

**PREA AUDIT REPORT INTERIM X FINAL**

**COMMUNITY CONFINEMENT FACILITIES**



<b>Auditor Information</b>			
<b>Auditor name:</b> Walter J Krauss, Psy.D.			
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<b>Email:</b> <a href="mailto:waltjk@aol.com">waltjk@aol.com</a>			
<b>Telephone number:</b> 860-707-4622			
<b>Date of facility visit:</b> 4/9/15 & 4/10/15			
<b>Facility Information</b>			
<b>Facility name:</b> Brooklyn House (CORE Services, Inc.)			
<b>Facility physical address:</b> 104 Gold Street / Brooklyn, NY 11201			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> (718) 498-0800			
<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 checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	Other
	<input checked="" type="checkbox"/> Halfway house (Residential Reentry)	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center		
<b>Name of facility's Facility Director:</b> Aissatou Minthe (Also Serves Role of PREA Coordinator)			
<b>Number of staff assigned to the facility in the last twelve months:</b> 52			
<b>Designed facility capacity:</b> 169			
<b>Current population of facility:</b> 135 in-house; 60 home detention			
<b>Facility security levels/inmate custody levels:</b> Minimum/Moderate			
<b>Age range of the population:</b> 22-84			
<b>Name of PREA Compliance Manager:</b> Orissa Denny		<b>Title:</b> Quality Assurance Specialist	
<b>Email address:</b> <a href="mailto:odenny@coresvcs.org">odenny@coresvcs.org</a>		<b>Telephone</b>	(718) 801-0800
<b>Agency Information</b>			
<b>Name of agency:</b> CORE Services Group, Inc.			
<b>Governing authority or parent agency:</b> Federal Bureau of Prisons-Residential Reentry Management Office			
<b>Physical address:</b> 45 Main Street / Brooklyn, NY 11201			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> (718) 801-8050			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Jack Brown		<b>Title:</b> CEO	
<b>Email address:</b>		<b>Telephone number:</b> (718) 801-8050	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Aissatou Minthe		<b>Title:</b> Facility Director	
<b>Email address:</b> <a href="mailto:aminthe@coresvcs.org">aminthe@coresvcs.org</a>		<b>Telephone number:</b> (718) 498-0800	<b>Ext:</b> 202

## AUDIT FINDINGS

### NARRATIVE

The CORE Services Group, Inc.'s, Brooklyn House provides a residential community correctional program for offenders who are reintegrating into the community for those who are on supervised release who may need more supervision, as well as those who may need an alternative to incarceration. The mission of the Brooklyn House Resident Reentry Center is to provide residents with the necessary tools to enable them to successfully transition to and lead productive lives within their communities.

This is achieved by providing residents with supportive services such as job readiness and employment placement services, needs assessment, referrals to substance abuse and mental health treatment providers, life skills coaching, GED preparation, and family reunification counseling within a structured secure environment.

Brooklyn House contracted with Dr. Walter J. Krauss, a Department of Justice certified PREA Auditor, to conduct formal PREA Auditing services on April 9<sup>th</sup> and 10<sup>th</sup>. The two day on-site process was initiated by a formal introductory meeting and a subsequent comprehensive facility tour. All staff interviewed were professional as well as knowledgeable of the agency's zero tolerance policy for sexual abuse and sexual harassment and how it pertained to them. Residents were appropriate and respectful as well. It shall also be noted that the PREA Compliance Manager, Facility Director/PREA Coordinator, and the Vice President of Administration were remarkably responsive, flexible, and professional throughout this process, all in an effort to keep the residents safe and to achieve compliance.

