

Annual PREA Report for FY17

During FY17, Perception Programs had seven PREA complaints. Three of these complaints were unfounded, three were unsubstantiated and one was substantiated (sexual abuse). Four complaints originated in Brooklyn Bridge, two in Next Step and one in Perception House.

Substantiated Incidents:

<b>Total number of non-consensual sexual acts</b>	<b>0</b>
<b>Total number of abusive sexual acts</b>	<b>1</b>
<b>Total number of sexual harassment incidents</b>	<b>0</b>
<b>Total number of staff sexual misconduct</b>	<b>0</b>
<b>Total number of staff sexual harassment</b>	<b>0</b>

No corrective action was necessary.

Submitted by:

Denise Keane  
PREA Coordinator

# PREA AUDIT: AUDITOR'S SUMMARY REPORT - FINAL COMMUNITY CONFINEMENT FACILITIES



<b>Name of facility: Next Step Cottage</b>			
<b>Physical address: 215 Valley Street, Willimantic, CT 06226</b>			
<b>Date report submitted: 03/23/2015</b>			
<b>Auditor Information: Kevin Maurer, DOJ Certified PREA Auditor</b>			
<b>Address: P.O. Box 4068, Deerfield Beach, FL 33442</b>			
<b>Email: kevin.maurer@us.g4s.com</b>			
<b>Telephone Number: 954-790-3735</b>			
<b>Date of facility visit: 12/10/2014</b>			
<b>Facility Information:</b>			
<b>Facility mailing address: (if different from above)</b>			
<b>Telephone number: 860-450-7250</b>			
<b>The facility is:</b>	Military	County	Federal
	Private for profit	Municipal	State
	<b>Private not for profit</b>		
<b>Facility Type:</b>	Community treatment center Halfway house <b>Alcohol or drug rehabilitation</b>	Community based confinement facility Mental health facility	Other:
	<b>Name of Facility Head: Rhonda Knight</b>		<b>Title: Program Director</b>
<b>Email address: rhonda.knight@perceptionprograms.org</b>		<b>Telephone number: 860-450-7250</b>	
<b>Name of PREA Compliance Manager (if applicable): N/A</b>			<b>Title:</b>
<b>Email address:</b>			<b>Telephone number:</b>
<b>Agency Information:</b>			
<b>Name of agency: Perception Programs, Inc</b>			
<b>Governing authority or parent agency: (if applicable)</b>			
<b>Physical address: 54 North Street, Willimantic, CT, 06226</b>			
<b>Mailing address: (if different from above)</b>			
<b>Telephone number: 860-450-7122</b>			
<b>Agency Chief Executive Officer:</b>			
<b>Name: Linda Mastrianni</b>		<b>Title: CEO</b>	

<b>Email address: linda.mastrianni@perceptionprograms.org</b>	<b>Telephone number: 860-450-7122</b>
<b>Agency-Wide PREA Coordinator</b>	
<b>Name: Denise Keane</b>	<b>Title: Associate Director</b>
<b>Email address: denise.keane@perceptionprograms.org</b>	<b>Telephone number: 860-450-7122</b>

## AUDIT FINDINGS

### NARRATIVE:

Next Step Cottage was audited December 9 - 10, 2014 by DOJ PREA Auditor Kevin Maurer. Prior to the on-site audit, a review of all pre-audit documents was completed. During the initial audit meeting, Denise Keane, Associate Director of Perception Programs, Inc., and Rhonda Knight, Program Director of Next Step Cottage were present. A facility tour was conducted, which included the main building, the Cottage House building, and the surrounding grounds. During the tour, it was noted that the Notice of PREA Audit and other PREA related materials were posted in several locations.

Interviewees were identified from a list of staff and residents. The interviewees included 10 residents and 11 staff. In the past 12 months, there were no reported allegations of sexual abuse or sexual harassment. Additionally, there are no residents who identified with being LGBTI.

It should be noted that the staff of Perception Programs, Inc., and Next Step Cottage were very well prepared and organized for the on-site audit, and all pre-audit materials were in order and well highlighted. This shows the dedication and concern for the PREA program from both a corporate as well as a program level.

### DESCRIPTION OF FACILITY CHARACTERISTICS:

Next Step Cottage is located in Willimantic, CT in an older residential area. Two buildings make up the facility. The main building is comprised of living quarters for the residents as well as staff offices. The second building, Cottage House, is used as living quarters only, and has one staff office.

Next Step Cottage is a component of Perception Programs, Inc., and is a not for profit treatment facility. It is a work release and treatment program designed to help female offenders re-enter the community after incarceration by decreasing at-risk factors which contribute to recidivism. The program's focus is to assist and motivate women who want to be independent and responsible members of the community by securing employment, meeting educational goals, and increasing pro-social supports. In addition, the program also addresses primary treatment needs which include mental health and substance abuse issues, as well as trauma related to domestic violence and sexual abuse. As a result, it is an essential part of Next Step Cottage to establish and provide an environment to each woman that is safe, secure, healthy, pleasant, comfortable, and warm.

### SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	1
Number of standards met:	36
Number of standards not applicable:	2
Number of standards not met:	0

**Standard****§ 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

There are written policies addressing the zero tolerance toward sexual abuse and sexual harassment. Next Step Cottage Policy I.C.6.b. and Administration Policy III.A.16 addresses this in detail and shows a serious commitment by both Next Step Cottage and its parent organization, Perception Programs, Inc. that sexual abuse and sexual harassment will not be tolerated.

Policy I.C.6.b. outlines how Next Step Cottage will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Additionally, it includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, as well as includes sanctions for those found to have participated in prohibited behaviors.

Policy III.A.16 states that the Associate Director of Perception Programs, Inc. shall be the PREA Coordinator. Denise Keane is in this position, and stated that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities.

**Standard****§ 115.212 Contracting with other entities for the confinement of residents.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Next Step Cottage does not contract with other entities for the confinement of residents

**Standard****§ 115.213 Supervision and monitoring.**

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

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.1 addresses the staffing plan. It provides for adequate levels of staffing and video monitoring to protect residents against sexual abuse. There were two "blind spots" identified at the Next Step Cottage facilities. These consist of two "L" shaped stairways, one located in the main house between the 2<sup>nd</sup> and third floor, and the second "blind spot" is located in the Cottage Place building between the 2<sup>nd</sup> and 3<sup>rd</sup> floor. A corrective action plan was developed where additional video cameras will be placed in these areas for viewing of both legs of the "L" to enhance monitoring and eliminate the "blind spots". The target date for the installation of the cameras is 3/31/2015.

The minimum resident to staff is 14:1, with a minimum of 2 staff on duty on all shifts. On 3<sup>rd</sup> shift, one staff member is assigned to each building. The reasons for the most common deviations from the staffing plan are staff calling out sick, staff vacation, and unavailable part-time staff. Video cameras are utilized to assist in monitoring of residents in both buildings and around the grounds of the facility. The staffing plan was last reviewed on October 29, 2014.

**Corrective action completed:** Additional cameras were installed in the "L-Shaped" hallways in both the Main House as well as the Cottage Place buildings. This enhanced monitoring capability eliminates the "blind spots" described above.

#### **Standard**

##### **§ 115.215 Limits to cross-gender viewing and searches.**

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

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b. addresses cross-gender viewing and searches. Strip Searches, including body cavity searches, are prohibited. Pat-down searches are also prohibited. Staff of the opposite gender will never be permitted to view breasts, buttocks, or genitalia. Staff must not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. A resident's genital status may be determined based on all information available to the program. Additionally, Staff must announce their presence when entering areas of the facility where residents of the opposite sex may be performing bodily functions or dressing. All bathrooms in both buildings of the facility are single occupancy only. Bedrooms vary from 1 to 4 beds each.

#### **Standard**

##### **§ 115.216 Residents with disabilities and residents who are limited English proficient.**

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

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy I.A.1 states that Next Step Cottage does not accept residents who are blind or deaf, as they would not be able to participate in the program. When residents have been admitted who may have special comprehension needs due to literacy or language barriers, specific procedures are followed to ensure comprehension. This includes signage and documents provided in both English and Spanish, and utilizing language assistance services to obtain translation, if necessary. Perception Programs, Inc. employs many bilingual/bicultural Spanish speaking staff who facilitates

communication with Spanish speaking residents throughout the agency. Next Step Cottage uses the University of Connecticut free translation services for languages other than Spanish. Residents with identified literacy problems also will be referred to a literacy volunteer or adult education program.

**Standard**

**§ 115.217 Hiring and promotion decisions.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy III.C.9 states that all applicants for employment, internship, contracted services, or volunteer opportunities will be appropriately screened for appropriateness for position and contact with residents. It further states that a criminal background record check will be conducted for staff who may have contact with residents prior to employment, and at least every 5 years thereafter for current staff. Additionally, Perception Programs, Inc. will make a best effort approach to contacting 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.

Policy III.C.9 further addresses that Perception Programs, Inc. will not hire or promote anyone who may have contact with residents who has engaged in sexual abuse any confinement or treatment setting; 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; or has been civilly or administratively adjudicated to have engaged those activities. Additionally, Perception Programs, Inc. shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

**Standard**

**§ 115.218 Upgrades to facilities and technologies.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

There were two "blind spots" identified at the Next Step Cottage facilities. These consist of two "L" shaped stairways, one located in the main house between the 2<sup>nd</sup> and third floor, and the second "blind spot" is located in the Cottage Place building between the 2<sup>nd</sup> and 3<sup>rd</sup> floor. A corrective action plan was developed where additional video cameras will be placed in these areas for viewing of both legs of the "L" to enhance monitoring and eliminate the "blind spots". The target date for the installation of the cameras is 3/31/2015.

