

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

**Date of report:** November 23, 2015

<b>Auditor Information</b>			
<b>Auditor name:</b> Robert Lanier			
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<b>Email:</b> Rob@diversifiedcorrectionalservices.com			
<b>Telephone number:</b> (912) 281-1525			
<b>Date of facility visit:</b> November 2 – November 3, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> New Expectations			
<b>Facility physical address:</b> 34 Continental Avenue, Newark, Delaware 19711			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> (302) 737-2241			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> Cathy McKay, CEO			
<b>Number of staff assigned to the facility in the last 12 months:</b> 27			
<b>Designed facility capacity:</b> 17 female adults and 17 infants			
<b>Current population of facility:</b> 15 female adults and 4 infants			
<b>Facility security levels/inmate custody levels:</b> Minimum/Level 3 Supervised Probation			
<b>Age range of the population:</b> Adults 18 and older and their infants			
<b>Name of PREA Compliance Manager:</b> Jill Walters		<b>Title:</b> Program Director	
<b>Email address:</b> jwalters@connectionscsp.org		<b>Telephone number:</b> (302) 416-0619	
<b>Agency Information</b>			
<b>Name of agency:</b> Connections Community Support Programs, Inc.			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 500 West 10th Street, Wilmington, DE 19801			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> (302) 984-3380			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Cathy McKay		<b>Title:</b> President and CEO	
<b>Email address:</b> cmckay@connectionscsp.org		<b>Telephone number:</b> (302) 230-9103	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> John Clyne		<b>Title:</b> Performance Improvement Specialist	
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## AUDIT FINDINGS

### NARRATIVE

New Expectations, a program of Connections Community Support Programs, Inc., is a community based residential facility located in a nice neighborhood in Newark, Delaware, near the University of Delaware and the downtown Newark shopping district. The program is designed to work with expectant mothers who have been released from prison into a community setting and to serve as an alternative to incarceration for them. New Expectations is designed to provide a recovery housing program that is a safe, therapeutic and substance abuse free environment for pregnant women involved in the criminal justice system with substance use disorders. The building is an attractive structure with a nice, long veranda filled with rocking chairs. On entering the facility, the front desk is positioned in the center of the foyer. Behind the front desk is a bank of nine cameras that enhances visibility of blind spots in the building, including the front and rear entrances. This building has three levels. The lower level was locked to prevent unauthorized individuals from entering this level of the building. The lower level is used as storage for the facility. Residents are not authorized in this area. The entry level and top floors are used for group meeting, common areas and living units. Doors not authorized to residents on the mid and upper levels were locked to prevent entry. The majority of rooms have appointed bathrooms. The residential facility also has a handicap living unit and a bathroom to accommodate individuals with disabilities. At this time no one in this residential program identifies themselves as having a disability. The residents all share a common kitchen.

Participants in New Expectations see obstetricians regularly in the community and receive prenatal, outpatient substance abuse treatment and parenting and life-skills classes. New Expectations is operated in cooperation with the Delaware Department of Corrections. Parole and housing at New Expectations and participation in the program are specific conditions of probation.

Notices of the PREA Audit were sent to the PREA Coordinator on September 4, 2015. Confirmation of the postings and photos of postings were provided via email on September 8, 2015. The PREA Auditor did not receive any comments as a result of the posted notices. The PREA Coordinator provided a flash drive with the completed Pre-Audit Questionnaire, policies and secondary documentation. This information was received 30 days prior to the audit. The Pre-Audit Questionnaire and documentation were reviewed and clarification and additional documentation was requested and provided expeditiously. The PREA Coordinator was exceptionally responsive to any request for additional information and a pleasure to work with prior to, during and after the onsite audit, November 2, 2015. It was evident from communication with the PREA Coordinator prior to the audit, during the audit and after the audit, that he takes PREA and sexual safety in his company's programs very seriously.

The audit team arrived at the facility at 9:00AM, November 2, 2015 and was greeted by the Agency PREA Coordinator. An entrance briefing was conducted in the downstairs conference room. The Team was introduced and a brief explanation of the audit process was discussed. Present were the Audit Team Leader, Rob Lanier, Certified PREA Auditor for Adults and Juveniles, Sonya Love, Certified PREA Auditor for Adults and Juveniles, Adam Barnett, Certified PREA Auditor, Juveniles, Connections CSP PREA Coordinator, Program Director and the Resident Manager. Additional documentation was requested at that time and provided. Following the entrance briefing the audit team conducted a tour of the facility. PREA Notices were observed in multiple locations. PREA Posters were also observed throughout the facility and accessible to residents, staff and visitors. Cameras were observed in strategic locations to aid staff in being able to observe residents and staff. Cameras are monitored at the desk on the main hall. Bath and restroom facilities are constructed to enable complete privacy while using the restrooms and while showering. Doors that were supposed to be secured were locked. Residents were observed to be orderly, relaxed and cordial. They were observed to have considerable freedom of movement around the facility. A number of the mothers in the program were observed attending to the babies and getting ready for programming off site. Following the tour, the PREA Coordinator sat with two of the Team's Certified Auditors in an upstairs conference room where together they all reviewed standard requirements and documentation for each of the 41 PREA Standards. Again, the PREA Coordinator was attentive, responsive and provided documentation expeditiously. Additionally he worked with the team to determine how the facility could best meet some of the requirements and implemented corrective actions in several areas extremely expeditiously. Simultaneously another Certified Auditor began interviews with staff and residents.

The facility staffing roster indicated that there are 12 program staff and two drivers. In addition to the agency director's PREA Audit Report

designee and PREA Coordinator, six of the 12 program staff were interviewed. These included direct supervision staff and administrative staff. Direct Supervision staff represented all shifts and included supervisory staff as well. All of the staff are female except one male who works with a female staff on shift. Specialized staff included, the Facility Administrator/PREA Compliance Manager, Investigator, Incident Review Committee, First Responders, Intake, Staff responsible for Vulnerability Assessments/Reassessments, Intermediate/Higher Level Staff, Retaliation Monitor, Nurse and Human Resources Staff. Two of the 14 were in the hospital leaving a total of 12 residents. Six of the 12 residents were interviewed, including mothers who had children as well as residents who did not. Three Human Resources staff were interviewed at one of the company's central offices in Wilmington, Delaware. The audit team also had the opportunity to meet with the Chief Operating Officer for Connections at the central office as well. The facility did not have any contractors or volunteers. The resident rosters provided listed 14 residents, two of whom were in the hospital at the time of the audit. Six of the 12 residents were interviewed. Two residents reported prior sexual abuse and two residents identified as bisexual. There were no disabled, transgender or intersex residents at the facility during the period of the audit nor had there been any admitted during the past 12 months.

Because the facility administrator serves in two additional programs, exit comments and discussions were conducted with the agency PREA Coordinator in her absence.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

New Expectations is a 17 bed residential program for expectant mothers who are 18 years of age or older with criminal involvement and substance use disorders, or mothers recovering from addiction. Residents are court-ordered to participate in the program. The facility is a spacious home that formerly served as a shelter for homeless families. The program was opened on November 2014. Currently, New Expectations has the functional capacity to house 18 pregnant females or females and their children under intensive probation. New Expectations is an alternative to house arrest or incarceration. New Expectations is a 45 minute drive from Philadelphia and located in a college town two minutes from downtown Newark, New Castle County. The facility is located close to the University of Delaware main campus. The headquarters for Connections Community Support Programs, Inc. is located nearby in downtown Wilmington, Delaware.