Interviews were conducted with the following staff and residents:

- **Agency Head (or Designee): *Keisha Phipps, Vice President of Administration***
- **Facility Director (or Designee): *Aissatou Minthe***
- **PREA Coordinator: *Aissatou Minthe***
- **Specialized Staff**
  - **Agency contract administrator : *Tracy Rivers, Residential Re-Entry Manager***
  - **Medical and MH Staff: *N/A...Medical and Mental Health services not provided on-site***
  - **Administrative / Human Resources staff: *Kevin Allen, Training Coordinator/Human Resources Representative***
  - **Volunteers and contractors who have contact with residents: *The 1 volunteer was not available***
  - **Investigative Staff: *Steven Grandison, Investigative Specialist***
  - **Staff who perform screening for risk of victimization and abusiveness: *Ingrid Montes, Caseworker***
  - **Staff on the Incident Review Team: *Orissa Denny, Quality Assurance Specialist / PREA Compliance Manager***
  - **Designated staff member charged with monitoring retaliation: *Orissa Denny, Quality Assurance Specialist / PREA Compliance Manager***
  - **First responders, both security and non-security staff: *All staff that were interviewed were asked these questions***

- Intake Staff: *Amanda Brace, Caseworker*
- Resident interviews (*auditor selected 13 on day of arrival*): *13 (10 males, 3 females)*
  - Disabled and Limited English Proficient Residents: *N/A*
  - Transgender and Intersex Residents; Gay, Lesbian, and Bisexual Residents: *1*
  - Residents Who Reported Sexual Abuse: *N/A*
- Random Sample of Staff : *10 (7 of which were Guards with at least 2 from each shift)*

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Upon arrival at Brooklyn House, this auditor was immediately impressed with the bright ambient atmosphere and the cleanliness of the facility. Zero tolerance PREA posters in English and Spanish as well as the required announcement indicating this auditor's intent to conduct a formal PREA audit on April 9th through April 10th were posted to the left of the control desk in the main hallway. During the tour, it was noted that posters were prominently displayed throughout the facility. The tour of the facility was facilitated by both the Facility Director / PREA Coordinator and Quality Assurance Specialist / PREA Compliance Manager. Originally built in 1972 and after being used primarily as a daycare facility, CORE Services Group's Brooklyn House opened its doors on September 13, 2012 following a significant renovation designed to meet the needs of the program.

A key feature of the renovation was the installation of a state-of-the art surveillance system with 32 cameras in total. These cameras are monitored from the control desk or by key staff who are authorized to have remote access. During the tour it was observed that there were two blind spots of concern to this auditor, including the walk-in freezer in the kitchen area and an alcove in the back of Room # 206. There is camera surveillance to the front of the walk-in freezer, but not inside; however, the area is restricted and residents cannot be alone in the kitchen area. The issue in Room # 206 is addressed by the roves conducted by staff who walk through that area each time.

The facility has 17 different housing units/rooms with the capacity designed to accommodate 169 residents. Eighteen of the residents are females who all live in Room # 001 in a dorm style setting. The capacity for the men's rooms range from 2 to 14 with those designated as being risks for sexual victimization housed in the smaller rooms, in particular the Handicap Unit on the main floor. If a woman is considered to be at risk, the option to move that individual to another room is more of a challenge because there is only one female room in the facility. If the smaller male room adjacent to the female room is empty or there is someone housed in that room that is not required to be there, the male would potentially be moved upstairs and a woman considered to be at risk could be placed in that smaller room. If a potential or actual conflict develops between two women, the Facility Director / PREA Coordinator indicated it would be likely that Home Detention would be expedited for one of them based on eligibility dates and Federal Bureau of Prisons approval. Ultimately, each situation is taken on a case by case basis. Guards reportedly do "roves" or walk throughs / tours hourly during waking hours as well as at night. At the time of the on-site audit, Brooklyn House had 60 Home Detention residents who do not live in the

facility, but must check in once per week. On Day 1 of the on-site audit (4-9-15) there were 135 In-House residents (117 males and 18 women), 60 on Home Detention (54 males and 6 females), and 1 male resident in the hospital.

The women's dorm style room is located on the main floor near the security and administration offices. They have a separate bathroom for the women with toilet stalls and showers with curtains that allow for privacy. The men have a similar set up on the first and second floors with two bathroom/shower areas on each. None of the cameras' field of view includes the bedrooms or the toilet and showers areas. The kitchen and dining area are located in the basement to the left towards the end of the main hallway to the left upon entrance to the facility. There is access to the roof, but it is off limits to the residents; however, they do have surveillance cameras covering the roof area as well.