All camera views were observed by the auditor, and there do not seem to be any additional blind spot issues at the facility.

**Corrective action completed:** Additional cameras were installed in the "L-Shaped" hallways in both the Main House as well as the Cottage Place buildings. This enhanced monitoring capability eliminates the "blind spots" described above.

**Standard**

**§ 115.221 Evidence protocol and forensic medical examinations.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Next Step Cottage is responsible for conducting administrative sexual abuse investigations only. The Willimantic Police Department is responsible for conducting criminal sexual abuse investigations. There is currently a MOU between Next Step Cottage and the Willimantic Police Department.

Policy I.C.6.b states Perception Programs will report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation. Staff will call 911 to obtain transportation for the resident to the nearest acute care hospital for care and examination.

The Program Director/supervisory designee will contact Connecticut Sexual Assault Crisis Services to arrange for a sexual assault advocate to go to the hospital where the resident is being transported. A formal MOU with Connecticut Sexual Assault Crisis Services is currently in development, however there is documentation through e-mail correspondence that Connecticut Sexual Assault Crisis Services will provide services if needed.

**Standard**

**§ 115.222 Policies to ensure referrals of allegations for investigations.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b states that all staff will immediately report to the PREA Coordinator, the Program Director, the HR Director, or any supervisor or manager or senior management staff any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the program, retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment, and any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation. All reports of sexual abuse and sexual harassment that are received from third parties will be received and responded to according to policy by all staff. Perception Programs will report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation.

**Standard**

**§ 115.231 Employee training.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Agency Policy III.C.19 addresses that all staff will receive initial and annual training on PREA regulations, which includes all 10 required items listed in the standard. Documentation shows that 100% of staff has received the required training within the last 12 months. Staff interviews confirm training and the training topics.

**Standard**

**§ 115.232 Volunteer and contractor training.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Agency Policy III.C.19 addresses that all volunteers who have contact with residents will receive initial and annual training on PREA regulations, which includes all 10 required items listed in the standard. Next Step Cottage has one volunteer. Documentation shows that the volunteer has received the required training within the last 12 months.

Next Step Cottage has no contractors who have contact with residents.

**Standard**

**§ 115.233 Resident education.**

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

**Auditor comments, including corrective actions needed if does not meet standard**



Policy III.C.6.b addresses that during the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The PREA information pamphlet is available in both English and Spanish. Additional PREA information is contained in the Resident Handbook, as well as posted throughout the facility.

Documentation shows that all residents have received the required PREA training upon their intake into the facility. Resident interviews confirm training and topics.

**Standard**

**§ 115.234 Specialized training: Investigations.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy III.A.16 states that The PREA Coordinator will conduct administrative investigations, for which training through the PRC will be completed. Documentation shows that Denise Keane completed the Investigating Sexual Abuse in Confinement Settings course on May 27, 2014, and again on October 27, 2014.

**Standard**

**§ 115.235 Specialized training: Medical and mental health care.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b requires that all mental health staff will be trained in how to detect signs of sexual abuse, how to preserve evidence of sexual abuse, how to respond effectively to victims of sexual abuse, and how to report allegations or suspicions of sexual abuse. Documentation shows that all mental health staff has completed this training.

Next Step Cottage has no medical staff.

**Standard**

**§ 115.241 Screening for risk of victimization and abusiveness.**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.A.3 requires that within 24 hours of admission the resident will meet with their assigned clinician who works with the individual to complete a behavioral health and needs assessment. The evaluation will include a complete Psycho/Social history, an identification of individual strengths, an assessment of the resident’s personality functioning, and an identification of the factors which contribute to the resident’s current dysfunction. The policy also requires that all residents will be reassessed every 30 days, or when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness. The 30 day requirement contained in the policy exceeds the standard. Next Step Cottage screens all residents for risk of being sexually abused or being sexually abusive. These assessment questions are part of the electronic health record (EHR) assessment and recorded within an EHR document for easy retrieval.

The PREA Risk Assessment screening tool takes into account the 9 criteria identified in the standard. Additionally, the policy states that residents answer questions voluntarily, and no repercussions occur if a resident declines to answer a question, or declines to disclose all relevant information.

**Standard**

**§ 115.242 Use of screening information.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy II.A.1.c states that assignment to sleeping quarters will take into account the results of the resident’s PREA risk assessment, sexual orientation, gender identity, and any other relevant factors. All bathroom facilities are single person use only, therefore, if there is a transgender or intersex resident, they would have the opportunity to shower separately from other residents.

**Standard**

**§ 115.251 Resident reporting.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b addresses resident reporting. It states that residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents by written notes, written grievances, or verbal communication to clinical staff, the Program Director, a Parole Officer or the PREA coordinator. Residents also have access to a telephone and may contact the Sexual Assault Crisis Center or the police. The reporting of sexual

abuse or sexual harassment may remain anonymous and may be reported by third parties. This information is made available to the residents upon intake, when they are provided a PREA Pamphlet, Resident Handbook, and advised of the PREA related postings throughout the facility. Resident interviews confirm understanding of reporting procedures.

Staff is advised of their duty to report incidents of sexual abuse and sexual harassment and is provided contact information for reporting privately to the PREA Coordinator.

**Standard**

**§ 115.252 Exhaustion of administrative remedies.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b addresses exhaustion of administrative remedies. It states that residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents by written notes, written grievances, or verbal communication to clinical staff, the Program Director, a Parole Officer or the PREA coordinator. Residents also have access to a telephone and may contact the Sexual Assault Crisis Center or the police. The reporting of sexual abuse or sexual harassment may remain anonymous and may be reported by third parties.

Additionally, policy I.B.11 addresses both the grievance system and the emergency grievance system without the need of first utilizing any of the other means of reporting as outlined in policy I.C.6.b. The Associate Director will send a written acknowledgement of receiving the grievance no later than 7 days after it was received, indicating the 21 day mark by which a meeting/interview will occur and a response to the resident will be given. The Program Director is notified immediately as to an emergency grievance situation. If the Program Director is not available, the Associate Director shall be contacted. In cases where a complaint involves sexual abuse, every effort will be made to respond as quickly as possible. In such cases, the Executive Director will be notified immediately upon receipt of the complaint at any level.

**Standard**

**§ 115.253 Resident access to outside confidential support services.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.B.1 states that the resident's primary clinician will provide the resident with information on outside victim advocate for emotional support and treatment services not provided by Next Step Cottage. This information is provided to the residents in writing through the PREA Pamphlet given to them during their PREA screening. Additionally, the residents are informed that the communications with the outside services will be kept strictly confidential, and they are made aware of the mandatory reporting requirement.

**Standard**

**§ 115.254 Third-party reporting.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Next Step Cottage offers four ways of third-party reporting sexual abuse and sexual harassment of residents. The Perception Programs, Inc. website, [www.perceptionprograms.org](http://www.perceptionprograms.org), provides contact information to receive third-party reports of sexual abuse and sexual harassment on behalf of residents. Interviews with residents and staff verify that they are aware of third-party reporting.

**Standard**

**§ 115.261 Staff and agency reporting duties.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b states that all staff will immediately report to the PREA Coordinator, the Program Director, the HR Director, or any supervisor or manager or senior management staff any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the program, retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment, and any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation. The policy further states that staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Additionally, Perception Programs will report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation. During the PREA screening, mental health clinicians inform residents of their duty to report sexual abuse.

Interviews with staff confirm their understanding of their duty to report.

**Standard**

**§ 115.262 Agency protection duties.**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard)

for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b addresses agency protection duties, and states that if risk factors indicate that a resident is either at risk of being abused or being an abuser, staff must utilize steps to mitigate any danger to resident(s), which may include consultation with Referral Source, direct sight and sound supervision, or single room housing. Any resident found to be at risk will be segregated during transportation in a Perception Programs' vehicle.

Interviews with staff confirm their understanding of protection duties.

**Standard**

**§ 115.263 Reporting to other confinement facilities.**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b states that within 72 hours of receiving an allegation that a resident was sexually abused while confined at another facility, the PREA Coordinator will notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Notification will be documented. Reports from other agencies regarding allegations of sexual abuse within a Perception Programs facility will be handled as a third-party report and investigated.

**Standard**

**§ 115.264 Staff first responder duties.**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b addresses staff first responder duties of an alleged sexual abuse incident. Staff are not security staff, and do not investigate allegations of sexual abuse. However, the policy requires that Perception Programs will report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation. Staff will call 911 to obtain transportation for the resident to the nearest acute care hospital for care and examination. When a resident states that they have been sexually abused, Staff will separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, and will request that the alleged victim not take any action that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating, unless medically indicated.

Each staff member is provided with a PREA Protocol card that outlines their responsibilities as a first responder to an alleged sexual assault incident.

Interviews with staff confirm their understanding of the first responder duties.

**Standard**

**§ 115.265 Coordinated response.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Perception Programs, Inc. has a written PREA Coordinated Response Plan which outlines the duties of first responders, the Program Director, Associate Director, clinicians, mental health staff, and the House Manager. It provides for the immediate notification of law enforcement, emergency medical transport if needed, and notification to the Sexual Assault Crisis Agency if needed.

**Standard**

**§ 115.266 Preservation of ability to protect residents from contact with abusers.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Next Step Cottage is not unionized and does not enter into collective bargaining agreements.

