **Number of staff hired by the facility during the past 12 months who may have contact with residents:** 5 |
Number of contracts in the past 12 months for services with contractors who may have contact with residents: 0
Number of individual contractors who have contact with residents, currently authorized to enter the facility: 0
Number of volunteers who have contact with residents, currently authorized to enter the facility: 0

### Physical Plant

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of buildings:</td>
<td>1</td>
</tr>
<tr>
<td>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</td>
<td></td>
</tr>
<tr>
<td>Number of resident housing units: 1</td>
<td></td>
</tr>
<tr>
<td>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a &quot;housing unit&quot; defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</td>
<td></td>
</tr>
<tr>
<td>Number of single resident cells, rooms, or other enclosures: 2</td>
<td></td>
</tr>
<tr>
<td>Number of multiple occupancy cells, rooms, or other enclosures: 28</td>
<td></td>
</tr>
<tr>
<td>Number of open bay/dorm housing units: 0</td>
<td></td>
</tr>
<tr>
<td>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</td>
<td>☒ Yes ☐ No</td>
</tr>
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### Medical and Mental Health Services and Forensic Medical Exams

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are medical services provided on-site?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Are mental health services provided on-site?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Where are sexual assault forensic medical exams provided? Select all that apply.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td></td>
<td>☐ On-site</td>
<td>☒ Local hospital/clinic</td>
</tr>
</tbody>
</table>

### Investigations

**Criminal Investigations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</td>
<td>0</td>
</tr>
<tr>
<td>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</td>
<td>☐ Facility investigators</td>
</tr>
<tr>
<td>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</td>
<td>☐ Local police department</td>
</tr>
</tbody>
</table>

**Administrative Investigations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</td>
<td>1</td>
</tr>
<tr>
<td>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</td>
<td>☐ Facility investigators</td>
</tr>
<tr>
<td>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</td>
<td>☐ Local police department</td>
</tr>
</tbody>
</table>
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.

Sullivan Center was last audited on March 18, 2015. The facility is a male work release program designed to assist offenders into their transition back to their communities. The notifications of the audit were posted in the facility by the PREA Coordinator at least six weeks prior to the on-site audit; photographs were taken and submitted to the Auditor. Community Solutions/Drapelick-Sullivan Center completed the Preaudit Questionnaire and provided supporting documentation for each standard. The audit was conducted by Auditor Sonya Love. The Drapelick-Sullivan Center audit took place on July 22-23, 2019. An entrance conference was held on July 22, 2019. A complete facility tour was conducted by the Auditor. Drapelick-Sullivan Center is a work release model program that helps with housing, employment, substance abuse education, financial management, cognitive behavioral groups and individual & group counseling for male ex-offenders who are either on parole or probation. The average length at the facility is approximately 120 days.

Drapelick and Sullivan Centers are co-located in a single-story building that manages two distinct programs. The main lobby allows access to both programs; however, each program is separated within the building by controlled access. More, each program has a dedicated lobby entrance. There are 28 multiple resident bedrooms with interior bathrooms and showers and 2 single occupancy rooms. The Auditor determined by examination all residents had adequate privacy to dress and undress privately. There is a central kitchen that supplies food to both programs. There are no cameras in the kitchen prep area. Security in the prep area is managed by staff presence. There is also a central dining room with cameras. Residents have access to a television community space for social interaction and leisure time and a fitness room. During the tour, the Auditor observed staff members such as Human Service Workers, Case Managers, a Counselor Supervisor, the Associate Program Director and Program Director all interacting with residents and providing direct supervision of daily activities.

On the first day of the audit the total population for Drapelick-Sullivan Center was a combined total of 58 residents. A total of 12 random residents’ and 4 targeted residents’ interviews were conducted. Interviews also included residents from targeted category Limited English Proficient (LEP). There were zero transgender, intersex, gay or bisexual resident assigned to the facility during the audit period. Likewise, zero youthful inmates were residents of the facility. Drapelick-Sullivan does not confine residents to segregation therefore zero residents were placed in segregated housing who allege to have suffered sexual abuse. Zero residents were interviewed who reported sexual abuse.

In addition to inmates' interviews; 4 random staff interviews were conducted, and 2 specialized interviews were conducted during the audit. The responses of staff and inmates during their interviews confirmed that all had received PREA training. Staff members were interviewed from all shifts. The 16 resident institutional files were reviewed. A random sampling of other facility documentation was also reviewed. This sampling included, but was not limited to logbooks, shift reports, incident reports, policies and procedures, training records/logs and curriculum.
The auditor completed a call to The Alliance to End Sexual Violence previously known as the CONNSACS (Connecticut Sexual Assault Crisis Services) through which the agency has a MOU with the CTDOC. The Auditor with a representative who confirmed 24-hour hotline service, one-on-one counseling, hospital advocacy, educational training for inmates and staff, and access to a forensic nurse. The call was made during the on-site visit. During the on-site portion of the audit and after its completion, additional documentation was provided as requested. An exit conference was held on July 23, 2019 with management and the PREA Coordinator.

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.

Under current contract with the Connecticut Department of Corrections (CT DOC) 14 nonprofit community agencies are providing 31 residential programs with a total of 1,176 residential beds (at an average cost of $86.00 per bed, per day). These agencies work in collaboration with CTDOC staff to ensure that offenders are provided with every opportunity to become successful and productive members of their communities.

Community Solutions Inc (CSI) is a non-profit corporation founded in 1962 as one of the first community corrections halfway houses in Connecticut. CSI promotes self-reliance, responsibility and accountability among at-risk and disadvantaged adults and youth referred from child welfare, juvenile justice and criminal justice agencies.

COMMUNITY SOLUTIONS, INC HISTORY

CSI was originally founded in 1962 as a private, non-profit community-based adult correctional agency. As of today, they operate residential and non-residential programs for both adults and youth. CSI programs can be found in Connecticut, California, Delaware, Georgia, Maryland, New York, New Jersey, Pennsylvania and Rhode Island.

Services offered to you by CSI might include: individual counseling, life skills, anger management, referrals for the monitoring of mental health, substance abuse and other addiction, STD education and supportive services, job search assistance, money management including payment of restitution, fines or court ordered child support, constructive use of leisure time, discharge planning and housing assistance. An overall program structure has been created that emphasizes accountability and avoidance of future criminal activity.

Admission to this program and access to its services are available to all referred residents regardless of race, religion, creed, political view, disability, age, national origin or sexual orientation. Specific programs however may be designated for male or female residents.

In 1967, CSI began partnering with Connecticut Department of Corrections (CTDOC) to provide residential work release programs in Connecticut at the following locations:

- Watkinson House / Hartford, CT
- Johnson House / Hartford, CT
- Hartford House / Hartford, CT
In 1990, CSI expanded its relationship with CTDOC and opened Silliman House (Hartford) and Berman Treatment Center (Bloomfield). Over the next two decades, CSI’s CTDOC programs were expanded to include:

- Sullivan-Drapelick Center / Bloomfield, CT
- Chase Center / Waterbury, CT
- Cheyney House / Hartford, CT
- Stein House / Hartford, CT

Drapelick-Sullivan Center is located 1095 Blue Hills Avenue, Bloomfield, CT. Drapelick-Sullivan Center controls entry into the building. Residents sign into and out of the building.

Drapelick-Sullivan Center is a single-level building. Drapelick-Sullivan Center is a 75-bed work release program for men. Residents must be at least eighteen (18) years of age and demonstrate a willingness to abide by house rules and set reasonable goals and objectives. Residents are required to participate in a structured daily schedule that encompasses meals, chores, job search, group participation and free time. All services are provided with the intent to prepare residents for positive community reintegration. Residents pay weekly subsistence, develop savings accounts and contribute to the State Victims Compensation Fund.