### **SUMMARY OF AUDIT FINDINGS**

Number of standards exceeded: 1

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 2

#### **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)

**Brooklyn House has an established and well documented zero tolerance policy. This is evidenced by Policy & Procedure 7.19 *Staff and Resident Rights-Sexual Victimization*, which addresses the requirements set forth in the standard, signs posted throughout the facility in English and Spanish, and as per all interviews completed with staff and residents. Definitions of prohibited behaviors regarding sexual abuse and harassment and sanctions for having participated in those behaviors are also included.**

**As indicated, community confinement facilities are required to have only an agency-wide, upper level PREA Coordinator. This requirement is met by Brooklyn House's Facility Director, who serves as the PREA Coordinator. In addition, the Brooklyn House Quality Assurance Specialist also serves as the facility-based PREA Compliance Manager. During interviews with each of these two staff, they indicated they do have sufficient time and authority to develop, implement, and oversee agency/facility efforts to comply with the PREA standards. During this audit process, both auditor and agency administration worked collaboratively to ensure the organizational flow chart clearly indicated both the PREA**

**Coordinator and PREA Compliance Manager. Because the facility has a designated PREA Compliance Manager when only a PREA Coordinator is required, this auditor believes Brooklyn House exceeds the standard requirements.**

**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)

**115.212 (c) stipulates that "Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed, may the agency enter into a contract with an entity that fails to comply with these standards. In such a case, the public agency shall document its unsuccessful attempts to find an entity in compliance with the standards." According to an interview with the CORE Services Group, Inc., Residential Reentry Manager, the agency has not entered into any new contracts since August 20, 2012. She added that the agency has an oversight specialist that would monitor such contracts for compliance, when applicable, and results of contracted facilities submitted and reviewed annually; however, Brooklyn House does not contract with private agencies or other entities for the confinement of residents, so (a) and (b) are not applicable for this standard.**

**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)

**All elements of this standard are included in Policy & Procedure 7.19.3.10 *Supervision and Monitoring*. Reviews of rosters and schedules in addition to interviews with the Facility Director / PREA Coordinator and the Quality Assurance Specialist / PREA Compliance Manager indicate that the staffing plan did not deviate. There was always at least one female and one male staff on duty per shift over the course of the past year.**

**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)

**Per Policy & Procedure 7.19.3.5.1 *Limits to Cross Gender Viewing and Searches*, Brooklyn House does not conduct cross-gender strip searches, visual body cavity searches, or pat-down searches, even in exigent circumstances. If a situation calls for a female resident to be searched, staff are trained to contact staff from other departments to conduct the search. If no female staff are available from those departments, staff are instructed to conduct searches with a wand, which involves no physical contact with the resident. As per this standard, facility policy prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. There was some confusion, however, regarding the searches of transgender and intersex residents. As a result, facility administration was asked to provide additional training to staff to clarify the procedure. Attendance sheets were provided after the on-site visit. The training curriculum had already been reviewed and was appropriate.**

**None of the 32 surveillance cameras allow for staff to view toilet/shower areas and it was clear that staff have integrated the practice of staff announcing their presence when entering housing units for cross-gender residents. This was evident during the tour and confirmed during all staff and resident interviews.**

**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)

**Brooklyn House Policy & Procedure 7.19.3.16 *Residents with Disabilities and Residents Who are Limited English Proficient* Includes the key elements of this standard; however, most line staff interviewed were unaware of the interpretive services available, including SignTalk for use with the hearing impaired, and the process for accessing those services. As part of the corrective action plan, administration was asked to create a training curriculum on the topic and develop an informational sheet to provide guidance if and when interpretive services were necessary. Evidence of corrective action was to include the training curriculum, informational sheet, and the signed staff attendance sheet verifying completion of the training. Before this report had been completed, the requested information had been received and, as a result, it was determined this standard met the criteria for compliance.**

**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)

**Initially, all the required elements of this standard were not included in Brooklyn House Policy & Procedure 7.19.3.3 *Staff Hiring, Orientation, Training, and Promotion*. Through collaborative effort with this auditor and administration, however, the policy was modified, forms updated, and the requirements met. Randomly selected files of staff were reviewed and criminal background checks were completed as required. An interview with the Training Coordinator/ Human Resources Representative provided further support of the stated policy and standard practice.**