**Standard**

**§ 115.267 Agency protection against retaliation.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Perception Programs, Inc. has a whistle blower policy that states employees, or any person acting on behalf of the employee, will not be discharged, disciplined or otherwise penalized by the agency for reporting, either verbally or in

writing, a violation of any state or federal law or regulation, any municipal ordinance or regulation, any matter involving corruption, unethical practices, mismanagement, gross waste of funds, abuse of authority or danger to public safety. Employees filing a complaint concerning a violation or suspected violation must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation. Any employee that makes an allegation that cannot be substantiated and which proves to have been knowingly false will be subject to disciplinary action up to and including termination of employment. Employees submitting violations or suspected violations are to use the same procedure as for submitting grievances.

Policy I.C.6.b addresses protection from retaliation for reporting sexual abuse or sexual harassment. The policy states that Next Step Cottage will employ all available measures to protect vulnerable residents from retaliation or prevent abusers from having the opportunity to retaliate by consultation with Referral Source, removing alleged resident abusers from contact with victims, removing alleged staff abusers from contact with victims, monitoring resident rooms, including by direct observation, if necessary, transferring potential victims/abusers to other facilities, if operationally possible, segregation during transportation in transport vehicles, and actively monitor the conduct and treatment of residents or staff who have reported abuse and of residents who have reported to have suffered abuse for signs of retaliation. The program will remedy any signs of retaliation detected, and protect individuals who cooperate in investigations who express fear of retaliation. Based on interviews with staff, monitoring continues as long as the resident is in the program, since average length of stay is 60 – 90 days.

**Standard**

**§ 115.271 Criminal and administrative agency investigations.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Perception Programs, Inc. conducts administrative investigations of any alleged act of sexual abuse or sexual harassment. Policy III.C.19 addresses administrative agency investigations. The policy complies with all requirements of the standard, which include an effort to determine whether staff actions or failures to act contributed to the abuse. These shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attach copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. All investigations are carried through to completion, regardless of whether the alleged abuser or victim remains at the facility or under supervision. The program shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The administrative investigator has completed the training course Investigating Sexual Abuse in Confinement Settings.

All criminal investigations of alleged sexual abuse and sexual harassment are completed by the Willimantic Police Department. There is currently an MOU on file documenting this agreement.

**Standard**

**§ 115.272 Evidentiary standard for administrative investigations.**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard)

for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy III.C.19 states that Perception Programs, Inc. shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

**Standard**

**§ 115.273 Reporting to residents.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b follows the standard for reporting to residents. The policy requires that at the conclusion of sexual abuse or sexual harassment investigation, the agency notifies the resident if the allegation was found to be substantiated, unsubstantiated, or unfounded, as well as other applicable information as stated in the standard.

**Standard**

**§ 115.276 Disciplinary sanctions for staff.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b outlines the disciplinary sanctions for staff for violations of sexual abuse or sexual harassment policies. The policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies, with termination as the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be 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. 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

**Standard**

**§ 115.277 Corrective action for contractors and volunteers.**

- Exceeds Standard (substantially exceeds requirement of standard)



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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b addresses the corrective action for contractors and volunteers. It states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

**Standard**

**§ 115.278 Disciplinary sanctions for residents.**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b provides for the disciplinary sanctions for residents. Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Sanctions shall be 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. The disciplinary process will consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The facility will provide therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The program will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The Next Step Cottage program prohibits all sexual activity between residents and will discipline residents for such activity. It does not, however, deem such activity to constitute sexual abuse if it is determined that the activity is not coerced.

Additionally, policy I.C.5 states that Next Step Cottage does not use physical restraint or seclusion. Residents who require these interventions will not be admitted. Residents who are already admitted and develop requirements for these interventions will be discharged, with a referral to a more appropriate program. It is a violation of agency policy to use physical force, restraint or seclusion at any of our programs. Personal abuse, corporal and/or unusual/excessive punishment is prohibited and may result in any employee's suspension or termination from Perception Programs. Internal consequences are utilized for interventions needed to deal with resident infractions needing discipline. These include loss of privileges i.e.; visits, phones, Behavioral Contracts, additional chores, and loss of community activities. Sanctions for major resident behavioral issues, such as physical or sexual assaults, hate crimes, etc. will be handled in collaboration with the police and Judicial System officers if appropriate, and may result in removal from the program.

**Standard**

**§ 115.282 Access to emergency medical and mental health services.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Next Step Cottage does not have qualified medical staff. Therefore, as stated in policy I.C.6.b, staff will call 911 to obtain transportation for the resident to the nearest acute care hospital for care and examination. The policy also outlines the steps the staff will take as a first responder to protect the victim. . As outlined in the Response Plan, notification is also made if necessary to the Sexual Assault Crisis Agency.

Female residents, who have had sexually abusive vaginal penetration while confined, or otherwise, are offered pregnancy tests. All residents who have been sexually abused during confinement are offered tests for sexually transmitted infections. These tests are conducted by either Generations or Planned Parenthood. If a resident's pregnancy results from sexual abuse while in confinement, she will receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

**Standard**

**§ 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.B.1 addresses that Next Step Cottage clinicians will provide the resident with information on sexual abuse treatment services not provided by Next Step Cottage. Additionally, case management assists the resident in meeting her personalized treatment plan, and provides direction in obtaining those resources needed for successful community living such as additional education, career counseling and training, employment, housing, health care, sexual abuse counseling, social and recreational outlets and other supportive services. When necessary, staff will train residents in how to access and use these resources.

Female residents, who have had sexually abusive vaginal penetration while confined, or otherwise, are offered pregnancy tests. All residents who have been sexually abused during confinement are offered tests for sexually transmitted infections. These tests are conducted by either Generations or Planned Parenthood. If a resident's pregnancy results from sexual abuse while in confinement, she will receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Treatment services are provided at no cost to the victim.

**Standard**

**§ 115.286 Sexual abuse incident reviews.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

As addressed in policy III.A.16, all incidents of sexual abuse will be treated as critical incidents and reviewed at the senior management level. Reviews will focus on any indicators of a need to change a policy or practice, to better train staff, or for precipitating factors that need to be alleviated (i.e., racial or group dynamics). The BJS Survey of Sexual Violence adult incident form will be utilized as well as an internal PPI incident form.

Sexual abuse Incident reviews are within 30 days of the conclusion of every criminal or administrative investigation. Policy III.C.19 outlines the steps taken during a sexual abuse incident review, which follow the criteria of the standard. A report of findings is prepared outlining determinations and recommendations for improvement.

**Standard**

**§ 115.287 Data collection.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy III.C.19 addresses data collection and states that Perception Programs, Inc. collects accurate uniform data for every allegation of sexual abuse in its programs using a standard instrument and set of definitions. The BJS Survey of Sexual Violence adult incident form is utilized as well as an internal PPI incident form.

The policy further provides that Perception Programs, Inc. shall aggregate the incident-based sexual abuse data at least annually. The incident-based data collected shall 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. Perception Programs, Inc. maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.

**Standard**

**§ 115.288 Data review for corrective action.**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy III.C.19 requires that Perception Programs, Inc. shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including. This includes identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The report shall be approved by the agency head and made readily available to the public through its website.

**Standard**

**§ 115.289 Data storage, publication, and destruction.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy III.A.16 addresses data storage, publication, and destruction. It requires that all Incident information and aggregate PREA data is securely retained electronically by the Associate Director. Aggregated sexual abuse data shall be made available to the public annually through the Perception Programs, Inc. website after the removal of any personal identifiers. The policy also states that all data will be maintained for a minimum of 10 years after collection.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

*Kemi M. Mann*

03/23/2015

Auditor Signature

Date

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## COMMUNITY CONFINEMENT FACILITIES



<b>Name of facility:</b> Perception House			
<b>Physical address:</b> 134 Church Street, Willimantic, CT 06226			
<b>Date report submitted:</b> 01/08/2015			
<b>Auditor Information:</b> Kevin Maurer, DOJ Certified PREA Auditor			
<b>Address:</b> P.O. Box 4068, Deerfield Beach, FL 33442			
<b>Email:</b> kevin.maurer@us.g4s.com			
<b>Telephone Number:</b> 954-790-3735			
<b>Date of facility visit:</b> 12/8/2014			
<b>Facility Information:</b>			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 860-450-7130			
<b>The facility is:</b>	Military	County	Federal
	Private for profit	Municipal	State
	<b>Private not for profit</b>		
<b>Facility Type:</b>	Community treatment center Halfway house <b>Alcohol or drug rehabilitation</b>	Community based confinement facility Mental health facility	Other:
	<b>Name of Facility Head:</b> Christine White		<b>Title:</b> Program Director
<b>Email address:</b> christine.white@perceptionprograms.org		<b>Telephone number:</b> 860-450-7130	
<b>Name of PREA Compliance Manager (if applicable):</b> N/A			<b>Title:</b>
<b>Email address:</b>			<b>Telephone number:</b>
<b>Agency Information:</b>			
<b>Name of agency:</b> Perception Programs, Inc			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 54 North Street, Willimantic, CT, 06226			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 860-450-7122			
<b>Agency Chief Executive Officer:</b>			
<b>Name:</b> Linda Mastrianni		<b>Title:</b> CEO	

<b>Email address: linda.mastrianni@perceptionprograms.org</b>	<b>Telephone number: 860-450-7122</b>
<b>Agency-Wide PREA Coordinator</b>	
<b>Name: Denise Keane</b>	<b>Title: Associate Director</b>
<b>Email address: denise.keane@perceptionprograms.org</b>	<b>Telephone number: 860-450-7122</b>

## **AUDIT FINDINGS**

### **NARRATIVE:**

Perception House was audited December 8 - 9, 2014 by DOJ PREA Auditor Kevin Maurer. Prior to the on-site audit, a review of all pre-audit documents was completed. During the initial audit meeting, Denise Keane, Associate Director of Perception Programs, Inc., and Christine White, Program Director of Perception House were present. A facility tour was conducted, which included the main building, the clinical facility, and the surrounding grounds. During the tour, it was noted that the Notice of PREA Audit and other PREA related materials were posted in several locations.