**Community Based Programs**

Community Solutions, Inc. (CSI) provides a variety of services in community-based settings to assist in reintroducing offenders to their communities, family systems, and other social supports in a thoughtful manner aimed at reducing recidivism. The various community-based programs CSI offers include:

**Cognitive Behavioral Treatment**

Through a contract with Rhode Island Department of Corrections, CSI provides community-based multifaceted intervention services. These address anti-social attitudes, values, beliefs, thinking and/or other criminal cognitions geared toward the specific risks and needs of offenders on Probation and Parole. The program uses cognitive behavioral treatment with Motivational Interviewing techniques and a curricula-driven model designed to assess the needs of each client to reduce individual risk factors.

**Evidence-Based Curricula, Approaches, and Assessments Used**

- Reasoning and Rehabilitation II-revised (R&R II)
- Treating Alcohol Dependence (TAD)
- Cognitive Behavioral Interventions for Offenders Seeking Employment (CBI-EMP)
- Thinking for a Change (T4C)
- Aggression Replacement Therapy (ART)
- Living in Balance (LIB)
- Gender-Specific Programs:
  - Moving On
  - Seeking Safety
- Helping Women Recover
- Moral Reconciliation Therapy (MRT)
- Batterer's Intervention Program (BIP)
- Motivational Interviewing (MI)
- Motivational Enhancement Therapy (MET)
- Cognitive Behavioral Therapy (CBT)
- Level of Service Inventory (LSI-r)
- Adult Substance Use Survey (ASUS-r)
Test of Adult Basic Education (TABE)
Correctional Offender Management and Profiling Alternative Sanctions (COMPAS)
Comprehensive Adult Student Assessment System (CASAS)
Static-99
Trauma Assessment

Contracted Residential Community Programs

**Work Release:** Programs are designed to aid offenders in obtaining meaningful employment. Offenders reside in these supervised residential programs for an average of four months. The goal upon discharge is for each offender to have stable employment, an acceptable place to live, and enough savings to live independently. Program staff assist offenders with needs such as obtaining identification, developing a savings plan, obtaining a GED, developing a resume, finding employment and securing housing.

**Substance Abuse:** Program provides substance abuse treatment within a residential setting designed to help clients accept responsibility for their substance abuse, receive interventions, and obtain the motivation and skills to change. The goal of the program is to provide a plan of action that will address the client's needs using empirically supported practices to promote healthier pro-social development, identify areas for change which can lead to substance abuse and reduce recidivism.

**Mental Health:** Program is designed to assist offenders with significant mental health needs. This program is designed to operate in the same manner as other residential programs with emphasis on treatment of mental health disorders and development of plans to ensure that offenders are linked to appropriate services. The goal upon discharge is for offenders to have engaged in treatment, obtained stable employment (if able to work), and retained appropriate housing. Program staff work closely with local mental health providers to ensure that once offenders discharge, they are linked to services which assist them as they move to an independent residence.

**Sex Offender Treatment:** This residential program provides a high level of supervision for individuals convicted of a sexual offense, but eligible for release to the community prior to completion of their criminal sentence. This program operates with an average of four to six months residence for each offender. The offender’s stay is broken out into three phases of intensive treatment for the specific sexual offense, as well as case management, benefits and housing assistance, job readiness training and linkage to the contracted nonresidential sex offender treatment provider who will assist the offender once released from the residential program.

Nonresidential Program

**Sex Offender Treatment:** The Connection, Inc. through its Center for the Treatment of Problem Sexual Behavior, provides a long-term, nonresidential, assessment and treatment program for offenders at 18 locations throughout the state. Comprehensive evidence-based services are provided in a three-phase treatment model that includes individual, group, family, and cognitive psycho-educational counseling, evidence-based assessments and medication management. Length of service varies based on offender need and can last from three to five years. Services are available to males and females ages 18 and over who have been convicted of a sexual offense.

Summary of Audit Findings
The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

### Standards Exceeded

<table>
<thead>
<tr>
<th>Number of Standards Exceeded:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Standards Exceeded:</td>
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</tr>
</tbody>
</table>

### Standards Met

<table>
<thead>
<tr>
<th>Number of Standards Met:</th>
<th>39</th>
</tr>
</thead>
</table>

### Standards Not Met

<table>
<thead>
<tr>
<th>Number of Standards Not Met:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Standards Not Met:</td>
<td>0</td>
</tr>
</tbody>
</table>

### Corrective Action

**Standard 115.217: Hiring and promotion decisions:** A review of staff promoted in the past 12 months revealed that criminal background checks were not conducted in accordance with the CSI Policy 20-29, section E, Hiring and Promotion Decisions nor Standard 115.217. To correct the problem CSI completed background checks on all employees promoted in the past 12-month period. The agency provided the Auditor with copies of the background checks as verification of their corrective action.
PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The parent agency, Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.211.
The Auditor confirmed by examination that CSI has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The written policy (CSIP 20-19) mandates zero tolerance toward all forms of sexual abuse and sexual harassment in accordance with the Prison Rape Elimination Act (PREA). CSI is committed to providing a work environment that is free of sexual abuse, discrimination and unlawful harassment. According to the PREA Coordinator, sexually abusive behaviors or actions such as sexually offensive words, jokes, or comments based on an individual’s sex, race, ethnicity, age, religion, or any other legally protected characteristic will not be tolerated by CSI. More, such behaviors are detrimental to the wellbeing of all residents and contrary to the goals of the program and the agency. Random and specialized staff (100%) interviewed confirmed during individual interviews that any staff who becomes aware of or suspects sexual, physical abuse/assault has occurred must immediately the incident to the Program Director or higher authority within the agency. Where action by other agencies is deemed inappropriate CSI reserves the right to act where it is in the best interests of the agency (PREA 115.211).

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE also indicates that a PREA Coordinator has been designated by CSI. The role and responsibility as the PREA Coordinator are an additional duty assigned to the Chief Operating Officer’s Quality Assurance Coordinator. The PREA Coordinator reports to both the Chief Executive Officer (CEO) and Chief Operating Officer (COO) on all issues related to sexual harassment/abuse whether substantiated or not. CSI has committed to promoting a safe and healthy culture through compliance with the Prison Rape Elimination Act (PREA). Specifically, the Adult Residential Work Release Program which includes Drapelick-Sullivan Center is mandated to adhere to all PREA Standards. Staff and residents of Drapelick-Sullivan Center have been trained on PREA Standards, the agency PREA related policies and procedures and they know what to do in the event of an actual sexual assault or sexual harassment incident. Drapelick-Sullivan Center met the requirements of Standard 115.211.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy CSIP 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator
- Interview with the Program Director
- Job description for PREA Coordinator/Chief Operating Officer’s Quality Assurance Coordinator
- CSI Organizational Chart
- Interview with random and specialized staff

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.) ☐ 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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.212.

Community Solutions Inc. and by extension Drapelick-Sullivan Center is a nonprofit agency. The Drapelick-Sullivan Center does not contract with other entities for the confinement of residents. It does not contract with other entities for the confinement of residents according to the PREA Coordinator.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy CSIP 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator
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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
  - ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?
  - ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?
  - ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?
  - ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?
  - ☒ 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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements Standard 115.213.

Drapelick-Sullivan Center has a documented 2019 facility staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse. More, in the past 12 months, Drapelick-Sullivan Center has assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section. In calculating adequate staffing levels and determining the need for video monitoring, Drapelick-Sullivan Center staffing plan took into consideration: The composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse in the past 12 months, and any other relevant factors. During an interview with the PREA Coordinator and Program Director each separately confirmed that in circumstances where the staffing plan is not complied with, Drapelick-Sullivan Center would document and justify all deviations from the plan. Standard 115.213 (b) Drapelick-Sullivan Center indicated reasons for deviating from the staffing plan was limited to staff call outs. In instances where a staff called to take unscheduled leave Drapelick-Sullivan Center would gain approval to either mandate staff coverage or utilize per diem staff.