**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)

**This item is "Not Applicable"; however, it shall be noted that Brooklyn House initially opened its doors September 13, 2012 complete with the installation of a state-of-the-art surveillance system. Plans had been developed and established well before the standard's August 20, 2012 cut off period. In separate interviews with the agency's Vice President of Administration and the Facility Director/PREA Coordinator, both emphasized the agency's commitment to safety. Although the planning process did not specifically state that facility modifications or installation of the surveillance cameras were related to protecting residents from sexual abuse, overall resident safety, which includes protecting residents from sexual abuse, was the primary goal. This auditor recommends that any future plans or efforts specifically state how prospective plans or modifications relate to preventing resident sexual abuse.**

**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)

**Brooklyn House does not conduct an investigation of sexual misconduct without first receiving the approval of the Contracting Officer's Technical Representative (COTR). The facility will conduct investigations only to the extent it has been authorized; however, if during an authorized investigation criminal behavior is uncovered, staff are advised to stop what they are doing and refer the case immediately to the appropriate law enforcement agency, i.e. New York Police Department (NYPD). Investigative authorities include but are not limited to the Department of Justice, Federal Bureau of Investigation, and US. Marshals Service.**

**The Brooklyn House PREA Incident Criminal Investigation Guideline delineates the specific responsibilities expected of not only Brooklyn House, but of the investigating agency in an**

**effort to follow a uniform evidence protocol to maximize the potential for obtaining usable physical evidence. Per interviews with the facility's Investigation Specialist and PREA Coordinator, facility staff cooperate and provide assistance to those entities at their discretion.**

**Forensic medical exams, when needed, would be conducted at Woodhull Medical Center in Brooklyn, NY; or Brooklyn Hospital Center in Brooklyn, NY at no cost to the resident. The New York State Department of Health publishes a list of SAFE/SANE providers from which Brooklyn House can refer, including one identified at Woodhull Medical Center.**

**Working with the auditor during this process, a victim advocate has been assigned from the facility to accompany residents to the hospital if they so choose. Per documentation and staff interviews with the Facility Director / PREA Coordinator and the Quality Assurance Specialist / PREA Compliance Manager, the facility is currently in negotiations with two community based organizations to provide rape crisis services for the residents. Already, residents and staff can contact the CAMBA Rape Crisis Hotline to report any allegations of sexual abuse.**

**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)

**Brooklyn House's Policy & Procedure 7.19.3.12 *Investigation of Sexual Misconduct* addresses all the necessary requirements of this standard. The agency's 2014 annual report, entitled "Brooklyn House Reentry Center (RRC) Annual Prison Rape Elimination Act (PREA) Report" is available to the public through the agency website at <http://coresvcs.org/PREA.pdf> and references 2012, 2013, 2014 as having no reports of sexual abuse or victimization. Interviews with the agency's Vice President of Administration and Investigative Staff further confirmed adherence to this policy and practice.**

**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)

**All current Brooklyn House staff have completed the facility PREA Training developed by The Moss Group, which also includes discussion of facility-specific issues and policies. Refresher training is provided at least every two years, but according to staff, the PREA**

**Coordinator, the PREA Compliance Manager, and training records, PREA topics are a common theme throughout the year. Upon completion of the trainings, staff sign a PREA acknowledgment form indicating that they not only received the training, but understand the content. This was further evidenced by staff interviews and their generally comprehensive grasp of the material.**

**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)

**The facility has only utilized one volunteer in the past twelve months and she received the full PREA training per the Facility Director / PREA Coordinator. This was verified through a sign in sheet with a PREA attestation indicating that the training had been received and understood by the participant. She was not available to be interviewed during this process. Contractors are required to complete the same PREA training as staff. Following collaboration with this auditor during the process, contractors such as exterminators or repair services will now receive a copy of the newly developed "Brooklyn House Fact Sheet for Contractors and Volunteers" as well as sign in on a sheet that briefly describes the facility's zero tolerance policy for sexual abuse and harassment and directs them on how to report such incidents.**