Interviewees were identified from a list of staff and residents. The interviewees included 10 residents and 11 staff. In the past 12 months, there was 1 reported allegation of sexual harassment, which was deemed to be unfounded. There were no allegations of sexual abuse. Additionally, there are no residents who identified with being LGBTI.

It should be noted that the staff of Perception Programs, Inc., and Perception House were very well prepared and organized for the on-site audit, and all pre-audit materials were in order and well highlighted. This shows the dedication and concern for the PREA program from both a corporate as well as a program level.

### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

Perception House is located in Willimantic, CT in an older residential area. Two buildings make up the facility. The main building is comprised of the living quarters for the residents as well as staff offices. The clinical facility has the office area for clinicians, and a multi-purpose group room.

Perception House is a component of Perception Programs, Inc., and is a not for profit treatment facility. It is an intermediate length residential treatment facility for men and women living with substance use and mental health issues. Residents participate in structured treatment groups and individual therapy sessions as well as the development of their individualized treatment plan. Treatment plans address behavioral health issues which may include social, vocational, legal, educational and spiritual components. Perception House addresses the needs of the mind, body and spirit as a whole to achieve sustained recovery.

### **SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded:	1
Number of standards met:	36
Number of standards not applicable:	2
Number of standards not met:	0

**Standard**

**§ 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

There are written policies addressing the zero tolerance toward sexual abuse and sexual harassment. Perception House Policy I.C.6.b. and Administration Policy III.A.16 addresses this in detail and shows a serious commitment by both Perception House and its parent organization, Perception Programs, Inc. that sexual abuse and sexual harassment will not be tolerated.

Policy I.C.6.b. outlines how Perception House will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Additionally, it includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, as well as includes sanctions for those found to have participated in prohibited behaviors.

Policy III.A.16 states that the Associate Director of Perception Programs, Inc. shall be the PREA Coordinator. Denise Keane is in this position, and stated that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities.

**Standard**

**§ 115.212 Contracting with other entities for the confinement of residents.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Perception House does not contract with other entities for the confinement of residents

**Standard**

**§ 115.213 Supervision and monitoring.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.1 addresses the staffing plan. It provides for adequate levels of staffing and video monitoring to protect residents against sexual abuse. The minimum resident to staff is 10:1, with a minimum of 2 staff on duty on all shifts except 3<sup>rd</sup> shift, when 1 staff member is scheduled. The reasons for the most common deviations from the staffing plan are staff calling out sick, staff vacation, and unavailable part-time staff. Video cameras are utilized to assist in monitoring of residents in both buildings and around the grounds of the facility. The staffing plan was last reviewed on October 29, 2014.

**Standard**

**§ 115.215 Limits to cross-gender viewing and searches.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b. addresses cross-gender viewing and searches. Strip Searches, including body cavity searches, are prohibited. Pat-down searches are also prohibited. Staff of the opposite gender will never be permitted to view breasts, buttocks, or genitalia. Staff must not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. A resident's genital status may be determined based on all information available to the program. Additionally, Staff must announce their presence when entering areas of the facility where residents of the opposite sex may be performing bodily functions or dressing. All bathrooms in both buildings of the facility are single occupancy only. Male and female bedrooms are separated from each other and vary from 1 to 4 beds each.

**Standard**

**§ 115.216 Residents with disabilities and residents who are limited English proficient.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.A.1 states that Perception House does not accept residents who are blind or deaf, as they would not be able to participate in the program. When residents have been admitted who may have special comprehension needs due to literacy or language barriers, specific procedures are followed to ensure comprehension. This includes signage and documents provided in both English and Spanish, and utilizing language assistance services to obtain translation, if necessary. Perception Programs, Inc. employs many bilingual/bicultural Spanish speaking staff who facilitates communication with Spanish speaking residents throughout the agency. Perception House uses the University of Connecticut free translation services for languages other than Spanish. Residents with identified literacy problems also will be referred to a literacy volunteer or adult education program.



**Standard**

**§ 115.217 Hiring and promotion decisions.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy III.C.9 states that all applicants for employment, internship, contracted services, or volunteer opportunities will be appropriately screened for appropriateness for position and contact with residents. It further states that a criminal background record check will be conducted for staff who may have contact with residents prior to employment, and at least every 5 years thereafter for current staff. Additionally, Perception Programs, Inc. will make a best effort approach to contacting 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.

Policy III.C.9 further addresses that Perception Programs, Inc. will not hire or promote anyone who may have contact with residents who has engaged in sexual abuse any confinement or treatment setting; 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; or has been civilly or administratively adjudicated to have engaged those activities. Additionally, Perception Programs, Inc. shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

**Standard**

**§ 115.218 Upgrades to facilities and technologies.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Perception House has recently installed two new video cameras. Both cameras are located on the exterior of the clinical facility. One camera monitors the ally way along the "blind" side of the building, and the second camera monitors the back of the building.

All camera views were observed by the auditor, and there do not seem to be any blind spot issues at the facility.

**Standard**

**§ 115.221 Evidence protocol and forensic medical examinations.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Perception House is responsible for conducting administrative sexual abuse investigations only. The Willimantic Police Department is responsible for conducting criminal sexual abuse investigations. There is currently a MOU between Perception House and the Willimantic Police Department.

Policy I.C.6.b states Perception Programs will report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation. Staff will call 911 to obtain transportation for the resident to the nearest acute care hospital for care and examination.

The Program Director/supervisory designee will contact Connecticut Sexual Assault Crisis Services to arrange for a sexual assault advocate to go to the hospital where the resident is being transported. A formal MOU with Connecticut Sexual Assault Crisis Services is currently in development, however there is documentation through e-mail correspondence that Connecticut Sexual Assault Crisis Services will provide services if needed.

**Standard**

**§ 115.222 Policies to ensure referrals of allegations for investigations.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b states that all staff will immediately report to the PREA Coordinator, the Program Director, the HR Director, or any supervisor or manager or senior management staff any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the program, retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment, and any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation. All reports of sexual abuse and sexual harassment that are received from third parties will be received and responded to according to policy by all staff. Perception Programs will report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation.

**Standard**

**§ 115.231 Employee training.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Agency Policy III.C.19 addresses that all staff will receive initial and annual training on PREA regulations, which includes all 10 required items listed in the standard. Documentation shows that 100% of staff has received the required training within the last 12 months. Staff interviews confirm training and the training topics.

**Standard**

**§ 115.232 Volunteer and contractor training.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Agency Policy III.C.19 addresses that all volunteers who have contact with residents will receive initial and annual training on PREA regulations, which includes all 10 required items listed in the standard. Perception House has one volunteer. Documentation shows that the volunteer has received the required training within the last 12 months, and was confirmed during the interview.

Perception House has no contractors who have contact with residents.

**Standard**

**§ 115.233 Resident education.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy III.C.6.b addresses that during the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The PREA information pamphlet is available in both English and Spanish. Additional PREA information is contained in the Resident Handbook, as well as posted throughout the facility.

Documentation shows that all residents have received the required PREA training upon their intake into the facility. Resident interviews confirm training and topics.

**Standard**

**§ 115.234 Specialized training: Investigations.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy III.A.16 states that The PREA Coordinator will conduct administrative investigations, for which training through the PRC will be completed. Documentation shows that Denise Keane completed the Investigating Sexual Abuse in Confinement Settings course on May 27, 2014, and again on October 27, 2014.

**Standard**

**§ 115.235 Specialized training: Medical and mental health care.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b requires that all mental health staff will be trained in how to detect signs of sexual abuse, how to preserve evidence of sexual abuse, how to respond effectively to victims of sexual abuse, and how to report allegations or suspicions of sexual abuse. Documentation shows that all mental health staff has completed this training.

Perception House has no medical staff.

**Standard**

**§ 115.241 Screening for risk of victimization and abusiveness.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.A.3 requires that within 24 hours of admission the resident will meet with their assigned clinician who works with the individual to complete a behavioral health and needs assessment. The evaluation will include a complete Psycho/Social history, an identification of individual strengths, an assessment of the resident's personality functioning, and an identification of the factors which contribute to the resident's current dysfunction. The policy also requires that all residents will be reassessed every 30 days, or when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. The 30 day requirement contained in the policy exceeds the standard. Perception House screens all residents for risk of being sexually abused or being sexually abusive. These assessment questions are part of the electronic health record (EHR) assessment and recorded within an EHR document for easy retrieval.

The PREA Risk Assessment screening tool takes into account the 9 criteria identified in the standard. Additionally, the policy states that residents answer questions voluntarily, and no repercussions occur if a resident declines to answer a question, or declines to disclose all relevant information.

**Standard****§ 115.242 Use of screening information.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy II.A.1.c states that assignment to sleeping quarters will take into account the results of the resident's PREA risk assessment, sexual orientation, gender identity, and any other relevant factors. All bathroom facilities are single person use only, therefore, if there is a transgender or intersex resident, they would have the opportunity to shower separately from other residents.