The program provides a range of services designed to assist expectant mothers whose goal is recovery. New Expectations provides high level supervision and addiction treatment away from the emotional stress of prison. A reviewed news article stated that the program “gives mothers and infants time to bond and not only gives the baby a stronger start but becomes an incentive for mom to stay clean.” These services include counseling for co-occurring and substance use disorders, support groups, twelve step meetings, employment and financial services, educational groups, parenting classes, and promote access to healthcare for residents and their children.

Priorities of New Expectations include encouraging residents to engage in recovery through multiple successful evidence - based practices that lead to a lifestyle that promotes recovery and prosocial behavior. Residents are immersed in a program culture that enables them to view how substance use is medically, psychologically, socially and spiritually toxic. It also demonstrates primary contributing factors in the resident’s experience of psychiatric, social, health and legal crises.

The routine at New Expectations consists of weekly house meetings, medication assisted treatment, weekly individual counseling, group psycho-education, daily group therapy, group relapse prevention skills training, mental health counseling and treatment, OB/GYN medical care and case management. AA-NA meetings, participation in maintaining a clean family environment, preparing meals and improving activities of daily living (hygiene, environmental cleanliness, etc.)

Program completion occurs when a resident has maintained abstinence and accomplished her treatment plan objectives. Discharge readiness is established among the resident, the treatment team, referring parties and Department of Corrections representatives. An aftercare plan appropriate to the resident’s strengths, needs and abilities will be developed prior to discharge.

## **SUMMARY OF AUDIT FINDINGS**

As a result of the documentation review, site visit and interviews, the auditors recommended corrective actions and assisted the program and the PREA Coordinator in implementing the recommended corrective actions for the following:

- Signature from the agency head needed on several documents
- CCSP needed an updated MOU to include all interpreter services, and interpreter services made available to staff.
- Modified grievance form
- Retrain residents on the grievance process.
- Modified the PREA Employment Questionnaire to reflect the required information in standard 115.217.
- Have all staff complete the PREA Acknowledgement Statement.
- Ensure that all residents have signed the Resident's PREA Acknowledgement Statement.
- Part-time medical staff needs to complete the Medical NIC Training (Specialized Training).
- Ensure that the initial Sexual Aggression instrument for victimization is completed on all residents.
- Modified the Coordinated Response Plan.
- Publish a copy of the State Annual Report on the CCSP website.

The CCSP PREA Coordinator was very responsive in addressing each of the above areas both on site and following the audit and has completed and submitted the recommended corrective actions documentation within 30 days after the site visit. Forty-one standards were reviewed and forty-one found to be compliant.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

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

### **Summary:**

Connections Community Support Programs, Inc. (CCSP) PREA Policies and Procedure Manual, Policy 700, PREA Compliance and Policy 701, PREA Zero Tolerance, requires Zero Tolerance and outlines the program’s position regarding all forms of sexual abuse and sexual harassment. These policies also describe the program’s response to preventing, detecting, responding to and reporting all allegations of sexual abuse or sexual harassment. Policy indicated that “zero tolerance” means that even one incident of sexual abuse or sexual harassment is too many.

A review of Policy 703, PREA General Principles, designates the position of agency PREA coordinator and provides detailed descriptions of duties and responsibilities. CCSPs’ facilities have designated PREA Compliance Managers with sufficient time and authority to coordinate the facility’s efforts to comply with PREA standards. The PREA Compliance Manager is the site/program Director.

CCSP provided an organizational chart indicating that the agency PREA Coordinator reports to the Director of Performance Improvement and the PREA Compliance Managers report to the Agency PREA Coordinator.

### **Interviews:**

100 per cent of the interviewed residents and staff were aware of the Agency’s Zero Tolerance Policy. Staff indicated that they have been trained to take every suspicion, knowledge or allegation seriously no matter how many times a resident has made allegations. Residents were aware of the Zero Tolerance expectation and related that all forms of sexual activity, consensual or non-consensual, was prohibited in this program. Interestingly interviewed residents indicated they felt safe in this facility and had staff that they would trust to report any sexual abuse or sexual harassment to.

### **Reviewed Documentation to determine complete compliance:**

- ✓ Internal Memorandum Dated September 15, 2015 Approval of all PREA Policies and Procedures
- ✓ Letter from Chief Operations Officer July 18, 2015 designating PREA Compliance Manager
- ✓ Pre-Audit Questionnaire, 115.211
- ✓ CCSP Policy and Procedure 700, PREA Compliance Manager
- ✓ CCSP Policy and Procedure 701
- ✓ CCSP Policy and Procedure 702
- ✓ CCSP Policy and Procedure 703
- ✓ CCSP Organizational Chart

### **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)

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

#### **Summary:**

CCSP Policy and Procedure 712, contracting with Other Entities, indicate that CCSP does not contract with any other private agency or entity to house or confine residents/youth. CCSP is under contract with the State of Delaware, Department of Corrections, and Bureau of Administrative Services. The facility provided the auditor with an addendum dated 8/21/2015. The addendum requires the PREA language to be added to the original contract and requires the program to comply with all PREA requirements and standards.

#### **Interviews:**

Interviews with the Agency PREA Coordinator and the Facility Administrator/PREA Compliance Manager indicated that the agency/facility does not contract with outside entities for housing and confining youth and/or for providing services contractually. The PREA Coordinator related the Program is required by the contract with the Department of Corrections to comply with all PREA requirements and standards.

#### **Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 712
- ✓ Pre-Audit Questionnaire, 115.312
- ✓ Addendum #2 PREA Standards and Requirements
- ✓ Department of Corrections Online Contract with CCSP

### **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)

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## Summary:

Staffing at New Expectations is predicated upon an average daily population of 18 residents. The Director related that the Department of Corrections Contract and Policy 704, Prevention Planning, requires two staff on each shift 24/7. She further related that if a staff is unable to report to work, holding over would occur until an additional staff reported for duty. New Expectations has been in operation less than 12 months but reviews the staffing plan to assess and determine where and if changes should be made to either the staffing plan and or deployment of cameras. The facility uses a video monitoring system as additional supervision. There are 9 cameras located throughout the facility. The Director related that an additional camera has been approved to cover the “play/toy room” where visits occur. These cameras are monitored by the front desk staff. The facility management team indicates that they will consult with the agency PREA coordinator to document whether adjustments to the staffing plan and video deployment are needed. The facility has not yet been open for a year but will complete a written review of the staffing plan annually as required by the PREA Standards and CSCP Policy.

Program residents are allowed to work in the community to move to the next phase of the program and their probation period. According to the management team there is limited supervision for the facility residents while working in the community.

The facility requires all resident doors to remain locked and that areas that are off limits to residents are not only locked but identified with a sign restricting access to authorized staff.

## Interviews:

The Director related that her staffing is currently dictated by the contract with the Department of Corrections. She stated the contract requires two staff on each shift, 24/7. She stated however that an additional PRN staff to provide for three staff during visitation on Saturdays and Sunday has been approved. She stated that an additional camera providing coverage for the visitation room has also been approved. Interviewed staff related that there are always two staff on each shift. Interviewed residents reported that two staff are always on duty on each shift.