**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)

**All residents receive PREA-related education during the intake admission process to inform them of the facility's zero- tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse and sexual harassment, their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation. All residents receive the comprehensive PREA training, including transfers. Residents are provided a "Brooklyn House Resident Handbook" that has been updated in response to this collaborative audit process to include facility-specific information, current contact information for residents to contact outside agencies to report allegations of sexual abuse and provide support, and specifics related to the grievance process. Residents sign that they receive education related to PREA, which was confirmed in a random review of documentation and through random resident interviews.**

**If it is determined that a resident has limited reading skills, intake staff will read the written materials to those residents. The auditor requested more specific information be available for staff on how to access interpretive services and SignTalk if and when necessary. Additional training was provided for staff in response to this request and a signed attendance sheet was submitted for verification.**

**Posters indicating the agency's zero tolerance policy and specifics on how to report allegations of sexual abuse, including a toll free phone number for CAMBA's Rape Crisis Hotline, were prevalent throughout the facility in both English and Spanish.**

**Residents confirmed and demonstrated excellent awareness and knowledge of the PREA education received. This was confirmed through all resident interviews, including one resident who stated, "We are PREA-saturated."**

**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)

**Brooklyn House does not conduct criminal investigations (NYPD) and their role in administrative investigations is limited; however, facility-based staff involvement is possible, but would be at the discretion of the Federal Bureau of Prisons. The facility employs an Investigative Specialist who has received the training developed by the National Institute of Corrections. The topics covered include specialized training for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.**

**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)

**Brooklyn House residents receive medical and mental health treatment from various community providers. No medical or mental health services are provided on-site at the facility. As a result, this standard is not applicable to Brooklyn House, but because 'N/A' is not an option, the "Meets Standard" option was selected instead.**

**Standard 115.241 Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)

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

**Brooklyn House Policy & Procedure 7.19.3.7 *Screening for Risk of Victimization* requires that all residents admitted to the facility are assessed at intake screening within 72 hours for their risk of being sexually abused by other residents or sexually abusive toward other residents. All nine criteria required in (d) are addressed in the screening tool for sexual victimization. In assessing a resident’s risk of being sexually abusive, prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse are included in the screening tool as well. In collaboration with the auditor, the PREA Coordinator was able to correct an issue related to the tool. Specifically, all items on the instrument were totaled to derive the risk levels for sexual abuse and sexual victimization. Because items used to determine a resident’s risk for being a sexual abuser or sexual victim were not differentiated, the risk levels for sexual abuse and sexual victimization were always the same. With the tool now modified, it is now an objective instrument.**

**During the on-site visit, four of seven records, for which a thirty day re-assessment or confirmation of the original risk level was due, had not been completed as required or in accordance with policy. After clarification of the standard and a review of the PREA Resource Center’s Frequently Asked Questions (FAQ), this issue was corrected. The process of re-assessing residents was also corrected such that all residents either have a new assessment completed if new information is obtained warranting a full re-assessment or the original risk assessment level is confirmed within thirty days. In response to recommendations offered by this auditor, the facility was responsive and quickly developed a log to assist them in tracking risk levels. This auditor is confident the issue has been corrected and has become facility practice.**

**Standard 115.242 Use of screening information**

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

**During this audit process, this auditor and the facility administration worked collaboratively to ensure that all the key elements of this standard were addressed within Policy & Procedure 115.242 *Use of Screening Information*. Documentation on how decisions are made was provided and reviewed. Multiple interviews were conducted, including the Facility Director/PREA Coordinator, Quality Assurance Specialist / PREA Compliance Manager, a Case Manager responsible for risk screening, as well as two gay, lesbian, or bisexual residents, all confirming practice consistent with stated policy. There were no transgender or intersex residents in the facility at the time of the audit and the facility does not have any type of isolation unit or practice. The information obtained from the intake, screening, and**

**assessment process is used to assign residents to an appropriate housing unit to ensure their respective safety and security.**