**Standard****§ 115.251 Resident reporting.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b addresses resident reporting. It states that residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents by written notes, written grievances, or verbal communication to clinical staff, the Program Director, a Parole Officer or the PREA coordinator. Residents also have access to a telephone and may contact the Sexual Assault Crisis Center or the police. The reporting of sexual abuse or sexual harassment may remain anonymous and may be reported by third parties. This information is made available to the residents upon intake, when they are provided a PREA Pamphlet, Resident Handbook, and advised of the PREA related postings throughout the facility. Resident interviews confirms understanding of reporting procedures.

Staff is advised of their duty to report incidents of sexual abuse and sexual harassment and is provided contact information for reporting privately to the PREA Coordinator.

**Standard****§ 115.252 Exhaustion of administrative remedies.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b addresses exhaustion of administrative remedies. It states that residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents by written notes, written grievances, or verbal communication to clinical staff, the Program Director, a Parole Officer or the PREA coordinator. Residents also have access to a telephone and may contact the Sexual Assault Crisis Center or the police. The reporting of sexual abuse or sexual harassment may remain anonymous and may be reported by third parties.

Additionally, policy I.B.11 addresses both the grievance system and the emergency grievance system without the need of first utilizing any of the other means of reporting as outlined in policy I.C.6.b. The Associate Director will send a written acknowledgement of receiving the grievance no later than 7 days after it was received, indicating the 21 day mark by which a meeting/interview will occur and a response to the resident will be given. The Program Director is notified immediately as to an emergency grievance situation. If the Program Director is not available, the Associate Director shall be contacted. In cases where a complaint involves sexual abuse, every effort will be made to respond as quickly as possible. In such cases, the Executive Director will be notified immediately upon receipt of the complaint at any level.

**Standard**

**§ 115.253 Resident access to outside confidential support services.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.B.1 states that the resident’s primary clinician will provide the resident with information on outside victim advocate for emotional support and treatment services not provided by Perception House. This information is provided to the residents in writing through the PREA Pamphlet given to them during their PREA screening. Additionally, the residents are informed that the communications with the outside services will be kept strictly confidential, and they are made aware of the mandatory reporting requirement.

**Standard**

**§ 115.254 Third-party reporting.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Perception House offers four ways of third-party reporting sexual abuse and sexual harassment of residents. The Perception Programs, Inc. website, [www.perceptionprograms.org](http://www.perceptionprograms.org), provides contact information to receive third-party reports of sexual abuse and sexual harassment on behalf of residents. Interviews with residents and staff verify that they are aware of third-party reporting.

**Standard**

**§ 115.261 Staff and agency reporting duties.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b states that all staff will immediately report to the PREA Coordinator, the Program Director, the HR Director, or any supervisor or manager or senior management staff any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the program, retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment, and any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation. The policy further states that staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Additionally, Perception Programs will report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation. During the PREA screening, mental health clinicians inform residents of their duty to report sexual abuse.

Interviews with staff confirm their understanding of their duty to report.

**Standard**

**§ 115.262 Agency protection duties.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b addresses agency protection duties, and states that if risk factors indicate that a resident is either at risk of being abused or being an abuser, staff must utilize steps to mitigate any danger to resident(s), which may include consultation with Referral Source, direct sight and sound supervision, or single room housing. Any resident found to be at risk will be segregated during transportation in a Perception Programs' vehicle.

Interviews with staff confirm their understanding of protection duties.

**Standard**

**§ 115.263 Reporting to other confinement facilities.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b states that within 72 hours of receiving an allegation that a resident was sexually abused while confined at another facility, the PREA Coordinator will notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Notification will be documented. Reports from other agencies regarding allegations of sexual abuse within a Perception Programs facility will be handled as a third-party report and investigated.

**Standard**

**§ 115.264 Staff first responder duties.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b addresses staff first responder duties of an alleged sexual abuse incident. Staff are not security staff, and do not investigate allegations of sexual abuse. However, the policy requires that Perception Programs will report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation. Staff will call 911 to obtain transportation for the resident to the nearest acute care hospital for care and examination. When a resident states that they have been sexually abused, Staff will separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, and will request that the alleged victim not take any action that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating, unless medically indicated.

Each staff member is provided with a PREA Protocol card that outlines their responsibilities as a first responder to an alleged sexual assault incident.

Interviews with staff confirm their understanding of the first responder duties.

**Standard**

**§ 115.265 Coordinated response.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Perception Programs, Inc. has a written PREA Coordinated Response Plan which outlines the duties of first responders, the Program Director, Associate Director, clinicians, mental health staff, and the House Manager. It provides for the immediate notification of law enforcement, emergency medical transport if needed, and notification to the Sexual Assault Crisis Agency if needed.



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

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

**Auditor comments, including corrective actions needed if does not meet standard**

Perception House is not unionized and does not enter into collective bargaining agreements.

**Standard****§ 115.267 Agency protection against retaliation.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Perception Programs, Inc. has a whistle blower policy that states employees, or any person acting on behalf of the employee, will not be discharged, disciplined or otherwise penalized by the agency for reporting, either verbally or in writing, a violation of any state or federal law or regulation, any municipal ordinance or regulation, any matter involving corruption, unethical practices, mismanagement, gross waste of funds, abuse of authority or danger to public safety. Employees filing a complaint concerning a violation or suspected violation must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation. Any employee that makes an allegation that cannot be substantiated and which proves to have been knowingly false will be subject to disciplinary action up to and including termination of employment. Employees submitting violations or suspected violations are to use the same procedure as for submitting grievances.

Policy I.C.6.b addresses protection from retaliation for reporting sexual abuse or sexual harassment. The policy states that Perception House will employ all available measures to protect vulnerable residents from retaliation or prevent abusers from having the opportunity to retaliate by consultation with Referral Source, removing alleged resident abusers from contact with victims, removing alleged staff abusers from contact with victims, monitoring resident rooms, including by direct observation, if necessary, transferring potential victims/abusers to other facilities, if operationally possible, segregation during transportation in transport vehicles, and actively monitor the conduct and treatment of residents or staff who have reported abuse and of residents who have reported to have suffered abuse for signs of retaliation. The program will remedy any signs of retaliation detected, and protect individuals who cooperate in investigations who express fear of retaliation. Based on interviews with staff, monitoring continues as long as the resident is in the program, since average length of stay is 60 – 90 days.

**Standard**

**§ 115.271 Criminal and administrative agency investigations.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Perception Programs, Inc. conducts administrative investigations of any alleged act of sexual abuse or sexual harassment. Policy III.C.19 addresses administrative agency investigations. The policy complies with all requirements of the standard, which include an effort to determine whether staff actions or failures to act contributed to the abuse. These shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attach copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. All investigations are carried through to completion, regardless of whether the alleged abuser or victim remains at the facility or under supervision. The program shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The administrative investigator has completed the training course Investigating Sexual Abuse in Confinement Settings.

All criminal investigations of alleged sexual abuse and sexual harassment are completed by the Willimantic Police Department. There is currently an MOU on file documenting this agreement.

**Standard**

**§ 115.272 Evidentiary standard for administrative investigations.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy III.C.19 states that Perception Programs, Inc. shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

**Standard**

**§ 115.273 Reporting to residents.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b follows the standard for reporting to residents. The policy requires that at the conclusion of sexual abuse or sexual harassment investigation, the agency notifies the resident if the allegation was found to be substantiated, unsubstantiated, or unfounded, as well as other applicable information as stated in the standard.

**Standard**

**§ 115.276 Disciplinary sanctions for staff.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b outlines the disciplinary sanctions for staff for violations of sexual abuse or sexual harassment policies. The policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies, with termination as the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be 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. 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

**Standard**

**§ 115.277 Corrective action for contractors and volunteers.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b addresses the corrective action for contractors and volunteers. It states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

**Standard****§ 115.278 Disciplinary sanctions for residents.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b provides for the disciplinary sanctions for residents. Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Sanctions shall be 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. The disciplinary process will consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The facility will provide therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The program will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The Perception House program prohibits all sexual activity between residents and will discipline residents for such activity. It does not, however, deem such activity to constitute sexual abuse if it is determined that the activity is not coerced.

Additionally, policy I.C.5 states that Perception House does not use physical restraint or seclusion. Residents who require these interventions will not be admitted. Residents who are already admitted and develop requirements for these interventions will be discharged, with a referral to a more appropriate program. It is a violation of agency policy to use physical force, restraint or seclusion at any of our programs. Personal abuse, corporal and/or unusual/excessive punishment is prohibited and may result in any employee's suspension or termination from Perception Programs. Internal consequences are utilized for interventions needed to deal with resident infractions needing discipline. These include loss of privileges i.e.; visits, phones, Behavioral Contracts, additional chores, and loss of community activities. Sanctions for major resident behavioral issues, such as physical or sexual assaults, hate crimes, etc. will be handled in collaboration with the police and Judicial System officers if appropriate, and may result in removal from the program.

**Standard****§ 115.282 Access to emergency medical and mental health services.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Perception House does not have qualified medical staff. Therefore, as stated in policy I.C.6.b, staff will call 911 to obtain transportation for the resident to the nearest acute care hospital for care and examination. The policy also outlines the steps the staff will take as a first responder to protect the victim. . As outlined in the Response Plan, notification is also made if necessary to the Sexual Assault Crisis Agency.