Unannounced rounds were documented on a facility shift log. Unannounced rounds are conducted by Drapelick-Sullivan Center by supervisors. Random unannounced rounds were selected and reviewed from the facility shift log. For the month of May 2019. The facility operates 24 hours per day on eight-hour (8) hour shifts and unannounced rounds were documented on each shift. Supervisors conducting unannounced rounds have a procedure in place of alternating their route of conducting unannounced rounds to identify and deter staff sexual abuse and sexual harassment and prevent staff from alerting other staff.

The Program Director provided to the PREA Coordinator updated staffing plans that documents at least once every year the agency or facility, in collaboration with the agency’s PREA Coordinator, reviewed the staffing plans to see whether adjustments are needed. Drapelick-Sullivan Center met the requirements of Standard 115.213.

Policy, Materials, Interviews and Other Evidence Reviewed:
• Policy CSIP 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
• Pre-Audit Questionnaire
• Interview with the Program Director
• Interview with the PREA Coordinator
• Interview with staff (random and specialized)
• Interview with residents (random and targeted)

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 the facility does not have female 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 the facility does not have female 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? (N/A if the facility does not have female residents.)
  ☒ Yes ☐ No ☒ NA

115.215 (d)

• Does the facility have policies 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 have procedures that enables 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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements Standard 115.215.
The Program Director and the PREA Coordinator both indicated during separate interviews that Drapelick-Sullivan Center does not conduct cross-gender, or any other type of strip search; such searches are prohibited by policy except in exigent circumstances. The Program Director, Associate Program Director and the PREA Coordinator all indicated that pocket searches are completed in conjunction with pat searches, residents are asked to empty their pockets. Female staff may also conduct pocket searches in lieu of a pat search in situations where the same sex staff person is not available. The Program Director described the process of conducting a pocket search as directing the resident to empty their pockets and turn them out, remove hats, coats, roll down cuffs, etc., up to and including removing shoes and socks. Staff would check all items belonging to the resident and review the contents of wallets, prior to returning the items to the resident. More, random staff (100%) and random residents (100%) confirmed that pat and pocket searches are always conducted in a manner that demonstrates a mutual respect for the resident and their property.

There have been no instances of a strip search occurring at the Drapelick-Sullivan Center. Random and targeted interviews (100%) of residents confirmed that Drapelick-Sullivan Center does not conduct cross-gender, or any other type of strip search. Drapelick-Sullivan Center is a male facility.

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. Further, training also covers 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 in accordance with this standard. Training attendance was verified through examination of training documentation and sign-in sheets. Likewise, staff (random and specialized) were able to describe the facility requirements for searching during random staff interviews. There were four (4) random staff interviews conducted. More, six (6) random staff training files were reviewed and this examination confirmed that all staff received training on the facility PREA related policies such as cross-gender strip searches, cross-gender visual body cavity searches, and how to conduct cross-gender pat down searches. During his interview the Program Director confirmed that Drapelick-Sullivan Center had zero occurrences of cross-gender strip searches or visual body cavity searches in the last twelve months. Drapelick-Sullivan Center meet the requirements of Standard 115.215.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Policy CSIP 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Pre-Audit Questionnaire
- Sample: Training documentation
- Interview with the Program Director
- Interview with the Associate Program Director
- Interview with the PREA Coordinator
- Interview with staff (random and specialized)
- Interview with residents (random and targeted)

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 ensure that written materials are provided in formats or through methods that ensure effective communication with 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 who: Have limited reading skills? ☒ Yes ☐ No

- Does such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Does 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: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

▪ Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No

▪ Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Community Solutions Inc. Policy, (CSIP) 20-22, ADULT WORK RELEASE (AWR) - RESIDENTS WITH SPECIAL COMPREHENSION PROBLEMS addresses Standard 115.216.

CSI takes 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 for residents who are limited English proficient. The PREA Coordinator confirmed that residents admitted to a CSI program that are determined to have special comprehension needs due to organic, literacy or language barriers shall receive assistance to ensure comprehension. More, CSI also takes appropriate steps to ensure that residents with disabilities, including those who may be deaf or hard of hearing, 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 agency’s services, while being safe and secure in the program environment. The PREA Coordinator confirmed that CSI ensures that PREA related information is presented to a resident in a language or manner to foster good communication and understanding of the information being disseminated. Providing effective communication includes providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The Program Director confirmed that CSI has contracted with Language Line to provide interpreter services via phone or video. The process is as follows for use of Language Line.

- One electronic device is available at each program for video interpreting.
- Log-In information shall be provided once approval by the Area Director has been granted.
- The approval process shall include the parameters for usage. Some examples for usage would include – assessments including SVAT and PREA Education, ISP & Feedback, a weekly or bi-weekly case management session, medical purposes. Staff should be conservative in determining a need for usage as costs are incurred on a minute by minute basis.
- Language Line is web based. Once logged into the program, an interpreter will be available almost immediately. Phone interpreting is also an option for spoken languages.
- Staff will be trained on how to access the interpreting service upon hire. Re-training shall be provided as requested or when an LEP resident is admitted to the program.
- The program must track usage of the interpretative service. Staff are required to record the date, time of the call to service provider, the number of minutes used, and the purpose of the call is then submitted to the Program Director or Associate Program Director for billing purposes.

Resident interviews (100%) confirmed that CSI/Drapelick-Sullivan Center ensures that written materials are provided in formats or through methods that ensure effective communication with residents with various types of disabilities. More specifically, LEP residents confirmed to the Auditor that PREA related education was provided by the facility in a language that each resident understood. The Auditor also confirmed by observation that PREA related literature and educational material was posted throughout the facility. Drapelick-Sullivan Center met the requirements of Standard 115.216.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Connecticut Department of Correction Administrative Directives
- Adult Work Release / Residential Re-Entry Center Program Description
- Resident Handbook
- Policy CSIP 20-22, ADULT WORK RELEASE (AWR) - RESIDENTS WITH SPECIAL COMPREHENSION PROBLEMS
- Sample: Training documentation
- Interview with the Program Director
- Interview with the Associate Program Director
- Interview with the PREA Coordinator
- Interview with staff (random and specialized)
- Interview with residents (random and targeted)

**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 who may have contact with residents? ☒ Yes ☐ No

- Does the agency consider any incidents of sexual harassment in determining whether 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)

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.217.

CSI prohibits the hiring or promotion of anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997). Further, the PREA Coordinator indicated that the agency prohibits 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. The Auditor found during examination of staff promotion records that follow-up background checks were not conducted. CSI quickly corrected this problem by completing background checks on all employee promoted in the past 12-month period.

During an interview with a Human Resource (HR) representative she confirmed that CSI would prohibit the enlistment of services of a 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); who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in PREA related behavior. Furthermore, the same HR representative indicated that before hiring new employees who may have contact with residents, CSI would perform a criminal background records check and 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.

The Auditor examined the background checks of (9) nine CSI/Drapelick-Sullivan employees. The Auditor confirmed that CSI conducted background checks before hiring new employees, a contractor or enlisting the services of a volunteer who may have contact with residents. The Auditor also determined by examination of employment records (9) nine that CSI conducts initial criminal background records checks and follow-up background checks at least every five years of current employees and contractors who may have contact with residents and the agency has a system in place in to capture information on current employees. As allowed by law, CSI agency background checks includes areas such as, criminal background reports, consumer reports, past and present employment histories, driving record, credit record reviews, military service, and education verification.

The PREA Coordinator confirmed during her interview that CSI would strongly consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents. The CSI pre-employment application package includes a disclosure statement asking 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.