**Standard 115.251 Resident reporting**

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

**During the tour and resident interviews it was confirmed that the facility provides multiple internal ways for residents to privately report sexual abuse and harassment, retaliation, and staff negligence by residents or staff. This was reflected in Policy & Procedure 7.19.3.18 *Resident Reporting* as well as the "Brooklyn House Resident Handbook", which was updated during this process to include information essential to this standard, All residents were aware of the toll free rape crisis hotline number provided on the posters posted throughout the facility and provided multiple examples of who to contact in the event there was sexual abuse or sexual harassment, including a parole officer, facility staff, family, NYPD, or the Federal Bureau of Prisons regional office. Both residents and staff were aware that staff are required to accept reports of sexual abuse and sexual harassment verbally, in writing, anonymously, and from third parties. Staff were aware of the need to document any resident allegations of sexual abuse and sexual harassment as well as methods for privately reporting it, including telling the Facility Director/ PREA Coordinator or PREA Compliance Manager, calling 911, the Rape Crisis Hotline, CORE Services Group agency administrators, or the Federal Bureau of Prisons. The "Brooklyn House Personnel Manual" includes the address for the Department of Justice, Office of the Inspector General, to which staff can report sexual abuse allegations privately.**

**Standard 115.252 Exhaustion of administrative remedies**

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

**Policy related to this standard are found primarily in Brooklyn House Policy & Procedure 7.19.3.19 *Exhaustion of Administrative Remedies*. Working in collaboration with the auditor, the facility was able to incorporate all the essential elements of resident grievances related to sexual abuse into the "Brooklyn House Resident Handbook" such that all residents can refer to those procedures if and when the need to do so presents itself. At the time of this audit, there had been no instances of sexual abuse reported or documented in the past twelve months.**

**Standard 115.253 Resident access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)

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

**Brooklyn House does not currently have a memorandum of understanding with a community service provider related to sexual abuse; however, documentation attempting to secure such a relationship is evident and the effort to do so continues. As of the date of this report, the agency continues to engage in discussions with both CAMBA and Safe Horizons in providing emotional support services in response to sexual abuse. However, the facility has posters throughout the facility with the CAMBA Rape Crisis Hotline telephone number, which residents may contact toll free. Resident communications are not monitored and residents have access to personal cell phones as well as pay telephones located throughout the facility, all of which can be used to contact outside resources in a confidential manner. Resident interviews confirmed that residents are familiar with the posters and their right to call and make reports. Residents may also have a Probation or Parole Officer who can access outside support services upon request of the resident as well.**

**Standard 115.254 Third-party reporting**

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

**Posters indicating the agency's zero tolerance policy and specifics on how to report allegations of sexual abuse if someone is aware that someone has been sexually assaulted or harassed, including a toll free phone number for CAMBA's Rape Crisis Hotline, are prevalent throughout the facility in both English and Spanish. One of those locations where this information can be found is the bulletin board to the left of the front desk upon entrance in the facility in the main hallway.**

**Standard 115.261 Staff and agency reporting duties**

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

**All of the elements of this standard were contained within Policy & Procedure 7.19.3.22 *Staff and CORE Services Group, Inc. Reporting Duties*. Furthermore, staff interviews confirmed that this practice is not only addressed in training, but emphasized by administration. Since August 20, 2012, however, there have been no examples in which this standard practice was necessary. Facility policy also requires that all staff are required to report any retaliation against residents or staff who made a report and**

**prohibits the disclosure of information related to a report of sexual abuse, other than to the extent necessary to make treatment, investigation, and other security and management decisions. There are no residents admitted to the facility under the age of 18, so (d) would not apply in part; however, if an alleged victim is considered a vulnerable adult, facility policy and state mandatory reporting laws apply.**

**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)

**During the past calendar year, there have been no reported or documented examples of residents considered to be subject to substantial risk of imminent sexual abuse. Interviews with all staff confirmed that staff have received training as to how to immediately protect identified residents by immediately separating the resident from the potential risk or alleged perpetrator, notifying their respective supervisor, and documenting the information in an incident report. Brooklyn House Policy & Procedure 7.19.3.22 *Staff and CORE Services Group, Inc., Reporting Duties* supports this standard as well.**

**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)

**In the past twelve months, there have been no reported or documented resident allegations of sexual abuse while confined at another facility. Policy & Procedure 7.19.3.11 *Reporting of Sexual Misconduct* requires notification of that prior facility within 72 hours, documentation that such notification has been received, and that the allegation is investigated in accordance with the standards. This policy was confirmed in separate interviews with the Vice President of Administration and the Facility Director / PREA Coordinator.**