## Reviewed Documentation to determine complete compliance:

- ✓ CCSP Policy and Procedure 713
- ✓ CCSP Policy and Procedure 704
- ✓ View Camera locations
- ✓ View Doors with Restricted Signs
- ✓ View Staff Time Sheets on the 1<sup>st</sup>, 10<sup>th</sup> and 20 of the month to verified staffing.
- ✓ Contract Number: YRS (CCSP-RAD) FY14-13045 (Contract Between Delaware DSCYF and CCSP)
- ✓ Pre-Audit Questionnaire, 115,213

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

**Summary:**

CCSP Policy and Procedure 714 require staff of the opposite gender to announce their presence every time when entering housing hallways. In compliance with this standard, the facility's rated capacity does not exceed 50 residents. The facility prohibits cross-gender pat-down searches and visual body cavity searches of residents, unless performed by a medical practitioner.

According to policy, residents are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia, except when such viewing is incidental. Residents have access to a full bathroom with shower and toilet. Residents go to the showers fully clothed and come out fully clothed. Residents are also able to lock the shower room doors. There are no cameras in the shower/restrooms. Cross gender viewing not only applies to in-person viewing but remote viewing as well. The facility staff indicated that if there were any incidental or exigent circumstances the process/incident will be documented on an occurrence report.

CCSP is specifically designed to accommodate pregnant females with substance abuse problems. The local court system determines the appropriateness of the placement of a resident to CCSP. Because the facility/program mission requires the facility to house 18 court ordered pregnant mothers, transgender and intersex residents would not be sent by the Department of Corrections to this facility. CCSP policy however includes language relating to Transgender and Intersex residents. If the facility ever has an Intersex resident, Policy and Procedure 714, requires that Transgender or Intersex residents would not be searched or physically examined by staff for the sole purpose of determining gender. If gender is unknown, it may be determined by conversations with the resident, by reviewing medical documentation or if necessary, an exam conducted in private by a medical practitioner.

The facility has primarily hired female staff to supervise the residents. There is currently one male employee that works part-time in concert with a female employee.

**Interviews:**

100% of the interviewed residents and staff confirmed that cross gender searches are never conducted in this program. Interviewed residents related that they had never been searched by the male staff nor had they ever observed the male staff searching any other female in the program. In fact, all of the interviewed residents stated the facility does not conduct pat down searches or strip searches. They do conduct room searches. 100% of the interviewed residents stated that they are never in view of male or female staff while showering, dressing or using the restroom. When asked if the male staff announced his presence when entering the female housing area, residents related they had never seen him come upstairs. They also indicated the male staff was a nice man who maintained professional distance and boundaries.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 714
- ✓ Pre-Audit Questionnaire, 115,315
- ✓ Viewed Resident Rooms, Showers and Toilets

**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)

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**Summary:**

Connections Community Support Programs Policy and Procedure 704, Prevention Planning, requires its facilities to take appropriate steps to ensure that residents with disabilities (including residents who are deaf or hard of hearing, those who are blind or have low vision, or those with intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in and benefit from efforts to prevent, detect, and respond to all forms of sexual abuse and sexual harassment. The steps include effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively.

Connections policy also requires written materials in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, and/or limited reading.

Policy 704, Prevention Planning, requires the facility not to rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety. CCSP provides Spanish speaking employees that serve as interpreters for non or limited English speaking residents. CCSP also provided an Internal Memorandum with the following interpreters and locations:

1. Rogette McMillan – Gordy Place Group Home
2. Jose Hernandez – Black Bird Landing Group Home
3. Rey Troche – Silverside Road Outpatient Services
4. Neyra Lahoz – CTW Coordinator
5. Raiza Martinez – Newark Outpatient Services

The facility reported that the courts take into account language barriers before placing a resident at New Expectations. This is determined during a pre-screening process for any other disabilities that are not appropriate for the facility/program.

**Interviews:**

Interviewed staff related that they would not permit an offender interpreter to translate for a Limited English Proficient Offender. They related they would contact one of the company’s translators. They also related that they doubted, because of the nature of the program, that the facility would have an offender who was unable to speak English proficiently.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 704
- ✓ Pre-Audit Questionnaire, 115.216
- ✓ Internal Memorandum date September 18, 2015 – Interpreters PREA
- ✓ PREA Posters in Spanish and English

**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)

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**Summary:**

Connections Policy 704, Prevention Planning, prohibits the facility from hiring or promoting anyone who may have contact with residents and enlisting the services of any contractor who may have contact with residents who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- 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 of engaging or attempting to engage in sexual activity in the community by force or coercion or was unable to give consent.

To ensure compliance CSSP requires staff to complete the Pre-PREA Employee Questionnaire which is a self-evaluation conducted as a part of employment process. The staff is required to sign the document and false information constitutes grounds for termination.

Connections Policy 704, Prevention Planning, requires that before hiring new employees, and before enlisting the services of contractors or anyone else who may contact with offenders the company will perform a criminal background records check; and consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. CSSP’s Human Resources completes the State of Delaware – State Bureau of Identification Check (Fingerprints), checks the State and National Child Protection Abuse Registry, completes Driver’s History Checks, and a Drug Test on all employees.

Connections Policy 704, Prevention Planning, also requires criminal history records checks every five years on all New Expectations employees. However, five year criminal history records checks have not been completed because the facility/program has been operating for less than one year. There is a plan in place to conduct the required five years checks. Twelve of 12 personnel files, randomly selected, contained documentation of completed background clearances and checks in compliance with policies.

Policy 704, Prevention Planning, requires that material omissions regarding sexual misconduct or the provision of materially false information are grounds for termination. Unless prohibited by law, the facility provides information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for whom such employee has applied to work. Employers seeking information of substantiated allegations of sexual abuse or sexual harassment are required to complete a form entitled “service letter”. This is a Delaware State mandate. After the facility receives the service letter, information on previous employees is released.

**Interviews:**

Three Human Resources staff were interviewed at the central office in Wilmington, DE. These staff were all able to articulate the hiring process, including describing background investigations to include checks with the State and National Child Abuse Registry, fingerprints and driver’s histories checks. Interviewed staff stated the facility considers prior incidents of sexual harassment or sexual abuse when considering whether to hire, promote or enlist the services of any contractor, volunteer or employee. They also stated that current employees who are charged with sexual harassment or sexual abuse are terminated, employment file tagged “no re-hire” and the administrative investigation placed in their employment file. Staff

also related that staff have an affirmative duty to report any arrests for any reason to the company.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 704
- ✓ Pre-Audit Questionnaire, 115.217
- ✓ Employee PREA Employment Questionnaire
- ✓ State of Delaware – State Bureau of Identification Checks (Fingerprints)
- ✓ Delaware Code, Title 31, Chapter 3, Section 309 (A Check of FBI, SBI records)
- ✓ Department of Services for Children, Youth and Their Families (DSCYF) Records Check
- ✓ Child Protection Registry for a Substantiated Case of Abuse or Neglect
- ✓ Service Letter – State Provision 19 De. C 708

**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)

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**Summary:**

Connection’s Policy 704, Prevention Planning, requires that when planning new facilities, upgrading existing facilities, or when purchasing and deploying new video monitoring equipment, the company considers what effect these upgrades and/or purchases have on its ability to protect residents from sexual abuse. New Expectations reported that there have been no substantial expansions or modifications to the existing facility. There were no upgrades with the cameras system however the Facility Director related she is adding an additional camera to cover the visitation area.