A review of staff promoted in the past 12 months revealed that criminal background checks were not conducted in accordance with the CSI Policy 20-29, section E, Hiring and Promotion Decisions nor Standard 115.217. To correct the problem CSI completed background checks on all employees promoted in the past 12-month period. The agency provided the Auditor with copies of the background checks as verification of their corrective action. The Auditor reviewed Standard 115.217 with each HR representative and provided additional resources material found on the PREA Resource Center’s (PRC) website. Both HR representatives voiced appreciation for the additional resources on this standard. More, CSI modified the agency policy to make employees aware that criminal background checks are now an added requirement for promotional consideration with the agency.
The Program Director and HR representative both confirmed during their interview that CSI pre-employment application package also ask all applicants and employees who may have contact with residents directly about previous misconduct and imposes on current employees a continuing affirmative duty to disclose any such misconduct. More, CSI pre-employment application package also includes a warning to applicants and employees that material omissions regarding such misconduct, or the provision of materially false information, grounds for termination. The PREA Coordinator confirmed that CSI would 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. Drapelick-Sullivan Center met the requirements of Standard 115.217 after completing background checks on two (2) staff promoted in the past 12 months.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Adult Work Release / Residential Re-Entry Center Program Description
- Employee Handbook
- Policy CSIP 20-22, ADULT WORK RELEASE (AWR) - RESIDENTS WITH SPECIAL COMPREHENSION PROBLEMS
- Sample: Training documentation
- Sample: Employee authorization for background checks
- Sample: Background checks
- Sample: Volunteer Affirmative Action Information
- Sample: Supervisory reference for employment
- Sample: CSI application for employment
- Sample: Social Security validation verification
- Sample: Motor vehicle verification
- Sample: Court record criminal and felony verification
- Sample: National criminal search verification
- Sample: PREA employee training and acknowledgement form
- Sample: CSI Internal application for job posting
- Interview with the Program Director
- Interview with the PREA Coordinator
- Interview with a HR representative
- Interview with staff (random and specialized)

Corrective Action:

CSI completed background checks on all employees promoted in the past 12 month. The Auditor confirmed the background check were completed by examination before the end of the onsite audit.

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

All Yes/No Questions Must Be109 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

*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.*

CSI 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. Drapelick-Sullivan Center met the requirements of Standard 115.218.

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
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

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

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? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

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**Auditor Overall Compliance Determination**

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

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**Instructions for Overall Compliance Determination Narrative**

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

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.221.

Residents are provided access to outside confidential victim advocacy support services upon request. CSI has a contractual agreement with The Alliance to End Sexual Violence previously known as the
CONNSACS (Connecticut Sexual Assault Crisis Services) through a MOU with the CTDOC. Any resident may call the toll-free hotline number at any time. Resident phone calls are not monitored or recorded. All calls are confidential. The Auditor confirmed with random and targeted residents unimpeded and confidential access to a telephone in the program if requested. Further the Auditor noted 95% of residents carrying or talking on their personal cellphones. Staff (random and specialized) (100%) interviewed at Drapelick-Sullivan Center were knowledgeable about where to transport a victim of sexual abuse for treatment by a SANE/SAFE examiner and how to notify The Alliance to End Sexual Violence.

The Alliance to End Sexual Violence “The Alliance” is a coalition of Connecticut's nine community based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training programs. CSI's fifteen programs are located in the service area of six Alliance member programs: The Center for Family Justice, Women's Center of Greater Danbury Sexual Assault Crisis Services, Rape Crisis Center of Milford, YWCA of New Britain Sexual Assault Crisis Services, Safe Haven of Greater Waterbury, and The Sexual Assault Crisis Center of Eastern Connecticut. CONNSACS (Connecticut Sexual Assault Crisis Services).

Each staff member (random and specialized) interviewed could describe what types of services were provided by each community resource. CONNSACS (Connecticut Sexual Assault Crisis Services) was renamed before the submission of this report. CONNSACS was renamed The Connecticut Alliance to End Sexual Violence in short “The Alliance.” Drapelick-Sullivan Center has a MOU with The Connecticut Alliance to End Sexual Violence. The Alliance is a coalition of Connecticut's nine community based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training programs.

Drapelick-Sullivan Center is an adult male residential program. Youthful inmates are not admitted into this program. The Drapelick-Sullivan Center PAQ indicated the number of forensic exams conducted during the past 12 months was zero. Likewise, the number of exams performed by a SANE/SAFE or a qualified medical practitioner during the past 12 months was also zero. The Program Director and the PREA Coordinator confirmed for the Auditor the accuracy of the PAQ completed on March 20, 2019 by the PREA Coordinator. Drapelick-Sullivan Center met the requirements of Standard 115.221.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Connecticut Department of Correction Administrative Directives
- Sample: CONNSACS/The Alliance MOU
- Interviews with residents (random and targeted)
- Interviews with staff (random and specialized)
- Interview with the PREA Coordinator
- Observations during the facility tour

**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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) ☒ Yes ☐ 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
Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.222.

CSI and Drapelick-Sullivan Center by extension ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. The agency has a policy in place to support this standard. Further, the agency has a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred to the local law enforcement agency, unless the allegation does not involve potentially criminal behavior. Moreover, the PREA Coordinator and the Program Director confirmed during separate interviews that allegations of sexual abuse are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Because local law enforcement is responsible for conducting criminal investigations, the CSI policy describes the responsibilities of both the agency and the investigating entity. The agency published such policy on its website (www.csi-online.org). Administrative investigations are conducted by a trained investigator, the PREA Coordinator. CSI requires that investigators are trained in conducting sexual abuse investigations in confinement settings as outlined in Standard 115.234. The Auditor verified that the PREA Coordinator has met the requirements for Standard 115.234. The PREA Coordinator and the Program Director ratified during separate interviews during the past 12 months, the number of allegations of sexual abuse and sexual harassment that was received and investigated was zero, as was indicated in the March 20, 2019 PAQ completed by the PREA Coordinator. Drapelick-Sullivan Center met the requirements for Standard 115.222.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Sample: Website verification of policy, www.csi-online.org
- Sample: Investigative training document
- Interview with the PREA Coordinator
- Interview with the Program Director

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 confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ 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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.231.

CSI/Drapelick-Sullivan Center training curriculums provided by the facility was tailor to the unique needs and attributes of adult male residents. Furthermore, the training curriculum included topics such as: resident on resident’ right to be free from sexual abuse and sexual harassment, common reactions of sexual abuse and sexual harassment victims, how to avoid inappropriate relationships with inmates, and how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. All staff, volunteers and interns must be trained to recognize, and report abuse prior to their working with residents (PREA 115.231, 115.232). The PREA Coordinator and Program Director both indicated that PREA compliance, concerns, and issues are an on-going agenda item at monthly program staff meetings. Random and specialized staff interviewed confirmed that each staff is required to attend an annual refresher PREA training. With a total of twenty-four (24) staff to include fulltime, part time and per diem staff, the Auditor examined eleven (11) staff training files to confirm compliance with this standard. During the same review the Auditor determined that Drapelick-Sullivan Center staff are provided employee refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures. The PREA Coordinator confirmed that in years in which an employee does not receive refresher training, she provides refresher information on current sexual abuse and sexual harassment policies during staff monthly meeting, and memos. Drapelick-Sullivan Center met the requirements of Standard 115.231.
**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator
- Interview with the Program Director
- Interview with random and specialized staff
- Sample: Training documentation

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### 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

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### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.232.

All staff, volunteers and interns must be trained to recognize, and report abuse prior to their working with residents. PREA compliance, concerns, issues shall be an on-going agenda item at program staff meetings. Each staff shall be required to attend an annual refresher PREA training. The PREA Coordinator and the Program Director ratified during separate interviews the number of volunteers and contractors who have contact with residents who have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse/harassment prevention, detection, and response as zero, as was indicated in the March 20, 2019 PAQ completed by the PREA Coordinator. Drapelick-Sullivan Center met the requirements of Standard 115.232.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator
- Interview with the Program Director

**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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.233.
All residents must be advised during their initial intake on the company policy against abuse and how to report abuse. Residents who have transferred from a different facility will receive refresher information about PREA during intake (115.233).