Female residents, who have had sexually abusive vaginal penetration while confined, or otherwise, are offered pregnancy tests. All residents who have been sexually abused during confinement are offered tests for sexually transmitted infections. These tests are conducted by either Generations or Planned Parenthood. If a resident's pregnancy results from sexual abuse while in confinement, she will receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

**Standard**

**§ 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.B.1 addresses that Perception House clinicians will provide the resident with information on sexual abuse treatment services not provided by Perception House. Additionally, case management assists the resident in meeting his personalized treatment plan, and provides direction in obtaining those resources needed for successful community living such as additional education, career counseling and training, employment, housing, health care, sexual abuse counseling, social and recreational outlets and other supportive services. When necessary, staff will train residents in how to access and use these resources.

Female residents, who have had sexually abusive vaginal penetration while confined, or otherwise, are offered pregnancy tests. All residents who have been sexually abused during confinement are offered tests for sexually transmitted infections. These tests are conducted by either Generations or Planned Parenthood. If a resident's pregnancy results from sexual abuse while in confinement, she will receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Treatment services are provided at no cost to the victim.

**Standard**

**§ 115.286 Sexual abuse incident reviews.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

As addressed in policy III.A.16, all incidents of sexual abuse will be treated as critical incidents and reviewed at the senior management level. Reviews will focus on any indicators of a need to change a policy or practice, to better train staff, or for precipitating factors that need to be alleviated (i.e., racial or group dynamics). The BJS Survey of Sexual Violence adult incident form will be utilized as well as an internal PPI incident form.

Sexual abuse Incident reviews are within 30 days of the conclusion of every criminal or administrative investigation. Policy III.C.19 outlines the steps taken during a sexual abuse incident review, which follow the criteria of the standard. A report of findings is prepared outlining determinations and recommendations for improvement.

**Standard**

**§ 115.287 Data collection.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy III.C.19 addresses data collection and states that Perception Programs, Inc. collects accurate uniform data for every allegation of sexual abuse in its programs using a standard instrument and set of definitions. The BJS Survey of Sexual Violence adult incident form is utilized as well as an internal PPI incident form.

The policy further provides that Perception Programs, Inc. shall aggregate the incident-based sexual abuse data at least annually. The incident-based data collected shall 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. Perception Programs, Inc. maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.

**Standard**

**§ 115.288 Data review for corrective action.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy III.C.19 requires that Perception Programs, Inc. shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including. This includes identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The report shall be approved by the agency head and made readily available to the public through its website.

**Standard**

**§ 115.289 Data storage, publication, and destruction.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy III.A.16 addresses data storage, publication, and destruction. It requires that all Incident information and aggregate PREA data is securely retained electronically by the Associate Director. Aggregated sexual abuse data shall be made available to the public annually through the Perception Programs, Inc. website after the removal of any personal identifiers. The policy also states that all data will be maintained for a minimum of 10 years after collection.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

*Kemi M. Mann*

1/8/2015

Auditor Signature

Date

# PREA AUDIT: AUDITOR'S SUMMARY REPORT - FINAL COMMUNITY CONFINEMENT FACILITIES



<b>Name of facility:</b> Brooklyn Bridge			
<b>Physical address:</b> 76 Hartford Rd, Brooklyn, CT 06234			
<b>Date report submitted:</b> 03/23/2015			
<b>Auditor Information:</b> Kevin Maurer, DOJ Certified PREA Auditor			
<b>Address:</b> P.O. Box 4068, Deerfield Beach, FL 33442			
<b>Email:</b> kevin.maurer@us.g4s.com			
<b>Telephone Number:</b> 954-790-3735			
<b>Date of facility visit:</b> 12/10/2014			
<b>Facility Information:</b>			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 860-779-5486			
<b>The facility is:</b>	Military	County	Federal
	Private for profit	Municipal	State
	<b>Private not for profit</b>		
<b>Facility Type:</b>	Community treatment center Halfway house <b>Alcohol or drug rehabilitation</b>	Community based confinement facility Mental health facility	Other:
	<b>Name of Facility Head:</b> Gevonna Graves		<b>Title:</b> Program Director
<b>Email address:</b> gevonna.graves@perceptionprograms.org		<b>Telephone number:</b> 860-450-7250	
<b>Name of PREA Compliance Manager (if applicable):</b> N/A		<b>Title:</b>	
<b>Email address:</b>		<b>Telephone number:</b>	
<b>Agency Information:</b>			
<b>Name of agency:</b> Perception Programs, Inc			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 54 North Street, Willimantic, CT, 06226			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 860-450-7122			
<b>Agency Chief Executive Officer:</b>			
<b>Name:</b> Linda Mastrianni		<b>Title:</b> CEO	



<b>Email address: linda.mastrianni@perceptionprograms.org</b>	<b>Telephone number: 860-450-7122</b>
<b>Agency-Wide PREA Coordinator</b>	
<b>Name: Denise Keane</b>	<b>Title: Associate Director</b>
<b>Email address: denise.keane@perceptionprograms.org</b>	<b>Telephone number: 860-450-7122</b>

## AUDIT FINDINGS

### NARRATIVE:

Brooklyn Bridge was audited December 9 & 12, 2014 by DOJ PREA Auditor Kevin Maurer. Prior to the on-site audit, a review of all pre-audit documents was completed. During the initial audit meeting, Denise Keane, Associate Director of Perception Programs, Inc., and Lamar Clay, Assistant Program Director of Brooklyn Bridge were present. A facility tour was conducted, which included building one, building two, and the surrounding grounds. During the tour, it was noted that the Notice of PREA Audit and other PREA related materials were posted in several locations.

Interviewees were identified from a list of staff and residents. The interviewees included 10 residents and 11 staff. In the past 12 months, there were no reported allegations of sexual abuse or sexual harassment. Additionally, there are no residents who identified with being LGBTI.

It should be noted that the staff of Perception Programs, Inc., and Brooklyn Bridge were very well prepared and organized for the on-site audit, and all pre-audit materials were in order and well highlighted. This shows the dedication and concern for the PREA program from both a corporate as well as a program level.

### DESCRIPTION OF FACILITY CHARACTERISTICS:

Brooklyn Bridge is located in Brooklyn, CT in a rural residential area. Two buildings make up the facility. Both buildings one and two are comprised of living quarters for the residents as well as staff offices.

Brooklyn Bridge is a component of Perception Programs, Inc., and is a not for profit treatment facility. It is a 36-bed inpatient substance abuse and co-occurring mental health treatment program for male Department of Correction clients. The program is designed to facilitate successful reintegration into society by providing cognitive-behavioral evidence-based treatment.

The Brooklyn Bridge Program believes that a gradual re-entry into the community is key to reducing recidivism and increasing the likelihood for success upon completion of the program. The treatment focus is on providing residents with the tools they need to begin living independent and responsible life styles that are free of drugs, alcohol, and criminal behavior.

The minimum length of stay is 30-45 days, 90 days with a parole stipulation. Clients discharge to parole, transitional supervision or into the community.

### SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	1
Number of standards met:	36
Number of standards not applicable:	2
Number of standards not met:	0

**Standard****§ 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

There are written policies addressing the zero tolerance toward sexual abuse and sexual harassment. Brooklyn Bridge Policy I.C.6.b. and Administration Policy III.A.16 addresses this in detail and shows a serious commitment by both Brooklyn Bridge and its parent organization, Perception Programs, Inc. that sexual abuse and sexual harassment will not be tolerated.

Policy I.C.6.b. outlines how Brooklyn Bridge will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Additionally, it includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, as well as includes sanctions for those found to have participated in prohibited behaviors.

Policy III.A.16 states that the Associate Director of Perception Programs, Inc. shall be the PREA Coordinator. Denise Keane is in this position, and stated that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities.

**Standard****§ 115.212 Contracting with other entities for the confinement of residents.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Brooklyn Bridge does not contract with other entities for the confinement of residents

**Standard****§ 115.213 Supervision and monitoring.**

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

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.1 addresses the staffing plan. It provides for adequate levels of staffing and video monitoring to protect residents against sexual abuse. There were four "blind spots" identified at the Brooklyn Bridge facilities. These consist of three "L" shaped stairways, one located in the Building 1 between the basement and 1<sup>st</sup> floor, the second and third "blind spots" are located in Building 2 between the basement and 1<sup>st</sup> floor, and 1<sup>st</sup> and 2<sup>nd</sup> floor. The fourth "blind spot" is located in Building 2 in the 2<sup>nd</sup> floor "L" shaped hallway due to a broken mirror that was used for monitoring. A corrective action plan was developed where additional video cameras will be placed in these areas for viewing of both legs of the "L" to enhance monitoring and eliminate the "blind spots". The target date for the installation of the cameras is 3/31/2015.

The minimum resident to staff ratio is 18:1 both during the day and overnight. The reasons for the most common deviations from the staffing plan are staff calling out sick, staff vacation, and unavailable part-time staff. Video cameras are utilized to assist in monitoring of residents in both buildings and around the grounds of the facility. The staffing plan was last reviewed on October 29, 2014.

**Corrective action completed:** Additional cameras were installed in the "L-Shaped" hallways in Buildings 1 and 2. This enhanced monitoring capability eliminates the "blind spots" described above.

#### **Standard**

##### **§ 115.215 Limits to cross-gender viewing and searches.**

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

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b. addresses cross-gender viewing and searches. Strip Searches, including body cavity searches, are prohibited. Pat-down searches are also prohibited. Staff of the opposite gender will never be permitted to view breasts, buttocks, or genitalia. Staff must not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. A resident's genital status may be determined based on all information available to the program. Additionally, Staff must announce their presence when entering areas of the facility where residents of the opposite sex may be performing bodily functions or dressing. All bathrooms in both buildings of the facility are single occupancy only. Bedrooms vary from 1 to 4 beds each.