**Interviews:**

An interview with the Facility Director indicated that sexual safety would always be considered in any upgrades or modifications to existing facilities and the PREA Coordinator indicated that, of course, sexual safety would be a prime consideration in planning and opening any new facility as well as in any upgrades or modifications to existing facilities.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 704
- ✓ Pre-Audit Questionnaire, 115.218
- ✓ Tour Observation

## 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)

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### Summary:

Connections Community Support Program Policy 705 requires that the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence in criminal prosecutions and administrative proceedings. The PREA Coordinator is the PREA investigator. The PREA Coordinator will notify the local law enforcement authorities if the incident is criminal. The PREA Coordinator will also conduct an administrative investigative review of the incident. The CCSP Policy and Procedures 705 establishes a protocol that specifies actions to be taken on receiving a report of an allegation of sexual assault by a resident at New Expectations. The facility is responsible for ensuring the resident/victim is transported to a Christiana Care Health Services (CCHS Christiana Hospital or CCHS Wilmington Hospital) Emergency Room. CCHS has forensic nurse examiners on duty in the Emergency Room at all times.

In addition, the State of Delaware PM 46 mandates employee (s) of residential facilities, or anyone who provides services to a resident/clients of the facility, who have reasonable cause to believe that a resident/client has been assaulted shall:

1. Take actions to assure that the residents/client (s) will receive all necessary medical attention immediately, including calling “911” for transportation to the hospital, especially in the cases of assault, sexual assault, and serious physical injury. In the cases of sexual assault, a SANE examination should be completed at the hospital.
2. Take action to report all crimes to the police through the “911” call system. All victims of crimes must be offered the ability to access victim advocate services, either through the police agency or other agencies. Victim advocates can be contacted by calling 1-800-VICTIM. The Delaware Helpline can provide advocate information and [in New Castle County] the YWCA Rape Crisis Center can provide confidential accompaniment to the hospital in cases of sexual assault.

New Expectations has a MOU with the Young Women’s Christian Association (YWCA) for advocate services. YWCA is a part of a rape crisis center. YWCA and the rape crisis center cover all CCSP facilities in the event of sexual assault. When a resident alleges penetration or rape they are immediately taken to the Christiana Care (hospital) forensic nurse examiners for evaluation of the resident. The advocacy services for this county (New Castle) are provided by the YWCA. The YWCA (Young Women’s Christian Association) also has a hotline.

### Interviews:

The Agency PREA Coordinator explained the process and protocol for evidence collection, forensic exams and for advocacy services. This process was consistent with the Connections Policy. The Facility Director indicated that the YWCA would be responsible for providing Advocacy Services.

### Reviewed Documentation to determine complete compliance:

- ✓ CCSP Policy and Procedure 705

- ✓ Pre-Audit Questionnaire, 115.221
- ✓ DHSS Policy Memorandum 46
- ✓ Letter to Christiana Care Health System Forensic Nurse Examiners – September 18, 2015
- ✓ Letter to Delaware State Police Troop 1 – September 18, 2015
- ✓ Letter to Chief of Police Paul M. Tiernan – September 18, 2015
- ✓ Letter to Contact Lifeline – Sexual Assault Network of Delaware (SAND) – September 18, 2015

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

**Summary:**

The facility staff report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the CCSP’s designated investigator (PREA Coordinator). The PREA Coordinator reports all cases to the local police department. The police and law enforcement will investigate allegations of sexual abuse and sexual harassment. The police department has authority over all allegations of criminal sexual abuse. This facility is located in the City of Newark. Sexual allegations will be investigated by the City of Newark Police Department.

**Interviews:**

The PREA Coordinator and Facility Director were able to articulate the investigative process. The process described is consistent with policy. Line/Direct Care Staff were very much aware of their responsibilities to report all allegations regardless of how they are received. They were less sure of who would be responsible for conducting investigations, though a number indicated the PREA Coordinator while others stated law enforcement.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 705
- ✓ CCSP Policy and Procedure 709
- ✓ Pre-Audit Questionnaire, 115.222
- ✓ Letter to Chief of Police Paul M. Tiernan – September 18, 2015
- ✓ DHSS Policy Memorandum 46

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

**Summary:**

CCSP Policy and Procedure 706, requires all employees to receive PREA training. The Agency PREA Coordinator provided the training to all staff. The facility provided Staff PREA Acknowledgement Statements for all employees (12 out of 12). All PREA Acknowledgements were signed by the employees.

The Agency PREA Coordinator also uses PREA posters and flyers as a part of the employee’s training. CCSP has a system in place called “Paylocity”. Paylocity is a website which allows employees to review agency’s PREA Policies at any given time. If employees are reassigned or transfer to a female only or male only site they will receive additional training. Refresher training will be conducted every two years by the Director of Training.

**Interviews:**

All of the interviewed staff were able to articulate topics they were trained in. Staff were aware of the Zero Tolerance Policy, boundaries and how to avoid situations, how to recognize signs and symptoms of sexual abuse, first responding and reporting processes. They all indicated they had received their training from the PREA Coordinator and that the training involved a video presentation followed by a question and answer period. Some indicated they were also tested.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 706 CC
- ✓ Pre-Audit Questionnaire, 115.231
- ✓ Staff PREA Acknowledgement Statements
- ✓ Posters and Flyers
- ✓ Paylocity Website

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

**Summary:**

New Expectations does not use volunteers and contractors as a part of facility operations. If the need arises to use volunteers CCSP has a policy that will ensure that all volunteers, vendors, contractors, and others who have contact with

residents have to be trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

**Interviews:**

Interviews with the PREA Coordinator indicated that the facility does not have or utilize volunteers at the present and that there are no contractors being used as well. Interviews with the Human Resources Staff also indicated that there are no volunteers or contractors utilized at New Expectations.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 706 CC
- ✓ Pre-Audit Questionnaire, 115.232

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

**Summary:**

CCSP Policy and Procedure 706, requires all residents to receive PREA education. The Agency PREA Coordinator provided the initial educational sessions to all residents. The facility provided Resident PREA Acknowledgement Statements for all residents (15 out of 15). All PREA Acknowledgements were signed by the residents as documentation of resident participation. Educational material was observed posted on numerous walls around the facility as continuous and readily available to residents.

The facility also uses PREA posters and flyers as a part of the resident education. The educational formats were provided to residents in both English and Spanish.

**Interviews:**

Interviews with residents indicated they had received the required training and were able to articulate multiple ways they could report, both internally and externally.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 706 CC
- ✓ Pre-Audit Questionnaire, 115.233
- ✓ Resident Acknowledgment Statements
- ✓ Connections- To Report to an Outside Agency Flyer
- ✓ YWCA Hotline and Services Offers Flyer

- ✓ Connections – Reporting Sexual Abuse Flyer (English)
- ✓ Connections – Reporting Sexual Abuse Flyer (Spanish)
- ✓ PREA – Educational Boucher
- ✓ New Expectations Zero Tolerance Brochure (English)
- ✓ New Expectations Zero Tolerance Brochure (Spanish)
- ✓ Break the Silence Poster (English)
- ✓ Break the Silence Poster (Spanish)
- ✓ Tour Observation

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

**Summary:**

The agency PREA Coordinator serves as the PREA Investigator and has completed the PREA: Investigations for Sexual Assault in a Confinement Setting offered by National Institute of Corrections (NIC).