**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)

**During the initial review of Policy & Procedure 7.19.3.12 *Investigation of Sexual Misconduct*, the policy did not include all of the elements required by the standard. Working collaboratively, the auditor was able to work with Brooklyn House administration to ensure compliance. Although there have been no instances or reports of sexual abuse, interviews with a random sample of staff and security staff and non-security staff, staff training was confirmed as was knowledge of these procedures.**

**Standard 115.265 Coordinated response**

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

**Brooklyn House has a comprehensive facility-specific institutional plan to coordinate actions taken in response to an incident of sexual abuse. This was further evident through this auditor's interview with the Vice President of Administration.**

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

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

**Brooklyn House has not entered into or renewed any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. This was confirmed in an interview with CORE Services' Vice President of Administration.**

**Standard 115.267 Agency protection against retaliation**

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

**Brooklyn House Policy & Procedure 7.19.3.22 *Staff and CORE Services Group, Inc., Reporting Duties* is written to protect all residents and staff from retaliation. This policy includes protective measures, follow up, and periodic status checks, as required by the standard.**

There have been no incidents of sexual abuse or sexual harassment reported or documented in the past twelve months; therefore, there have been neither related incidents of retaliation nor a need to monitor or follow-up any residents for retaliation. A Case Manager charged with monitoring retaliation, the Facility Director / PREA Coordinator, Quality Assurance Specialist / PREA Compliance Manager, and the Vice President of Administration were all interviewed and confirmed their knowledge of and requirements related to this standard.

**Standard 115.271 Criminal and administrative agency investigations**

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

**Brooklyn House Policy & Procedure 7.19.3.12 *Investigation of Sexual Misconduct* incorporates the essential elements of this standard. Although there have been no instances of reported or documented sexual misconduct in the past twelve months, an interview with the Investigative Specialist confirmed knowledge and familiarity with the investigative process as it pertains to this standard and that he had received the required specialized training. Documentation was provided supporting this claim. Although in all likelihood, the Department of Justice and Federal Bureau of Prisons would not allow the facility to conduct a criminal investigation, an established policy is in place to ensure that to the extent the facility is involved, forensic evidence will be preserved.**

**Standard 115.272 Evidentiary standard for administrative investigations**

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

**Brooklyn House's Policy & Procedure 115.72 *Evidentiary Standard for Administrative Investigators* states, "The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." This was evident during the interview with the facility's Investigative Specialist. There were no applicable investigations, however, conducted in the past twelve months.**

**Standard 115.273 Reporting to residents**

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

- Does Not Meet Standard (requires corrective action)

**All elements of this standard are included in Brooklyn House's Policy & Procedure 7.19.3.23 *Reporting to Residents*. Although there have been no reported or documented allegations or subsequent investigations in the past twelve months, interviews with the Facility Director / PREA Coordinator and the facility's Investigative Specialist demonstrated their knowledge and understanding regarding this standard's requirements.**

**Standard 115.276 Disciplinary sanctions for staff**

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

**All elements of this standard are included in Brooklyn House's Policy & Procedure 7.19.3.24 *Disciplinary Sanctions*. There have been no reported or documented allegations of sexual abuse or disciplinary sanctions for violations of agency policies relating to sexual abuse or harassment in the past twelve months.**

**Standard 115.277 Corrective action for contractors and volunteers**

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

**Brooklyn House Policy & Procedure 7.19.3.25 *Corrective Action for Contractors and Volunteers* addresses the elements of this standard as required. According to the Facility Director / PREA Coordinator and Quality Assurance Specialist / PREA Compliance Manager, there have been no contractors or volunteers who have reportedly engaged in sexual abuse in the past twelve months.**

**Standard 115.278 Disciplinary sanctions for residents**

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

**Brooklyn House Policy & Procedure 7.19.3.24 *Disciplinary Sanctions* contains all the key elements of this standard. In collaboration with this auditor, agency staff were able to clarify the process for considering whether a resident's mental disabilities or mental illness contributed to his or her behavior before determining the type of sanction levied. In**