#### **Standard**

##### **§ 115.216 Residents with disabilities and residents who are limited English proficient.**

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

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy I.A.1 states that Brooklyn Bridge does not accept residents who are blind or deaf, as they would not be able to participate in the program. When residents have been admitted who may have special comprehension needs due to literacy or language barriers, specific procedures are followed to ensure comprehension. This includes signage and documents provided in both English and Spanish, and utilizing language assistance services to obtain translation, if

necessary. Perception Programs, Inc. employs many bilingual/bicultural Spanish speaking staff who facilitates communication with Spanish speaking residents throughout the agency. Brooklyn Bridge uses the University of Connecticut free translation services for languages other than Spanish. Residents with identified literacy problems also will be referred to a literacy volunteer or adult education program.

**Standard**

**§ 115.217 Hiring and promotion decisions.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy III.C.9 states that all applicants for employment, internship, contracted services, or volunteer opportunities will be appropriately screened for appropriateness for position and contact with residents. It further states that a criminal background record check will be conducted for staff who may have contact with residents prior to employment, and at least every 5 years thereafter for current staff. Additionally, Perception Programs, Inc. will make a best effort approach to contacting 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.

Policy III.C.9 further addresses that Perception Programs, Inc. will not hire or promote anyone who may have contact with residents who has engaged in sexual abuse any confinement or treatment setting; 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; or has been civilly or administratively adjudicated to have engaged those activities. Additionally, Perception Programs, Inc. shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

**Standard**

**§ 115.218 Upgrades to facilities and technologies.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

There were four "blind spots" identified at the Brooklyn Bridge facilities. These consist of three "L" shaped stairways, one located in the Building 1 between the basement and 1<sup>st</sup> floor, the second and third "blind spots" are located in Building 2 between the basement and 1<sup>st</sup> floor, and 1<sup>st</sup> and 2<sup>nd</sup> floor. The fourth "blind spot" is located in Building 2 in the 2<sup>nd</sup> floor "L" shaped hallway due to a broken mirror that was used for monitoring. A corrective action plan was developed where additional video cameras will be placed in these areas for viewing of both legs of the "L" to enhance monitoring and eliminate the "blind spots". The target date for the installation of the cameras is 3/31/2015.

All camera views were observed by the auditor, and there do not seem to be any blind spot issues at the facility.

**Corrective action completed:** Additional cameras were installed in the “L-Shaped” hallways in Buildings 1 and 2. This enhanced monitoring capability eliminates the “blind spots” described above.

**Standard**

**§ 115.221 Evidence protocol and forensic medical examinations.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Brooklyn Bridge is responsible for conducting administrative sexual abuse investigations only. The Connecticut State Police is responsible for conducting criminal sexual abuse investigations. There is currently a request for a MOU between Brooklyn Bridge and the Connecticut State Police.

Policy I.C.6.b states Perception Programs will report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation. Staff will call 911 to obtain transportation for the resident to the nearest acute care hospital for care and examination.

The Program Director/supervisory designee will contact Connecticut Sexual Assault Crisis Services to arrange for a sexual assault advocate to go to the hospital where the resident is being transported. A formal MOU with Connecticut Sexual Assault Crisis Services is currently in development, however there is documentation through e-mail correspondence that Connecticut Sexual Assault Crisis Services will provide services if needed.

**Standard**

**§ 115.222 Policies to ensure referrals of allegations for investigations.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b states that all staff will immediately report to the PREA Coordinator, the Program Director, the HR Director, or any supervisor or manager or senior management staff any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the program, retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment, and any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation. All reports of sexual abuse and sexual harassment that are received from third parties will be received and responded to according to policy by all staff. Perception Programs will report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation.

**Standard**

**§ 115.231 Employee training.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Agency Policy III.C.19 addresses that all staff will receive initial and annual training on PREA regulations, which includes all 10 required items listed in the standard. Documentation shows that 100% of staff has received the required training within the last 12 months. Staff interviews confirm training and the training topics.

**Standard**

**§ 115.232 Volunteer and contractor training.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Agency Policy III.C.19 addresses that all volunteers who have contact with residents will receive initial and annual training on PREA regulations, which includes all 10 required items listed in the standard. Brooklyn Bridge has one volunteer. Documentation shows that the volunteer has received the required training within the last 12 months.

Brooklyn Bridge has no contractors who have contact with residents.

**Standard**

**§ 115.233 Resident education.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy III.C.6.b addresses that during the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual

abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The PREA information pamphlet is available in both English and Spanish. Additional PREA information is contained in the Resident Handbook, as well as posted throughout the facility.

Documentation shows that all residents have received the required PREA training upon their intake into the facility. Resident interviews confirm training and topics.

**Standard**

**§ 115.234 Specialized training: Investigations.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy III.A.16 states that The PREA Coordinator will conduct administrative investigations, for which training through the PRC will be completed. Documentation shows that Denise Keane completed the Investigating Sexual Abuse in Confinement Settings course on May 27, 2014, and again on October 27, 2014.

**Standard**

**§ 115.235 Specialized training: Medical and mental health care.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b requires that all mental health staff will be trained in how to detect signs of sexual abuse, how to preserve evidence of sexual abuse, how to respond effectively to victims of sexual abuse, and how to report allegations or suspicions of sexual abuse. Documentation shows that all mental health staff has completed this training.

Brooklyn Bridge has no medical staff.

**Standard**

**§ 115.241 Screening for risk of victimization and abusiveness.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.A.3 requires that within 24 hours of admission the resident will meet with their assigned clinician who works with the individual to complete a behavioral health and needs assessment. The evaluation will include a complete Psycho/Social history, an identification of individual strengths, an assessment of the resident’s personality functioning, and an identification of the factors which contribute to the resident’s current dysfunction. The policy also requires that all residents will be reassessed every 30 days, or when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness. The 30 day requirement contained in the policy exceeds the standard. Brooklyn Bridge screens all residents for risk of being sexually abused or being sexually abusive. These assessment questions are part of the electronic health record (EHR) assessment and recorded within an EHR document for easy retrieval.

The PREA Risk Assessment screening tool takes into account the 9 criteria identified in the standard. Additionally, the policy states that residents answer questions voluntarily, and no repercussions occur if a resident declines to answer a question, or declines to disclose all relevant information.

**Standard**

**§ 115.242 Use of screening information.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy II.A.1.c states that assignment to sleeping quarters will take into account the results of the resident’s PREA risk assessment, sexual orientation, gender identity, and any other relevant factors. All bathroom facilities are single person use only, therefore, if there is a transgender or intersex resident, they would have the opportunity to shower separately from other residents.

**Standard**

**§ 115.251 Resident reporting.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b addresses resident reporting. It states that residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents by written notes, written grievances, or verbal communication to clinical staff, the Program Director, a Parole Officer or the PREA coordinator. Residents also have access to a telephone and may contact the Sexual Assault Crisis Center or the police. The reporting of sexual abuse or sexual harassment may remain anonymous and may be reported by third parties. This information is made



available to the residents upon intake, when they are provided a PREA Pamphlet, Resident Handbook, and advised of the PREA related postings throughout the facility. Resident interviews confirm understanding of reporting procedures.

Staff is advised of their duty to report incidents of sexual abuse and sexual harassment and is provided contact information for reporting privately to the PREA Coordinator.

**Standard**

**§ 115.252 Exhaustion of administrative remedies.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b addresses exhaustion of administrative remedies. It states that residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents by written notes, written grievances, or verbal communication to clinical staff, the Program Director, a Parole Officer or the PREA coordinator. Residents also have access to a telephone and may contact the Sexual Assault Crisis Center or the police. The reporting of sexual abuse or sexual harassment may remain anonymous and may be reported by third parties.

Additionally, policy I.B.11 addresses both the grievance system and the emergency grievance system without the need of first utilizing any of the other means of reporting as outlined in policy I.C.6.b. The Associate Director will send a written acknowledgement of receiving the grievance no later than 7 days after it was received, indicating the 21 day mark by which a meeting/interview will occur and a response to the resident will be given. The Program Director is notified immediately as to an emergency grievance situation. If the Program Director is not available, the Associate Director shall be contacted. In cases where a complaint involves sexual abuse, every effort will be made to respond as quickly as possible. In such cases, the Executive Director will be notified immediately upon receipt of the complaint at any level.

**Standard**

**§ 115.253 Resident access to outside confidential support services.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.B.1 states that the resident's primary clinician will provide the resident with information on outside victim advocate for emotional support and treatment services not provided by Brooklyn Bridge. This information is provided to the residents in writing through the PREA Pamphlet given to them during their PREA screening. Additionally, the residents are informed that the communications with the outside services will be kept strictly confidential, and they are made aware of the mandatory reporting requirement.

**Standard**

**§ 115.254 Third-party reporting.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Brooklyn Bridge offers four ways of third-party reporting sexual abuse and sexual harassment of residents. The Perception Programs, Inc. website, [www.perceptionprograms.org](http://www.perceptionprograms.org), provides contact information to receive third-party reports of sexual abuse and sexual harassment on behalf of residents. Interviews with residents and staff verify that they are aware of third-party reporting.

**Standard**

**§ 115.261 Staff and agency reporting duties.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b states that all staff will immediately report to the PREA Coordinator, the Program Director, the HR Director, or any supervisor or manager or senior management staff any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the program, retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment, and any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation. The policy further states that staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Additionally, Perception Programs will report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation. During the PREA screening, mental health clinicians inform residents of their duty to report sexual abuse.