In addition to the general training provided to all employees, the agency PREA investigator is mandated by the State of Delaware to complete the Policy Memorandum 46 (PM-46) training, which includes investigators training guidelines. PM-46 is specialized training required by the State of Delaware that provides investigators training in crimes such as sexual abuse.

**Interviews:**

An interview with the PREA Coordinator, who also serves as a Connections PM-46 Investigator and PREA Investigator, confirmed he is very knowledgeable of investigative processes and procedures. Additionally he is knowledgeable and well versed in investigating sexual abuse and sexual harassment allegations. If the incident or allegation is sexual abuse Law Enforcement will conduct the criminal investigation while the PREA/PM-46 Investigator conducts an investigation as well but his involvement is parallel with the Law Enforcement and he states that he does not do anything to interfere with Law Enforcement’s investigation nor does he involve himself in evidence collecting related to a criminal investigation.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 710
- ✓ Pre-Audit Questionnaire, 115.334
- ✓ Policy Memorandum 46 (PM-46) of State of Delaware
- ✓ National Institute of Corrections (NIC) Certificate of Completion

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

#### Summary:

The facility has one part-time medical staff, a Licensed Practical Nurse, whose primary responsibility is related to medications. She has completed the online course PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting offered by National Institute of Corrections (NIC). The facility does not have mental health staff on site. This facility is a community based residential program and residents are not confined. Medical services are provided in the community and residents can access their primary care providers and OB-GYN physicians in the community.

#### Reviewed Documentation to determine complete compliance:

- ✓ CCSP Policy and Procedure 710
- ✓ Pre-Audit Questionnaire, 115.235
- ✓ National Institute of Corrections (NIC) Certificate of Completion

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

#### Summary:

CCSP Policy and Procedure 707 requires all residents at the New Expectations to be screened during intake and periodically throughout a resident's detention for their risk of being sexually abused or being abusive toward other residents. The screening occurs within 24 hours of a resident's arrival, but no longer than 72 hours after arrival. CCSP utilizes two objective screening instruments for its assessments. The information is disseminated within the facility by the facility PREA Compliance Manager. CCSP uses the Sexual Aggressor Assessment as the initial assessment tool. The secondary assessment tool for a 21 day review is termed the 21 Day/ Periodic Sexual Victimization Assessment. Both tools serve as indicators of sexual victimization and aggression.

The Resident Manager related that Mental Health and Medical intake takes place off-site at another CCSP facility using the PREA Audit Report

Care Logic – Electronic Database. The Bio-psychosocial Assessment section “Social Situation” includes additional information to including the resident’s interpersonal relationships and sexual history/orientation. This information is shared with the facilities through web based access. Documentation was reviewed at the CCSP Treatment Center.

**Interviews:**

An interview with the Resident Manager, who administers the Vulnerability Instruments, indicated that assessments are conducted within 72 hours of admission and again three weeks following the first administration of the instrument. She also related that residents undergo an intake at the Connections Clinic. At this clinic they receive a comprehensive mental health evaluation and an OB-GYN exam. She related the purpose of the screening instrument is to ensure that all residents are kept safe while they are here and that includes determining which residents can be “doubled up” in a room. She related she ascertains the information through interviews with the resident, social information that is made available and through the screening instrument. The Resident Manager was articulate and very knowledgeable of how to administer vulnerability assessments. She stated that access to the screening information is limited to the Facility Director, Resident Manager and the Assistant Resident Manager. A staff person at the Connections Clinic was briefly interviewed to determine the screening process (medical and mental health) conducted at the clinic. This staff was able to retrieve and “pull up” examples of screenings for individuals, randomly selected for review.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 707 CC
- ✓ Pre-Audit Questionnaire, 115.241
- ✓ Indicators for Sexual Victimization
- ✓ Indicators for Sexual Aggression
- ✓ 21 day/Periodic Sexual Victimization Assessments
- ✓ 21 day/Periodic Sexual Aggressor Assessments
- ✓ Care Logic – Electronic Database

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

**Summary:**

CCSP requires the facility to use the Sexual Victimization and Sexual Aggression screening tool to impact decisions regarding housing, bed, program, education and work assignments for residents. The goal for all residents remains to keep all residents safe and free from sexual abuse.

The facility has policy language related to LGBTI residents. If the facility receives a lesbian, gay, bisexual, transgender, or intersex resident they will not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall the facility consider LGBTI as an indicator of likelihood of being sexually abusive.

Transgender and Intersex resident's assignments will take place on a case-by-case basis. New Expectations typically has no occasion to impose involuntary segregated housing. This facility does not impose isolation as a disciplinary sanction for inappropriate behavior.

**Interviews:**

None of the interviewed residents identified as being lesbian, gay, transgender or intersex. Two of the residents reported to the auditor that they identified as being bi-sexual. Interviews with these ladies indicated that they were never treated any differently than any other residents and were not placed in special housing beds, or other assignments based on their identification.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 707 CC
- ✓ Pre-Audit Questionnaire, 115.242
- ✓ Indicators for Sexual Victimization
- ✓ Indicators for Sexual Aggression
- ✓ 21 day/Periodic Sexual Victimization Assessments
- ✓ 21 day/Periodic Sexual Aggressor Assessments
- ✓ Care Logic – Electronic Database

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

**Summary:**

CCSP Policy and Procedure 708 require multiple ways, internally and externally, for residents to report allegations of sexual abuse, sexual harassment or retaliation. These include telling a trusted staff member, any trusted adult, filing a grievance and contacting a confidential victim advocacy organization to report abuse or sexual harassment anonymously. The Contact Life Line is available by telephone to provide access to advocacy services when requested by a resident-victim. Counseling services are available in both English and Spanish from the advocacy center. The residents also have the opportunity to report to their probation officer who comes to the facility weekly.

According to a MEMO from the CCSP PREA Coordinator, the facility provides one way for residents to report abuse or harassment outside of the facility by utilizing an Abuse Report Line, 1 (800) 223-9074, to allow residents to make anonymous reports. This is a non-secure facility. Each resident has the ability to report sexual abuse when they go to the CCSP Treatment Center for counseling, when they go for appointments outside the facility, and at their work site, in the community, and using the PREA Reporting Box. The PREA Reporting Box is monitored by the PREA Compliance Manager. The PREA Compliance Manager will immediately report all allegations of sexual assault, rape, harassment, or retaliation to the PREA Coordinator for investigations. Reporting methods also includes;

- Agency hotline (302-230-9105)
- Dedicated email address (PREA Reporting @connections.CSP.org)
- Write directly to the PREA Coordinator

Residents fearing or experiencing retaliation for reporting sexual abuse will also employ the same reporting processes as identified for sexual abuse.

This facility does not serve as a detention facility and consequently there are no residents ever admitted solely for civil immigration purposes through the court intake system.