The PREA Coordinator and Program Director confirmed that PREA related training is completed during resident orientation and during subsequent house meetings. The training includes topics such as: CSI’s zero tolerance policy on sexual abuse and harassment; prevention, detection, reporting, and responses to sexual abuse or assault allegations or observations; the rights of residents and staff in reporting allegations and to be free from retaliation; the dynamics of sexual abuse and harassment in confinement; how to detect and respond to signs of threatened and actual abuse; how to avoid inappropriate relationships with residents, appropriate communication with residents (including gay, bisexual, and transgender residents); and how to comply with relevant laws regarding reporting of sexual abuse. Further, the Program Director confirmed that resident attendance at house meetings is documented in the facility’s shift log. Drapelick-Sullivan Center would provide refresher information whenever a resident is transferred from a different facility.

Interviews with random and targeted residents confirm that resident completed orientation within 72 hours of arrival to the facility. Moreover, residents (100%) indicated that orientation took place either the day of arrival or the next day. Residents also indicated that orientation was conducted in a language they understood. The Auditor determined by examination that educational material and delivery of PREA related educational material was in formats accessible to all residents such as; limited English proficient (LEP), who are deaf, visually impaired and have limited reading skills. Drapelick-Sullivan Center met the requirements of Standard 115.233.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Sample: Resident PREA Education Checklist
- Interview with the PREA Coordinator
- Interview with the Program Director
- Interview with random and targeted residents
- Interview with specialized staff

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 receive 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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.234.
The policy indicates that the PREA Coordinator shall investigate promptly, thoroughly, and objectively all allegations of sexual abuse or sexual harassment including those from a third party. In addition to the general training provided by CSI/Drapelick-Sullivan Center to all employees pursuant to §115.231, CSI ensures that, its investigators receive training in conducting such investigations in confinement settings. The PREA Coordinator indicated that specialized training included: Techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, the criteria and evidence required to substantiate a case for administrative action or prosecution referral. By examination the Auditor concluded that CSI maintained documentation that agency investigators completed the required specialized training in conducting sexual abuse investigations. The training was conducted by the Connecticut Department of Corrections, Center for Training and Staff Development on September 24, 2013.

In an interview with the PREA Coordinator during the onsite portion of this audit she discussed her role and responsibility as an administrative investigator of PREA allegations. The PREA Coordinator indicated that any allegation determined to be criminal in nature shall be immediately reported to Bloomfield Police Department for investigation. If law enforcement determines there is no criminal activity, the facility will conduct its own administrative investigation into the incident. All administrative and criminal investigation shall be documented listing all findings including a determination whether staff actions or failures to act contributed to the incident. Criminal investigation shall be conducted by law enforcement officials. CSI/Drapelick-Sullivan Center staff shall cooperate with and assist with any request made by law enforcement. The PREA Coordinator shall endeavor to remain informed about the progress of all investigation. Drapelick-Sullivan Center met the requirements for Standard 115.234.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Sample: Specialized Investigative Training Agenda
- Sample: Documentation of completion of specialized training
- Interview with the PREA Coordinator
- Memorandum: To Bloomfield Chief of Police regarding “Evidence Protocol and Forensic Examination” dated November 17, 2015

**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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  - ☐ Yes  ☐ No  ☒ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  - ☐ Yes  ☐ No  ☒ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) □ Yes □ No ✒ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) □ Yes □ No ✒ NA

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 does not employ medical staff or the medical staff employed by the agency 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) □ Yes □ No ✒ NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) □ Yes □ No ✒ NA

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) □ 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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.234.

CSI does not contract any full- or part-time medical or mental health care practitioners who work regularly in Drapelick-Sullivan Center as confirmed by the PREA Coordinator. Drapelick-Sullivan Center met the requirements of Standard 115.234.

Policy, Materials, Interviews and Other Evidence Reviewed:

• Pre-Audit Questionnaire
• Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
• Interview with the PREA Coordinator

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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.241.

The CSI policy requires screening (upon admission to a facility or transfer to another facility) for risk of being sexually abused by other residents or sexually abusive toward other residents. The same policy requires that residents be screened for risk of sexual victimization or risk of sexually abusive behaviors within 72 hours of their intake. Based on the 16 (16) institutional files reviewed, Drapelick-Sullivan Center is conducting the screening upon intake. Through resident interviews they all verbalized they were screened during intake by Drapelick-Sullivan Center intake staff.

An example of the PREA screening assessment instrument was examined by the Auditor. The Auditor’s examination verified the use of an objective screening instrument, Sexual Violence Assessment Tool (SVAT). The instrument considered, minimally nine (9) specific measures to assess residents for risk of sexual victimization such as: Whether the resident has a mental, physical, or developmental disability, the age of the resident, physical build, whether the resident has previously been incarcerated, the resident’s criminal history (violent versus nonviolent), 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, if the resident has previously experienced sexual victimization, and the resident’s own perception of vulnerability.

A review of twenty-eight (28) intake records by the Auditor demonstrated that residents were screened and assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents and again within thirty (30) days of admission or transfer to the facility. The Program Director, Case Worker Supervisor, Case Manager Residential and Human Service Worker all indicated that the facility would reassess a resident’s risk level when warranted due to a circumstances such as; incident of sexual abuse, referral, request from the referral source, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness. Drapelick-Sullivan Center met the requirements of Standard 115.241.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator
- Interview with the Program Director
- Interviews with specialized staff (Counselor Supervisor, Case Manager, Case Worker Supervisor, Case Manager Residential and Human Service Worker)
- Sample: Resident PREA Checklist
- Sample: Sexual Violence Assessment Tool (SVAT) (Adult males)
- Sample: CSI Intake Form

**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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgment.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgment.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgment.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.242.
CSI makes individualized determinations about how to ensure the safety of each resident. The PREA Coordinator and Program Director in individual interviews explained how CSI/Drapelick-Sullivan Center uses 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, bed, program and work assignments.

Case Managers use information from the SVAT in determining bed, work, education and program assignments so that a resident at risk of sexual victimization are kept separate from a resident with high risks to be sexually abusive. Placement and programming decisions are made on a case by case basis. Room and program assignments for a transgender or intersex residents is also made on a case by case basis. Decisions are made after a conversation with the resident about their preferences and safety concerns. Room selection is also determined by room availability. Further, when deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency in collaboration with the referral source would 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. Drapelick-Sullivan Center met the requirements of Standard 115.242.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator
- Interview with the Program Director
- Interviews with specialized staff (Case Manager)
- Sample: Resident PREA Checklist
- Sample: Sexual Violence Assessment Tool (SVAT) (Adult males)
- Sample: CSI Intake Form
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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.251.

CSI provides multiple internal ways for residents to privately report: Sexual abuse and sexual harassment. Resident (random and targeted) at Drapelick-Sullivan Center indicated that they can report abuse verbally or in writing to any staff member. Residents could call the local law enforcement department from their personal cell phone or a Drapelick-Sullivan Center phone. Local law enforcement is a public office that is not part of CSI. Further, residents can also make reports to the local victim advocacy organization. The local law enforcement agency and The Connecticut Alliance to End Sexual Violence have MOU's in place, and each has agreed to immediately forward resident reports of sexual abuse and sexual harassment to agency officials. Alliance is a coalition of Connecticut's nine community based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training programs. Further, both organizations would accept anonymous reports from residents of Drapelick-Sullivan Center.

The PREA Coordinator indicated that Drapelick-Sullivan Center would make reasonable accommodations for persons with Limited English Proficiency such as the use of a staff interpreter or language line or utilize other community resources to assist residents with impairments of comprehension to aid in reporting an incident.

The residents (random and targeted) interviewed confirmed that they understood multiple internal ways to report sexual abuse/harassment. Further the same residents confirmed their understanding that at any time regardless of when the alleged event occurred, they could report an incident of sexual abuse, 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 such incidents.