Interviews with staff confirm their understanding of their duty to report.

**Standard**

**§ 115.262 Agency protection duties.**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard)

for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b addresses agency protection duties, and states that if risk factors indicate that a resident is either at risk of being abused or being an abuser, staff must utilize steps to mitigate any danger to resident(s), which may include consultation with Referral Source, direct sight and sound supervision, or single room housing. Any resident found to be at risk will be segregated during transportation in a Perception Programs' vehicle.

Interviews with staff confirm their understanding of protection duties.

**Standard**

**§ 115.263 Reporting to other confinement facilities.**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b states that within 72 hours of receiving an allegation that a resident was sexually abused while confined at another facility, the PREA Coordinator will notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Notification will be documented. Reports from other agencies regarding allegations of sexual abuse within a Perception Programs facility will be handled as a third-party report and investigated.

**Standard**

**§ 115.264 Staff first responder duties.**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b addresses staff first responder duties of an alleged sexual abuse incident. Staff are not security staff, and do not investigate allegations of sexual abuse. However, the policy requires that Perception Programs will report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation. Staff will call 911 to obtain transportation for the resident to the nearest acute care hospital for care and examination. When a resident states that they have been sexually abused, Staff will separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, and will request that the alleged victim not take any action that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating, unless medically indicated.

Each staff member is provided with a PREA Protocol card that outlines their responsibilities as a first responder to an alleged sexual assault incident.

Interviews with staff confirm their understanding of the first responder duties.

**Standard**

**§ 115.265 Coordinated response.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Perception Programs, Inc. has a written PREA Coordinated Response Plan which outlines the duties of first responders, the Program Director, Associate Director, clinicians, mental health staff, and the House Manager. It provides for the immediate notification of law enforcement, emergency medical transport if needed, and notification to the Sexual Assault Crisis Agency if needed.

**Standard**

**§ 115.266 Preservation of ability to protect residents from contact with abusers.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Brooklyn Bridge is not unionized and does not enter into collective bargaining agreements.

**Standard**

**§ 115.267 Agency protection against retaliation.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Perception Programs, Inc. has a whistle blower policy that states employees, or any person acting on behalf of the employee, will not be discharged, disciplined or otherwise penalized by the agency for reporting, either verbally or in

writing, a violation of any state or federal law or regulation, any municipal ordinance or regulation, any matter involving corruption, unethical practices, mismanagement, gross waste of funds, abuse of authority or danger to public safety. Employees filing a complaint concerning a violation or suspected violation must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation. Any employee that makes an allegation that cannot be substantiated and which proves to have been knowingly false will be subject to disciplinary action up to and including termination of employment. Employees submitting violations or suspected violations are to use the same procedure as for submitting grievances.

Policy I.C.6.b addresses protection from retaliation for reporting sexual abuse or sexual harassment. The policy states that Brooklyn Bridge will employ all available measures to protect vulnerable residents from retaliation or prevent abusers from having the opportunity to retaliate by consultation with Referral Source, removing alleged resident abusers from contact with victims, removing alleged staff abusers from contact with victims, monitoring resident rooms, including by direct observation, if necessary, transferring potential victims/abusers to other facilities, if operationally possible, segregation during transportation in transport vehicles, and actively monitor the conduct and treatment of residents or staff who have reported abuse and of residents who have reported to have suffered abuse for signs of retaliation. The program will remedy any signs of retaliation detected, and protect individuals who cooperate in investigations who express fear of retaliation. Based on interviews with staff, monitoring continues as long as the resident is in the program, since average length of stay is 30-45 days, or 90 days with a parole stipulation.

**Standard**

**§ 115.271 Criminal and administrative agency investigations.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Perception Programs, Inc. conducts administrative investigations of any alleged act of sexual abuse or sexual harassment. Policy III.C.19 addresses administrative agency investigations. The policy complies with all requirements of the standard, which include an effort to determine whether staff actions or failures to act contributed to the abuse. These shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attach copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. All investigations are carried through to completion, regardless of whether the alleged abuser or victim remains at the facility or under supervision. The program shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The administrative investigator has completed the training course Investigating Sexual Abuse in Confinement Settings.

All criminal investigations of alleged sexual abuse and sexual harassment are completed by the Connecticut State Police. There is currently a request for a MOU with the Connecticut State Police.

**Standard**

**§ 115.272 Evidentiary standard for administrative investigations.**

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy III.C.19 states that Perception Programs, Inc. shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

**Standard**

**§ 115.273 Reporting to residents.**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b follows the standard for reporting to residents. The policy requires that at the conclusion of sexual abuse or sexual harassment investigation, the agency notifies the resident if the allegation was found to be substantiated, unsubstantiated, or unfounded, as well as other applicable information as stated in the standard.

**Standard**

**§ 115.276 Disciplinary sanctions for staff.**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b outlines the disciplinary sanctions for staff for violations of sexual abuse or sexual harassment policies. The policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies, with termination as the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be 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. 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

**Standard**

**§ 115.277 Corrective action for contractors and volunteers.**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b addresses the corrective action for contractors and volunteers. It states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

**Standard**

**§ 115.278 Disciplinary sanctions for residents.**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.C.6.b provides for the disciplinary sanctions for residents. Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Sanctions shall be 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. The disciplinary process will consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The facility will provide therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The program will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The Brooklyn Bridge program prohibits all sexual activity between residents and will discipline residents for such activity. It does not, however, deem such activity to constitute sexual abuse if it is determined that the activity is not coerced.

Additionally, policy I.C.5 states that Brooklyn Bridge does not use physical restraint or seclusion. Residents who require these interventions will not be admitted. Residents who are already admitted and develop requirements for these interventions will be discharged, with a referral to a more appropriate program. It is a violation of agency policy to use physical force, restraint or seclusion at any of our programs. Personal abuse, corporal and/or unusual/excessive punishment is prohibited and may result in any employee's suspension or termination from Perception Programs. Internal consequences are utilized for interventions needed to deal with resident infractions needing discipline. These include loss of privileges i.e.; visits, phones, Behavioral Contracts, additional chores, and loss of community activities. Sanctions for major resident behavioral issues, such as physical or sexual assaults, hate crimes, etc. will be handled in collaboration with the police and Judicial System officers if appropriate, and may result in removal from the program.

**Standard**

**§ 115.282 Access to emergency medical and mental health services.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Brooklyn Bridge does not have qualified medical staff. Therefore, as stated in policy I.C.6.b, staff will call 911 to obtain transportation for the resident to the nearest acute care hospital for care and examination. The policy also outlines the steps the staff will take as a first responder to protect the victim. . As outlined in the Response Plan, notification is also made if necessary to the Sexual Assault Crisis Agency.

All residents who have been sexually abused during confinement are offered tests for sexually transmitted infections. These tests are conducted by either Generations or Planned Parenthood.

**Standard**

**§ 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy I.B.1 addresses that Brooklyn Bridge clinicians will provide the resident with information on sexual abuse treatment services not provided by Brooklyn Bridge. Additionally, case management assists the resident in meeting his personalized treatment plan, and provides direction in obtaining those resources needed for successful community living such as additional education, career counseling and training, employment, housing, health care, sexual abuse counseling, social and recreational outlets and other supportive services. When necessary, staff will train residents in how to access and use these resources.

All residents who have been sexually abused during confinement are offered tests for sexually transmitted infections. These tests are conducted by either Generations or Planned Parenthood. Treatment services are provided at no cost to the victim.

**Standard**

**§ 115.286 Sexual abuse incident reviews.**

- Exceeds Standard (substantially exceeds requirement of standard)



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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

As addressed in policy III.A.16, all incidents of sexual abuse will be treated as critical incidents and reviewed at the senior management level. Reviews will focus on any indicators of a need to change a policy or practice, to better train staff, or for precipitating factors that need to be alleviated (i.e., racial or group dynamics). The BJS Survey of Sexual Violence adult incident form will be utilized as well as an internal PPI incident form.

Sexual abuse Incident reviews are within 30 days of the conclusion of every criminal or administrative investigation. Policy III.C.19 outlines the steps taken during a sexual abuse incident review, which follow the criteria of the standard. A report of findings is prepared outlining determinations and recommendations for improvement.

**Standard**

**§ 115.287 Data collection.**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy III.C.19 addresses data collection and states that Perception Programs, Inc. collects accurate uniform data for every allegation of sexual abuse in its programs using a standard instrument and set of definitions. The BJS Survey of Sexual Violence adult incident form is utilized as well as an internal PPI incident form.

The policy further provides that Perception Programs, Inc. shall aggregate the incident-based sexual abuse data at least annually. The incident-based data collected shall 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. Perception Programs, Inc. maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.

**Standard**

**§ 115.288 Data review for corrective action.**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy III.C.19 requires that Perception Programs, Inc. shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including. This includes identifying problem areas, taking corrective action on an ongoing basis, and preparing an

annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The report shall be approved by the agency head and made readily available to the public through its website.

**Standard**

**§ 115.289 Data storage, publication, and destruction.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy III.A.16 addresses data storage, publication, and destruction. It requires that all Incident information and aggregate PREA data is securely retained electronically by the Associate Director. Aggregated sexual abuse data shall be made available to the public annually through the Perception Programs, Inc. website after the removal of any personal identifiers. The policy also states that all data will be maintained for a minimum of 10 years after collection.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

*Kemi M. Mann*

03/23/2015

Auditor Signature

Date