**Interviews:**

100% of the interviewed residents were able to articulate multiple ways to report both internally and externally. Interestingly every interviewed resident stated they would report it to staff. Consistently they indicated they would report it to the Resident Manager. Additionally they stated they are given phone calls daily and that they have visitors coming into the facility as well. Every resident related they could tell their probation officer either at the facility when the probation comes or at the CCSP Treatment Center. Most of the interviewed residents were aware of the “hot line” as well.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 708
- ✓ Pre-Audit Questionnaire, 115.251
- ✓ Memorandum of Understanding between CCSP and Contact Life Line
- ✓ Connections- To Report to an Outside Agency Flyer
- ✓ YWAC Hotline and Services Offers Flyer
- ✓ Connections – Reporting Sexual Abuse Flyer (English)
- ✓ Connections – Reporting Sexual Abuse Flyer (Spanish)
- ✓ PREA – Educational Boucher
- ✓ New Expectations Zero Tolerance Brochure (English)
- ✓ New Expectations Zero Tolerance Brochure (Spanish)
- ✓ Break the Silence Poster (English)
- ✓ Break the Silence Poster (Spanish)

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

**Summary:**

CCSP Policy and Procedure 730 establishes a process by which complaints and grievances from residents can be handled

PREA Audit Report

confidentially by completing a Formal Grievance and Communication Form and placing it into a secure suggestion box located in the lobby area at New Expectations. If a resident places a completed form relating to sexual abuse, it is not considered or treated as a typical grievance. It is treated as an "Emergency PREA Grievance". All alleged PREA reports are handled immediately and forwarded to the Agency PREA Coordinator/Investigator for actions within the required timeframes.

CCSP does not require that a resident use an informal grievance process, or otherwise attempt to resolve with staff an alleged incident of sexual abuse. There is no time limit on when a resident may submit a report regarding an allegation of sexual abuse.

#### **Interviews:**

Interviewed residents consistently were aware of what they referred to as the "complaint" process but they indicated they would just go tell the Resident Manager. They also were aware of the "PREA" Box located in the lobby near the front desk where they could report PREA related incidents. They also stated the ombudsman would review regular grievances.

#### **Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 730
- ✓ CCSP Policy and Procedure 103
- ✓ Pre-Audit Questionnaire, 115.252
- ✓ Formal Grievance and Communication Forms

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

#### **Summary:**

CCSP Policy and Procedure 716 provides residents with access to outside victim advocates or a rape crisis organization for emotional support services related to sexual abuse. New Expectations has a Memorandum of Understanding (MOU) with the Young Women's Christian Association (YWCA) for advocacy services. YWCA is a part of a rape crisis center. YWCA and the rape crisis center cover all CCSP facilities in the event of sexual assault. The advocacy services for this county (New Castle) are provided by the YWCA. The YWCA also has a hotline. The outside services, include but are not limited to:

1. Hospital accompaniment for an offender victim during the forensic medical examination process;
2. Investigatory interviews at the hospital;
3. Emotional support services;
4. Referrals to Connections Medical and Mental Health vendor staff; and
5. Follow-up advocacy services on request of the resident-victim are provided by the YWCA.
6. Follow-Up phone conversations

The facility provides resident's accessibility to these outside services by posting and making accessible mailing addresses and telephone members, including toll free hotline numbers of local, State, and/or National organizations. Residents have access to legal services and if they cannot afford an attorney they will be appointed a state attorney. Attorneys are allowed to meet with residents and to communicate via telephone or mail as well.

**Interviews:**

Most of the interviewed residents were aware that there were services outside the facility to provide support or advocacy services if needed. Most were aware of the availability of hot line numbers and a few knew that one organization providing advocacy services were the YWCA.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 716
- ✓ Pre-Audit Questionnaire, 115.253
- ✓ Memorandum of Understanding between CCSP and Contact Life Line
- ✓ Connections- To Report to an Outside Agency Flyer
- ✓ YWAC Hotline and Services Offers Flyer
- ✓ Connections – Reporting Sexual Abuse Flyer (English)
- ✓ Connections – Reporting Sexual Abuse Flyer (Spanish)
- ✓ PREA – Educational Boucher
- ✓ New Expectations Zero Tolerance Brochure (English)
- ✓ New Expectations Zero Tolerance Brochure (Spanish)
- ✓ Break the Silence Poster (English)
- ✓ Break the Silence Poster (Spanish)

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

**Summary:**

CCSP Policy 708 establishes a method to receive third-party reports of sexual abuse and sexual harassment and distributes publicly, information on how to report on behalf of a resident. The facility uses the State of Delaware online reporting process. The Agency PREA Coordinator has also sent letters to local agencies informing them of the PREA Audit, including information on how to report to the Certified PREA Auditor, to provide them with the ability to report or make any comments they needed to make to the Certified PREA Auditor.

Anyone can report sexual abuse for any resident. Concerned citizens and families can report sexual abuse to the PREA Coordinator by email. They can report to the auditor as well. The PREA brochure is available to the public; copies of the

PREA related brochures are also available at the intensive outpatient treatment center informing them of how to report.

### Interviews:

Every resident who was interviewed was aware that third parties can make reports of alleged sexual abuse. They named parents, friends, boyfriends, probation officer and their attorneys as potential third party reporters. Staffs were also aware of third party reporting. All staff related they have been trained to accept reports of allegations of sexual abuse from anyone, including third parties. They also indicated they would handle those reports just as they would any other report and would take the reports seriously.

### Reviewed Documentation to determine complete compliance:

- ✓ CCSP Policy and Procedure 708
- ✓ PREA Brochure
- ✓ Pre-Audit Questionnaire, 115.254
- ✓ Letter – Executive Director/Survivors of Abuse in Recovery (SOAR)
- ✓ Letter – CHILD, Inc.
- ✓ Letter – Delaware Center of Justice
- ✓ Letter – ACLU of Delaware
- ✓ Letter – Contact Life Line/Sexual Assault Network of Delaware (SAND)
- ✓ Letter – Christiana Care Health System/Forensic Nurse Examiners
- ✓ Letter – Chief of Newark Police Department
- ✓ Letter – Delaware State Police Troop 1 / Troop Commander

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

### Summary:

CCSP Policy and Procedure 709 requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility, to include retaliation against resident or staff who reported such an incident. Reports must be completed in submitted within 72 hours.

The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the Agency’s designated investigators (PREA Coordinator). Every Connection’s employee is obligated by law and policy to report any of the above circumstances such as sexual abuse which he or she observes or is told about. They are also required to complete an incident report/ form (cited from DHSS 46). The Department of Services for Children, Youth and Their Families Child Abuse/Neglect Mandatory Reporting Form must be completed by staff (Title 16, Delaware Code, Chapter 9, Subsections 901-914).

The facility uses the Occurrence Report for documentation. All reports may be made without fear of retaliation. Employees who are not comfortable completing an occurrence report form or who fear retaliation for making a report, may report anonymously by calling 1-302-230-9105 or 1-302-984-3380, extension 105.

A General Event Report (GER) of any incident that occurs in a DDS-Funded program is entered by the employee who observed or was involved in the incident. Reports of alleged incidents as defined in the Delaware DSCYF Reportable Events & Notification Procedures are made in accordance with those procedures. Assigned management staff will follow-up to ensure that an occurrence form is completed.

**Interviews:**

100% of the interviewed staff stated that they have been taught that they are expected to report any knowledge, suspicions, or reports of sexual abuse and that they have been trained that their job is to report it and not to make any judgment about its truth of validity. Staff stated that they immediately make a verbal report to their supervisor followed by a written report prior to the end of their shift.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 709
- ✓ CCSP Policy and Procedure 108, Occurrence Reporting is a systematic report for documentation
- ✓ Pre-Audit Questionnaire, 115.261
- ✓ PM-46 mentioned reporting duties 107/ Delaware Department of Health and Social Services. DHSS Policy Memorandum 46.
- ✓ Child Abuse/Neglect Mandatory Reporting Form
- ✓ Occurrence Reports
- ✓ Reportable Events Summary 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

**Summary:**

When the facility learns that a resident is subject to a substantial risk of imminent sexual abuse. Residents are protected by suspending the alleged employee pending an investigation, removing the alleged perpetrator from working or residing on the premises with the victim and by relocating the perpetrator and/or the victim from the program.