Staff interviewed (random and specialized) confirmed that any employee who wants to report an incident of sexual or other unlawful harassment should promptly report the matter to his or her supervisor in person, writing or verbally. If the supervisor is unavailable or the employee believes it would be inappropriate to contact that person, the employee should immediately contact the next supervisor in the chain of command. Employees can raise concerns and make reports without fear of reprisal. Drapelick-Sullivan Center met the requirements for Standard 115.251.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator
- Interviews with specialized staff (Case Manager and Human Service Workers)
- Interviews with residents (random and targeted)
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

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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.252. CSI is not exempt from Standard 115.252. CSI permits residents to file a grievance regarding an allegation of sexual abuse without any type of time limits. The Auditor confirmed that residents were informed during PREA education at initial intake, orientation and through the resident handbook. The PREA Coordinator and the Program Director confirmed that CSI/Drapelick-Sullivan Center a resident is not required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Residents (random and targeted) confirmed that they understood the grievance process and that they are not required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. CSI prohibits the PREA Coordinator or other staff from referring the incident back to the staff member who is the subject of the complaint.

CSI allows third party reporters, 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. More, CSI also permits third party reporters to file PREA related complaints on behalf of other residents.

The PREA Coordinator during her interview confirmed that CSI would 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. If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time. The PREA Coordinator would notify the resident in writing of any such
extension and provide a date by which a decision will be made. Likewise, the PREA Coordinator confirmed her awareness that 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.

CSI has established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After the PREA Coordinator receives an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, CSI immediately forwarding 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. After Drapelick-Sullivan Center receives an emergency grievance, CSI/PREA Coordinator confirmed that an initial written response would be issued to the resident within 48 hours followed by a written final agency decision within 5 calendar days. CSI’s final decision would document the agency’s action(s) taken in response to the emergency grievance filed by the resident.

The PREA Coordinator and the Program Director confirmed that if CSI/Drapelick-Sullivan Center disciplines a resident for filing a grievance related to alleged sexual abuse, it does so ONLY where the agency demonstrates that the resident filed the grievance in bad faith.

In the past 12 months, the number of grievances filed that alleged sexual abuse was zero. In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision was zero. In the past 12 months, the number of grievances alleging sexual abuse that involved an extension because the final decision was not reached within 90 days was zero. This information was documented in a PAQ dated March 20, 2019. The PREA Coordinator confirmed the accuracy of specific documentation relative to Standard 115.252 (d) 2-4 during the onsite portion of the PREA audit for Drapelick-Sullivan Center. CSI/Drapelick-Sullivan Center met the requirements of Standard 115.252.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator
- Interview with the Program Director
- Interviews with specialized staff (Case Manager and Human Service Workers)
- Interviews with residents (random and targeted)

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No
115.253 (b)

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

115.253 (c)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.253.

Drapelick-Sullivan Center 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. Any third-party reports of sexual abuse may be made via telephone, fax, email, or in person. The facility email address, telephone and facsimile numbers are available publicly on CSI's website. Each staff member interviewed could describe what types of services were provided by the community resource. CONNSACS (Connecticut Sexual Assault Crisis Services) was renamed before the submission of this report. CONNSACS was renamed The Connecticut Alliance to End Sexual Violence in short “The Alliance.” Drapelick-Sullivan Center has a MOU with The Connecticut Alliance to End Sexual Violence. The Alliance is a coalition of Connecticut's nine community based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training programs. The agency website www.csi-online.org contains PREA related
information such as contact information to report an allegation of sexual abuse or sexual harassment to the PREA Coordinator or a member of management. The PREA Coordinator, Program Director and Case Manager all confirmed during individual interviews that residents would be given reasonable communication between residents and the advocacy organizations and other support agencies. Drapelick-Sullivan Center met the requirements of Standard 115.253.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Pre-Audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator
- Interview with the Program Director
- Interviews with specialized staff (Case Manager)
- Interviews with residents (random and targeted)
- The agency website www.csi-online.org
- Facility tour and observations

**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.
The third-party reports of sexual abuse may be made via telephone, fax, email, or in person. The facility email address, telephone and facsimile numbers are available publicly on CSI’s website. Each staff member interviewed could describe what types of services were provided by the community resource. CONNSACS (Connecticut Sexual Assault Crisis Services) was renamed before the submission of this report. CONNSACS was renamed The Connecticut Alliance to End Sexual Violence in short “The Alliance.” Drapelick-Sullivan Center has a MOU with The Connecticut Alliance to End Sexual Violence. The Alliance is a coalition of Connecticut’s nine community based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training programs. The agency website www.csi-online.org contains PREA related information such as contact information to report an allegation of sexual abuse or sexual harassment to the PREA Coordinator or a member of management. The PREA Coordinator, Program Director and Case Manager all confirmed during individual interviews that residents would be given reasonable communication between residents and the advocacy organizations and other support agencies. Drapelick-Sullivan Center met the requirements of Standard 115.254.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator
- Interview with the Program Director
- Interviews with specialized staff (Case Manager)
- Interviews with residents (random and targeted)
- The agency website www.csi-online.org
- Facility tour and observations

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.
Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.261.

CSI requires 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 it is part of the agency. More, CSI requires 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. CSI also requires 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. Interviews with staff (random and specialized) confirmed their understanding that aside from reporting an incident to a supervisors, PREA Coordinator, Program Director or other members of upper management, they would 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. Drapelick-Sullivan Center does not employ medical or mental health practitioners. Residents of Drapelick-Sullivan Center are over the age of 18. Interviews with staff (random and specialized) confirmed that each employee understood the agency mandate to immediately report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators. CSI/Drapelick-Sullivan Center met the requirements of Standard 115.261.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator
- Interview with the Program Director
- Interviews with specialized staff

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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.262.

The Program Director indicated during his interview that should the assessment/planning process or at any other circumstances indicate that a resident is subject to substantial risk of imminent sexual abuse, immediate action shall be taken. The first step would be to separate the residents in question, keeping them safe and free from interacting with the alleged perpetrator. Supervision would need to be increased and, the referral source would need to be immediately contacted to discuss the transfer of one or both residents.

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 was zero. This information was documented in the March 20, 2019 PAQ completed by the PREA Coordinator. During her interview with the Auditor the information contained in the PAQ related to Standard 115.262 (a)-2 was confirmed. Drapelick-Sullivan Center met the requirements of Standard 115.262.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the Program Director

**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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.263.

If a resident reports that sexual harassment or assault has occurred while confined in another facility, the CSI Program Director will notify the PREA Coordinator and the PREA Coordinator will then notify the head of the other facility or the appropriate office within 72 hours of the initial report. The PREA Coordinator ensures that all claims received from other Facilities from residents who alleged sexual abuse or sexual harassment occurred in a CSI facility are investigated according to PREA standards (PREA 115.263).

In the past 12 months, the number of times CSI or Drapelick-Sullivan Center determined that a resident was abused while confined at another facility was zero. In the past 12 months, the number of allegations of sexual abuse Drapelick-Sullivan Center received from other facilities was zero. This information was documented in the March 20, 2019 PAQ completed by the PREA Coordinator. During her interview with the Auditor the information contained in the PAQ related to Standard 115.263 (a)-2 and 115.263 (d)-2 was confirmed. Drapelick-Sullivan Center met the requirements of Standard 115.263.

Policy, Materials, Interviews and Other Evidence Reviewed:

• Pre-Audit Questionnaire
• Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
• Interview with the Program Director
• Interview with the PREA Coordinator
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.
Drapelick-Sullivan Center staff interviewed (random and specialized) upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser.
- Secure any crime scene until 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, the responder is 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 first responder is not a security staff member, such as a volunteer or intern (contractors would always be escorted by a staff), the responder would as well be required to request that the alleged victim not take any actions that could destroy physical evidence then notify security staff.
- Program Director/Duty Officer is notified.