**addition, although the facility does not have mental health services on-site, the facility can consider and refer residents to the community provider (Community Treatment Services) to participate in therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse. The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred. In the past twelve months, there have been no instances of reported or documented sexual abuse by residents or staff; therefore, there have been no sanctions levied on residents during this audit period.**

**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)

**In collaboration with this auditor, agency staff modified Brooklyn House Policy & Procedure 7.19.3.26 *Access to Medical and Mental Health Care for Sexual Abuse Victims and Abusers* such that all elements of this standard are addressed. Resident victims of sexual abuse by policy receive unimpeded access to emergency medical treatment and crisis intervention services without financial cost to the victim.**

**Although there were no resident victims of sexual abuse in the past twelve months, facility policy requires that any resident victim be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. Medical and mental health services are not provided on-site; however, Brooklyn House residents would be taken immediately to a local hospital, i.e. Woodhull Hospital, to receive medically appropriate care in accordance with professionally accepted standards of care.**

**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)

**There were no incidents of sexual abuse reported in the past twelve months. As a result, there was no evidence of practice; however, all elements of this standard were met in Policy & Procedure 7.19.3.26 *Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers*. Medical and mental health care is not provided on-site at Brooklyn House. Rather, it is obtained in the community and any sexual abuse related services would be provided at no cost to the victim.**

**Standard 115.286 Sexual abuse incident reviews**

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

**All elements of this standard are included in Brooklyn House’s Policy & Procedure 7.19.3.15 *Program Evaluation*. Although there have been no reported or documented allegations or subsequent investigations in the past twelve months that would necessitate the need for a sexual abuse incident review, the review team membership had previously been established to include the PREA Coordinator/Facility Director, PREA Compliance Manager, CORE Services’ Vice President of Administration, the Supervisor on Duty, and the Investigative Specialist. Interviews with the CORE Service Group, Inc.’s Vice President of Administration, Facility Director / PREA Coordinator, and PREA Compliance Manager indicated knowledge and understanding of the team’s purpose and goals should it be necessary to convene for that purpose in the future.**

**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)

**All elements of this standard, with the exception of (e) which is not applicable, are included in Brooklyn House’s Policy & Procedure 7.19.3.27 *Data Collection*. Although there have been no reported or documented allegations of sexual abuse in the past twelve months; the agency has a mechanism in place to collect, aggregate, and maintain the data, per standard requirements. The data collection instrument is used to collect the data necessary to answer all questions from the USDOJ Survey of Sexual Violence. The agency’s 2014 annual report, entitled “Brooklyn House Reentry Center (RRC) Annual Prison Rape Elimination Act (PREA) Report” is available to the public via the agency website at <http://coresvcs.org/PREA.pdf> and references 2012, 2013, 2014 as having no reports of sexual abuse or victimization.**

**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)

**Brooklyn House’s Policy & Procedure 7.19.3.28 *Data Review for Corrective Action* addresses all the necessary requirements of this standard. The agency’s 2014 annual report, entitled**

**"Brooklyn House Reentry Center (RRC) Annual Prison Rape Elimination Act (PREA) Report" is available to the public through the agency website at <http://coresvcs.org/PREA.pdf> and references 2012, 2013, 2014 as having no reports of sexual abuse or victimization. Separate reports for 2012 and 2013 were available upon request. Interviews with the agency's Vice President of Administration and Facility Director/ PREA Coordinator further confirmed adherence to this policy and practice.**

**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)

**Brooklyn House's Policy & Procedure 7.19.3.29 *Data Storage, Publication, and Destruction* addresses all the elements of this standard. The agency's 2014 annual report, entitled "Brooklyn House Reentry Center (RRC) Annual Prison Rape Elimination Act (PREA) Report" is available to the public through the agency website at <http://coresvcs.org/PREA.pdf> and references 2012, 2013, 2014 as having no reports of sexual abuse or victimization. Interviews with the agency's Facility Director/ PREA Coordinator and Quality Assurance Specialist/ PREA Compliance Manager further confirmed adherence to this policy and practice. Per policy, data is securely retained and such data shall be retained for 10 years.**

**AUDITOR CERTIFICATION**

I certify that:

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

Walter J. Krauss, Psy.D. \_\_\_\_\_

5-9-15 \_\_\_\_\_

Auditor Signature

Date