**Interviews:**

Interviewed staff consistently described the actions they would take if they became aware that a resident was at substantial risk of imminent sexual abuse. Administrative staff related they would suspend the alleged perpetrator if he/she was a staff

while and until an investigation was completed and that if the allegations were substantiated, the presumptive action would be termination from employment. If the alleged perpetrator was another resident, the alleged perpetrator would be separated from the victim, relocated to another program or removed from the program. It was evident from the interviews that all staff would take the allegations seriously and that immediate actions would be taken to protect the potential alleged victim.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 709 CC
- ✓ Pre-Audit Questionnaire, 115.262

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

**Summary:**

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the facility administrator/head or designee of New Expectations would notify the /facility administrator/head of the sending facility of the alleged allegation within 72 hours. The facility completes the Reportable Event Report and submits it, as well as contacting the PREA Coordinator/ Investigator.

**Interviews:**

An interview with the facility/program director confirmed that in the event she received a report that a resident had been sexually abused at the sending facility she would notify the facility/program director of the sending facility, complete the required incident reports, make the appropriate notifications and ensure that an investigation is conducted. Similarly, if she received a report from another facility that a resident had been sexually abused at her facility, she would complete an incident report as required, make appropriate notifications and ensure it was investigated like any other allegation. She related she would treat every allegation seriously and ensure that they are all investigated and that actions are taken to ensure residents are sexually safe.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 709
- ✓ Pre-Audit Questionnaire, 115.263
- ✓ Reportable Events Summary Report

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

#### Summary:

CCSP Policy and Procedure requires that all staff, upon learning of an allegation that a resident was sexually abused, must separate the alleged victim and alleged abuser and preserve and protect a crime scene until appropriate steps can be taken to collect any evidence.

The staff at this facility is very aware of the steps that should be taken to preserve evidence. Staff is also aware how to preserve the crime scene to include collection of physical evidence from the victim and the abuser.

#### Interviews:

100% of the interviewed staff indicated they would take all allegations seriously, separate the alleged victim from the alleged perpetrator, notify their supervisor and keep everyone away from a potential crime scene. Most stated they would tell the alleged victim and abuser not to use the restrooms, change clothes, shower or brush their teeth. The remaining staff who did not mention prohibiting residents from actions that could contaminate potential evidence were able to relate that information when asked if there was anything else they would do or any instructions they would have for the victim or perpetrator.

#### Reviewed Documentation to determine complete compliance:

- ✓ CCSP Policy and Procedure 709
- ✓ Pre-Audit Questionnaire, 115.264
- ✓ Training Information

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

**Summary:**

CCSP Policy and Procedure 709 require a written plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders. The agency PREA Coordinator provided the auditor with the “Connections Coordinated Response to Any Sexual Assault Incident”. There is no full time medical staff at the facility nor is there any mental health staff at the site Residents would be taken to the hospital for forensic exams. Advocates are available through the YWCA and the agency has a MOU with that organization for the provision of those services. Unlike larger institutions, staffing in this community based residential facility, is limited to two direct care staff per shift and during the day there is a Resident Manager and the Facility Director. Mental health services would be available through the staff of the Connections Outpatient Treatment Program.

**Interviews:**

Each staff was able to relate the actions they would be responsible for taking, as first responders, in the event a resident reported or made an allegation of sexual abuse. Staff were aware of the notifications they would make. They were also aware of and stated, as first responders, the actions that they would take concerning separating residents (victim and perpetrator), reporting to their supervisors and protecting potential evidence both in the room/area where the alleged incident took place and on both the victim and perpetrator. Staff were also aware that law enforcement would be called to conduct the criminal investigation and the PREA Coordinator would be notified as well.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 709
- ✓ Pre-Audit Questionnaire, 115.365
- ✓ Connections Coordinated Response to Any Sexual Assault Incident

**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)

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

**Summary:**

This standard requires that neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or a determination as to what extent discipline is warranted. CCSP is not involved in “collective bargaining” with union employees.

**Interviews:**

Interviews with the Facility Director and PREA Coordinator confirmed that CCSP is not involved in “collective bargaining” and  
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their employees are not union employees.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 717
- ✓ Pre-Audit Questionnaire, 115.266

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

**Summary:**

CCSP Policy and Procedure 781 establish and require protection for all residents and staff who report sexual abuse or sexual harassment and/or cooperate with sexual abuse or sexual harassment investigations from retaliation. The agency PREA Coordinator and the facility PREA Compliance Manager are designated as the retaliation monitors.

In the event of a case or retaliation, the facility would employ multiple protection measures, such as changing rooms, removing residents from the program, and suspending staff. The facility has not experienced any incidences of retaliation in the past 10 months.

**Interviews:**

Interviews with the PREA Coordinator and the Facility PREA Compliance Manager indicated they are aware of the requirements of this standard. They also were able to articulate the range of actions they would take to protect anyone from retaliation for reporting sexual abuse.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 718
- ✓ Pre-Audit Questionnaire, 115.267

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

**Summary:**

The facility staff report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the CCSP’s designated investigator (PREA Coordinator). The PREA Coordinator reports all cases to the local police department. The police and law enforcement will investigate allegations of sexual abuse and sexual harassment. The police department has authority over all allegations of criminal sexual abuse. This facility is located in the City of Newark. Sexual allegations will be investigated by the City of Newark Police Department.

The Agency PREA investigator follows the DHSS Policy Memorandum 46 (PM46) guidelines. The Agency PREA Coordinator reviews the initial incident report and initiates an investigation into the allegations contained in the report. The investigation, with a written report are made within 24 hours, if the PREA Coordinator has reasonable cause to believe that the resident’s/client’s safety is in immediate danger of further assault or abuse. Otherwise, the investigation and written Investigation will follow the agency process. The investigative process is confidential and not subject to disclosure pursuant to 24 Del. C., section 1776 and because it is privileged under the governmental privilege for investigative files. Investigative Reports are labeled as confidential and privileged. All criminal incidents are reported directly to the local Police Department. During the 10 months that New Expectations has been operational, there have been no allegations, cases or incidents of sexual abuse. If an incident occurred or an allegation was substantiated, New Expectations would notify relevant licensing bodies as applicable.

**Interviews:**

An interview with the agency investigator, the PREA Coordinator and PM46 Investigator confirmed the investigative process. Although law enforcement would conduct criminal investigations, the PREA Coordinator would conduct his own investigation. He stressed however that he would, in no way, interfere with the law enforcement investigation. It was evident that the PREA Coordinator was knowledgeable of the investigative process. He also related that he completed the NIC Specialized Training for Investigators.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 711
- ✓ Pre-Audit Questionnaire, 115.271
- ✓ NIC Certificate- Specialized Training for Investigators
- ✓ PM-46 mentioned reporting duties 107/ Delaware Department of Health and Social Services. DHSS Policy Memorandum 46.