In the past 12 months, the number of times a resident was sexually abused was zero. In the past 12 months, the number of where notified within a time period that still allowed for the collection of evidence was zero. This information was documented in the March 20, 2019 PAQ completed by the PREA Coordinator. During her interview with the Auditor the information contained in the PAQ related to Standard 115.264 (a)-2 and 115.263 (a)-3 was confirmed. Drapelick-Sullivan Center met the requirements of Standard 115.264.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the Program Director
- Interview with the PREA Coordinator
- Interview staff (random and specialized)

**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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.265.

Drapelick-Sullivan Center has 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. Interviews with staff (random and specialized) confirmed their understanding of how and when to activate the coordinated response plan for Drapelick-Sullivan Center. The PREA Coordinator provided the Auditor with a copy of the coordinated plan. A portion of the coordinated response includes the following action:

- To assign a staff to contact emergency medical response and law enforcement
- To assign a staff to preserve and protect any crime scene until response by law enforcement, or until law enforcement approves access. Establish staff to oversee preserved area and to document any entry & purpose of entry
- To verify location of suspected perpetrator. Place suspected perpetrator on one-to-one with staff and request that they not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.

Notification to Area Director
Notification to PREA Coordinator Kristen Cappelletti - 860-986-1639
Notification to Referral Source:
DOC- Business Hours- 860-297-6580, after hours - 866-940-1080
Notification to community medical personal, if victim requests it – 911. The agency offers no services in-house and victims shall be referred to outside resources.
Saint Francis Hospital - 860-714-4000
Notification to law enforcement- CT State Police/Bloomfield Police Department
Notification to CONNSACS (Alliance), if victim requests it 1-888-999-5545 English
1-888-568-8332 Spanish

Drapelick-Sullivan Center met the requirements of Standard 115.265.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
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.

CSI does not participate in collective bargaining. CSI is not a governmental entity responsible for collective bargaining on behalf of the CT DOC. Drapelick-Sullivan Center met the requirements of Standard 115.266.

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
115.267 (d)

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (e)

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

115.267 (f)

- 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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.267.

CSI has 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. The PREA Coordinator is the designated staff members that is charged with monitoring retaliation. According to the PREA Coordinator and Program Director, CSI employs multiple measures in collaboration with the referral source, 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. The PREA Coordinator explained to the Auditor the monitoring for retaliation process as follows: 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, CSI:
Monitors 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, will act promptly to remedy any such retaliation, 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, monitor any resident disciplinary reports, monitor resident housing changes, monitor resident program changes, monitor negative performance reviews of staff, and monitor reassignments of staff. Further, CSI would continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need and monitoring also include periodic status checks. CSI staff who cooperate with an investigation and express a fear of retaliation, the PREA Coordinator confirmed that the agency would take appropriate steps to protect that staff member against retaliation. Drapelick-Sullivan Center met the requirements of Standard 115.267.

Policy, Materials, Interviews and Other Evidence Reviewed:
- Pre-Audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the Program Director
- Interview with the PREA Coordinator
- Interview staff (random and specialized)

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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.271.

When CSI conducts its own administrative investigation into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively. CSI, PREA Coordinator and Program Director each confirmed in separate interviews with the Auditor that investigations of PREA allegations, extend to third party and anonymous reports. It is at the discretion of the local authorities as to whether allegations of conduct that appear to be criminal be referred for prosecution. A letter was sent to the Bloomfield Police Department requesting that such investigations shall be conducted pursuant to the above requirements.
The Bloomfield Police Department (BPD) acknowledged receipt of the correspondence from CSI requesting that investigations that appear criminal in nature be conducted by BPD, pursuant to PREA Standards. CSI shall request of local authorities that they use investigators who have received special training in sexual abuse investigations pursuant to PREA Standard 115.234. When an outside entity such as the local police department investigates sexual abuse, CSI would fully cooperate with outside investigators and remains informed about the progress of the investigation through the PREA Coordinator.

CSI policies, examination of investigative reports coupled with interviews with the PREA Coordinator and Program Director all confirmed that upon receipt or discovery of an allegation or sexual abuse incident, at a minimum, the PREA Coordinator/administrative investigator will review both direct and circumstantial evidence, interview all alleged victims or suspected perpetrators, determine the need for a criminal investigation and report the matter to F. Muniz, CEO and S Albert, COO. CSI would fully cooperate with investigators and endeavor to remain informed about the progress. Further, an interview with the PREA Coordinator confirmed that substantiated allegations of conduct that appear to be criminal are referred for prosecution. In Standard 115.271 (h)-2, the number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit was zero as documented in the March 20, 2019 PAQ. The PREA Coordinator confirmed the accuracy of information documented in the March 20, 2019 PAQ and indicated no other changes to date.

The PREA Coordinator and the Program Director also confirmed that CSI retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. CSI ensures 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. Furthermore, CSI has a policy in place that requires that all reports be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The PREA Coordinator described the role of an investigator which included responsibilities such as gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviewing alleged victims, suspected perpetrators and witnesses, reviewing prior reports and complaints of sexual abuse involving the suspected perpetrator. Based upon interviews with the PREA Coordinator and Program Director, Drapelick-Sullivan Center met the requirements of Standard 115.271.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator
- Interview with the Program Director

**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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.272.

CSI does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. In an interview with the PREA Coordinator she confirmed that CSI does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Drapelick-Sullivan Center met the requirements of Standard 115.272.

Policy, Materials, Interviews and Other Evidence Reviewed

• Pre-audit Questionnaire
• Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
• Interview with the PREA Coordinator

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 the agency’s 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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.273.

CSI informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. According to the PREA Coordinator if CSI did not conduct the investigation into a resident's allegation of sexual abuse at Drapelick-Sullivan Center, the agency would request the relevant information from the investigative agency in order to inform a resident.

At the conclusion of an investigation (unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody), CSI would inform the resident: If the staff member is no longer employed at the facility, CSI learns that the staff member has been indicted on a charge related to sexual abuse at Drapelick-Sullivan Center, the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility, the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the alleged abuser has been convicted on a charge related to sexual abuse at Drapelick-Sullivan Center. The PREA Coordinator explained her responsibility to document all such notifications or attempted notifications of the resident (victim). Drapelick-Sullivan Center met the requirements of Standard 115.273.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Pre-audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator
- Sample: Notification letter to resident (example)
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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.276.

Employees are subject to disciplinary sanctions for violating CSI PREA sexual abuse or sexual harassment policies. There were zero incidents of a reported allegation of sexual harassment with staff in the past 12 months. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, may be reported to criminal investigators and to any law enforcement or relevant professional/certifying/licensing agencies by the agency, unless the activity was clearly not criminal. Compliance with this standard was determined by a review of policy/documentation and staff interviews. According to the PAQ dated March 20, 2019 completed by the PREA Coordinator, in the past 12 months, the number of staff from Drapelick-Sullivan Center who violated agency sexual abuse or sexual harassment policies was zero. During the onsite interview with the PREA Coordinator she confirmed that 115.276 (b)-1, (b)-2, (c)-1, (c)-2 and (d)-2 remained at zero. Drapelick-Sullivan Center met the requirements of Standard 115.276.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Pre-audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator

**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 engage 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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.277.

Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with residents and would be reported to the appropriate investigator, law enforcement, or relevant professional/licensing/certifying bodies, unless the activity was clearly not criminal in nature. In non-criminal cases, CSI would take appropriate remedial measures and consider whether to prohibit further contact with residents. According to the PAQ dated March 20, 2019 completed by the PREA Coordinator, during the past 12 months, there were zero incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment. During the onsite interview with the PREA Coordinator she confirmed that 115.277 (a)-4 remained at zero. Drapelick-Sullivan Center met the requirements of Standard 115.277.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator

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)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
The Connecticut Code of Penal Discipline defines sexual abuse as persons regardless of gender, consent, coercion, force of threat involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The code identifies residents engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Non-consensual sex or sexual harassment of any nature is prohibited and will result in a disciplinary action. CSI prohibits consensual sex between residents, but it does not constitute sexual abuse. CSI disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, along with the resident’s disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. CSI/Drapelick-Sullivan Center does not discipline residents who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with the PREA Coordinator and Program Director support compliance with this standard. The PREA Coordinator indicated that a resident’s mental disabilities or mental illness would a factor when determining the type of sanction, if any, should be imposed. Compliance with this standard was determined by a review of policy/documentation, and staff resident interviews. Drapelick-Sullivan Center met the requirements for Standard 115.278.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator

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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.282.