**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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion**

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

**Summary:**

The PREA Coordinator/Investigator is trained not to impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

**Interviews:**

The PREA Coordinator, in an interview, stated that he does not impose any standard of proof higher than a preponderance of the evidence.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 711
- ✓ Pre-Audit Questionnaire, 115.272

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

**Summary:**

CCSP Policy and Procedure 719 establishes guidelines for reporting to residents if alleged sexual abuse occurred. Following an investigation into a resident’s allegation of sexual abuse suffered in the facility, Connections will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the facility did not conduct the investigation, the PREA Coordinator/Investigator requests the relevant information from the investigative agency in order to inform the resident. All notifications or attempted notifications are documented and placed in the resident’s file.

**Interviews:**

Although there have been no investigations requiring notification since the implementation of the PREA Policy, the PREA Coordinator confirmed that youth will be notified in writing of the results of the investigation when the results are provided to the facility .

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 719

- ✓ Pre-Audit Questionnaire, 115.273

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

#### **Summary:**

CCSP policy and procedures indicate staff shall be subject to disciplinary actions in the event an allegation of sexual abuse is confirmed. In the last ten months there have been no allegations of sexual abuse at New Expectations. However, staff of Connections Community Support Programs, Inc. are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. If an incident occurred New Expectation would notify relevant licensing bodies, if applicable.

#### **Interviews:**

The Facility Director and PREA Coordinator stated in interviews that staff committing sexual abuse or sexual harassment would be disciplined and that the discipline would be presumed to be termination.

#### **Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 720
- ✓ Pre-Audit Questionnaire, 115.276

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

**Interviews:**

Interviews with the PREA Coordinator and Connections Human Resource Staff indicated that New Expectations does not utilize volunteers or contractors. The PREA Coordinator understood the requirements of the standard and would suspend services and contact with residents immediately and proceed with the investigation. The presumptive discipline would be termination of services.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 720
- ✓ Pre-Audit Questionnaire, 115.277

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

**Summary:**

CCSP Policy 720 indicates that all residents will be subject to disciplinary action pursuant to a formal disciplinary process following an administrative finding. In the last ten months there have been no allegations of sexual abuse.

**Interviews:**

Interviews with staff indicated that residents, if found guilty of sexual abuse, would be referred back to their probation officer for a probation violation hearing or for prosecution.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 720
- ✓ Pre-Audit Questionnaire, 115.278

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

**Summary:**

CCSP Policy and Procedure 726 requires that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The facility provides residents with access to victim advocates and/or Rape Crisis organizations for emotional support services related to sexual abuse. New Expectations has a Memorandum of Understanding (MOU) with the Young Women’s Christian Association (YWCA) for advocacy services. YWCA is a part of a rape crisis center. YWCA and the rape crisis center serve all CCSP facilities in the event of a sexual assault. The YWCA also has a hotline. The outside services they provide include but are not limited to:

1. Hospital accompaniment for an offender victim during the forensic medical examination process;
2. Investigatory interviews at the hospital;
3. Emotional support services;
4. Referrals to Connections Medical and Mental Health vendor staff; and
5. Follow-up advocacy services on request of the resident-victim are provided by the YWCA.
6. Follow-Up phone conversations

The facility provides accessibility to outside services to residents by posting and making accessible mailing addresses and telephone numbers, including toll free hotline numbers of local, State, and/or national information. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Interviews:**

Interviewed residents were aware of the availability of outside services for victims of sexual abuse. They were less clear about the specific services that these agencies would provide. Most residents mentioned the posted numbers and the YWCA as means of accessing outside services.

**Reviewed Documentation to determine complete compliance:**

- ✓ Memorandum of Understanding between CCSP and Contact Life Line
- ✓ Connections- To Report to an Outside Agency Flyer
- ✓ YWAC Hotline and Services Offers Flyer
- ✓ Connections – Reporting Sexual Abuse Flyer (English)
- ✓ Connections – Reporting Sexual Abuse Flyer (Spanish)
- ✓ Break the Silence Poster (English)
- ✓ Break the Silence Poster (Spanish)
- ✓ CCSP Policy and Procedure 726
- ✓ Pre-Audit Questionnaire, 115.282

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

**Summary:**

The facility encourages victims to continue their medical and medical health care for sexual abuse through the Young Women’s Christian Association (YWCA) for advocacy services, to include emotional support services as described in standard 115.282.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 726
- ✓ Pre-Audit Questionnaire, 115.283
- ✓ Memorandum of Understanding between CCSP and Contact Life Line
- ✓ Connections- To Report to an Outside Agency Flyer
- ✓ YWAC Hotline and Services Offers Flyer
- ✓ Connections – Reporting Sexual Abuse Flyer (English)
- ✓ Connections – Reporting Sexual Abuse Flyer (Spanish)
- ✓ Break the Silence Poster (English)
- ✓ Break the Silence Poster (Spanish)

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

**Summary:**

CCSP has a Sexual Abuse Incident Review Team that includes upper-level management officials at each facility. At the conclusion of sexual abuse investigations, including where an allegation has not been substantiated, unless the allegation has been determined to be unfounded the tem meets to consider it. The review team meets within 30 days at the conclusion of the investigation. When meeting the review team considers the requirements in the standards to determine needs to change policy or practice to better prevent, detect, or respond to sexual abuse.

During the last 10 months since the facility became operational there have been no allegations of sexual abuse at New Expectations.

## Interviews:

Interviewed management staff knew the role of the incident review team however they reiterated that they have not had any cases or allegations of sexual abuse or sexual harassment since they started taking residents into the program.

## Reviewed Documentation to determine complete compliance:

- ✓ CCSP Policy and Procedure 750
- ✓ Pre-Audit Questionnaire, 115.286

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

## Summary:

CCSP collects accurate, uniform data for every allegation of sexual abuse, using the Reportable Events Summary Report and the Occurrence Report. Policy 702, outlines the PREA Definitions, as used by CCSP, to investigate and educate staff and residents on sexual abuse and sexual harassment as defined in PREA standard 115.6 Definitions related to sexual abuse. Review of the data collection forms includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual abuse incident reviews required by State Agencies. The facility provides required data, to include the previous calendar year, to the contracted State Agency.

## Reviewed Documentation to determine complete compliance:

- ✓ CCSP Policy and Procedure 750
- ✓ CCSP Policy and Procedure 702
- ✓ Pre-Audit Questionnaire, 115.287
- ✓ Occurrence Reports
- ✓ Reportable Events Summary Report

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

**Summary:**

CCSP reviews the data collected as stated in PREA Standard 115.288 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and additional training. The facility submits data to the state agency as a part of the state annual report of its findings and corrective actions for the facility. In the future the facility data will be used to include a comparison of the current year’s. The facility redacted information on specific materials, threats to the safety and to the security of the facility.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 750
- ✓ Pre-Audit Questionnaire, 115.288
- ✓ Review State Annual Report

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

**Summary:**

CCSP Policy and Procedure 750 establishes the Data Storage policies and procedures which ensure that sexual abuse data is securely retained. The facility submits data to the state agency as a part of the state annual report of its findings and corrective actions for the facility. The State Agency is required to post its annual report on the state website for public reviewing. Policy requires that the facility maintain data collected for at least 10 years after the date of the initial incident.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 750
- ✓ Pre-Audit Questionnaire, 115.289
- ✓ Review State Annual Report

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

*Robert Lanier*

Robert G. Lanier

November 23, 2015

Auditor Signature

Date