CSI/Drapelick-Sullivan Center provides medical and mental health services to all residents placed at the facility through a community referral service. CSI does not employ medical staff. All medical and mental health services are referred to the local hospital, appropriate community service organization or the CTDOC. Whether the victim does or does not want to file a criminal complaint or provide information to the investigator, the Program Director assures local resources for medical, mental health and victim advocate support are made available at no expense to the resident. Information and access to emergency medical care are offered to all resident victims, as clinically indicated. Victim advocacy services are offered in the community. Resident victims of sexual abuse are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. According to the PAQ dated March 20, 2019 completed by the PREA Coordinator, during the past 12 months, there were zero incidents there was zero allegation of sexual abuse that required referral for forensic examination and evidence collection by a SANE/SAFE examiner. During the onsite interview with the PREA Coordinator the Auditor confirmed that information provided in the PAQ regarding Standard 115.282 remained unchanged. Compliance with this standard was determined by a review of policy/documentation and interviews with a SANE/SAFE provider and medical representative at Saint Francis Hospital. Drapelick-Sullivan Center met the requirements for Standard 115.282.
Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator
- Interview with a hospital representative

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)

☐ Yes ☒ No

115.283 (b)

☐ Yes ☒ No

115.283 (c)

☐ Yes ☒ No

115.283 (d)

☐ Yes ☒ No ☐ NA

115.283 (e)

☐ Yes ☒ No ☐ NA
sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☐ 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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.283.

Drapelick-Sullivan Center offers 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 using community resource service providers. Drapelick-Sullivan Center does not employ medical or mental health practitioners. According to the PREA Coordinator the evaluation and treatment of victims would 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 community confinement. Drapelick-Sullivan Center confirmed that medical and mental health services
Provided to residents who are victims of sexual abuse would be consistent with the community level of care. Drapelick-Sullivan Center is an all-male facility. At the time of the on-site portion of the audit there were zero transgender males in the facility. In separate interviews with the Program Director and the PREA Coordinator each confirmed that resident victims of sexual abuse while on community confinement and when applicable they would be tests for sexually transmitted infections as medically appropriate. CSI policy indicates that treatment services would be 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. The Program Director confirmed that Drapelick-Sullivan Center would notify the referral source and refer a resident to community resources for 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. Drapelick-Sullivan Center met the requirements of Standard 115.283.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Pre-audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator
- Interview with the Program Director
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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.286.

In the past 12 months, Drapelick-Sullivan Center conducted zero sexual abuse incident reviews as indicated in the PAQ. The PREA Coordinator and Program Director ratified during separate interviews that in the past 12 months, the number of allegations of sexual abuse and sexual harassment that was received and investigated was zero, as indicated in the March 20, 2019 PAQ completed by the PREA Coordinator. Further, the number of allegations resulting in administrative/or criminal investigations was also zero as indicated in the March 20, 2019 PAQ completed by the PREA Coordinator.

The Auditor confirmed by examination of policy documentation and interviews that the Drapelick-Sullivan Center review team includes upper-level management officials, with input from line supervisors, and investigators. The review team consists of the COO, Assistant Chief Operating Officer, PREA Coordinator, Area Director and other pertinent staff as necessary. The Drapelick-Sullivan Center incident review analysis includes a review of critical incidents within 30 days of the closure of the sexual abuse/harassment incident. The team notes any facility group dynamics that may have contributed to the incident. Recommendations for subsequent policy change is made when appropriate, with the input of Human Resources and the Program Director. The results of the incident review analysis are documented and submitted to the CEO and other pertinent parties (Connecticut Department of Corrections PREA Unit, or the Referral Source as appropriate according to the PREA Coordinator.

More, the analysis will also include an examination of areas in the facility where sexual abuse has occurred or may be likely to occur. From the analysis, Drapelick-Sullivan Center will determine if physical barriers may have allowed the abuse to go undetected, the adequacy of staffing levels in those areas during different shifts, and the need for monitoring technology to supplement facility staff supervision. The Program Director indicated that the review team would: 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 Program Director, PREA Coordinator, COO and CEO. Drapelick-Sullivan Center met the requirements of Standard 115.286.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator
- Interview with the Program Director

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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.287.

The PREA Coordinator confirmed her role in CSI’s data collection process. At least annually, the PREA Coordinator will ensure a report is prepared that details sexual abuse findings and corrective actions for each program and CSI (PREA 115.287). The CEO shall approve the annual report. More, the PREA Coordinator indicated during her interview that the annual report will include a comparison of the current year’s data and corrective actions with those from prior years, an assessment of the company’s progress in addressing sexual abuse (PREA 115.211, 115.213, 115.218). CSI does not contract for the confinement of its residents. The incident-based data includes, 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. The annual report is made available to the public through on the CSI website. CSI maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Should CSI feel it necessary to redact information from the annual report prior to publication, redactions would be limited to specific materials where publication would present a clear and specific threat to the safety and security of the Drapelick-Sullivan Center. CSI confirmed that the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30th. Drapelick-Sullivan Center met the requirements of Standard 115.287.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator

### 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.
Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.288.

The PREA Coordinator during her interview confirmed that CSI reviews 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, to taking corrective action on an ongoing basis when applicable, to prepare an annual report of its findings and corrective actions for Drapelick-Sullivan Center and each facility, as well as the agency as a whole. A CSI annual report includes 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. The Auditor examined an annual report to determine compliance with Standard 115.288. The CSI annual report is approved by the agency head and made readily available to the public through its website. Should CSI feel it necessary to redact information from the annual report prior to publication, redactions would be limited to specific materials where publication would present a clear and specific threat to the safety and security of the Drapelick-Sullivan Center. Drapelick-Sullivan Center met the requirements of Standard 115.289.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator

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.*

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.289.

CSI ensures that data collected pursuant to Standard 115.287 is securely protected and retained. Prior to making the data public, all personal identifiers shall be redacted. The PREA Coordinator indicated that this data, minus redactions, shall also be provided to the CT DOC for inclusion in their annual report. CSI maintains records for at least 10 years after the date of initial collection unless Federal, State, or local law requires otherwise. Drapelick-Sullivan Center met the requirements of Standard 115.289.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator
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 prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) ☒ Yes ☐ No

115.401 (b)
- Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) ☐ Yes ☒ No ☐ NA

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 residents? ☒ 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.*

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.289.

CSI has ensured that each facility operated by the agency was audited at least once as confirmed by the Auditor. Three of Community Solution’s Inc. facilities underwent PREA audits in 2018. The programs audited were Cheyney House, Johnson and Stillman. Each program met all PREA Standards of compliance.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator
- 2018 PREA audit reviewed Cheyney House
- 2018 PREA audit reviewed Johnson-Stillhouse
- 2015 Stein audit reviewed
- 2015 Drapelick-Sullivan Center reviewed
- 2015 Sullivan Center reviewed

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. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeals 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.

Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE address the policy requirements of Standard 115.289.

CSI has published on its agency website www.csi-online.org. and the review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- Policy: Community Solutions Inc. Policy, (CSIP) 20-29, ADULT WORK RELEASE (AWR) - SEXUAL ASSAULT – HARASSMENT – PREA COMPLIANCE
- Interview with the PREA Coordinator
- 2018 PREA audit reviewed Cheyney House
- 2018 PREA audit reviewed Johnson-Stillhouse
- 2015 Stein audit reviewed
- 2015 Drapelick-Sullivan Center reviewed
- 2015 Stein Center reviewed
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.

Sonya Love ___________________________ 10/06/2019

Auditor Signature Date

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