

PREA Facility Audit Report: Final

Name of Facility: Maple Street House

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/01/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Robert B. Latham	Date of Signature: 10/01/2021

AUDITOR INFORMATION	
Auditor name:	Latham, Robert
Email:	robertblatham@icloud.com
Start Date of On-Site Audit:	08/09/2021
End Date of On-Site Audit:	08/10/2021

FACILITY INFORMATION	
Facility name:	Maple Street House
Facility physical address:	575 Maple Street , Bridgeport, Connecticut - 06608
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Katie Seto
Email Address:	Kseto@ctrenaissance.org
Telephone Number:	475-225-9089

Facility Director	
Name:	Cedric Burden
Email Address:	cburden@ctrenaissance.org
Telephone Number:	203-335-8867

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	61
Current population of facility:	51
Average daily population for the past 12 months:	50
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18+
Facility security levels/resident custody levels:	Level 1
Number of staff currently employed at the facility who may have contact with residents:	16
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Connecticut Renaissance, Inc. Headquarters
Governing authority or parent agency (if applicable):	
Physical Address:	One Waterview Drive, Suite 202, Shelton, Connecticut - 06484
Mailing Address:	
Telephone number:	203-336-5225

Agency Chief Executive Officer Information:	
Name:	Kathleen Deschenes
Email Address:	kdeschenes@ctrenaissance.org
Telephone Number:	203-336-5225 ext 222

Agency-Wide PREA Coordinator Information			
Name:	Katie Seto	Email Address:	kseto@ctrenaissance.org

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Introduction

The Prison Rape Elimination Act (PREA) onsite audit of Maple Street House was conducted August 9-10, 2021. Maple Street House is located at 575 Maple Street, Bridgeport, CT 06608. The audit was conducted by Robert B. Latham from Birmingham, Alabama, who is a U. S. Department of Justice Certified PREA auditor for adult and juvenile facilities. The auditor conducted the audit as a single auditor with no additional support staff. Diversified Correctional Services contracted with the auditor January 2, 2021. There are no known existing conflicts of interest or barriers to completing the audit. Maple Street House was last audited PREA June 30, 2018, with 100% compliance with the PREA Community Confinement Facilities Standards.

Mission

The mission of CT Renaissance is to help adolescents and adults affected by behavioral health disorders or criminal justice involvement to improve their overall health and well-being in order to reclaim their lives.

Audit Methodology

Pre-Onsite Audit Phase

Prior to being onsite, the PREA Coordinator and the auditor had discussions concerning access to the facility and staff, the audit process, logistics for the onsite phase of the audit, and goals and expectations. The PREA Coordinator was very receptive to the audit process and was well informed of the role of the auditor and the expectations during each stage of the PREA audit.

Notice of Audit Posting and Timeline

The audit notices, in English and Spanish, were posted June 28, 2021. The audit notices were printed in color, using a large font and easy-to-read language, on colorful yellow paper. The audit notices were placed throughout the facility, in places visible to all residents and staff, including visiting areas, housing units, and recreational spaces. Pictures of the posted audit notices were emailed to the auditor on June 28, 2021, for verification. Further verification of their placement was made through observations during the onsite review. The audit notices included a statement regarding confidentiality of resident and staff correspondence with the auditor. No correspondence was received during any phase of the audit.

Request for Identification of Residents, Staff and Documents

Maple Street House provided the following information for interview selections and document sampling:

1. Complete Resident Roster
2. Targeted Resident Populations
3. Residents with a physical or cognitive disability
4. Residents who are LEP
5. Transgender and intersex residents
6. Lesbian, gay, and bisexual residents
7. Residents placed in segregated housing for their own protection from sexual victimization
8. Residents in isolation
9. Residents who reported sexual abuse that occurred in the facility
10. Residents who reported prior sexual victimization during risk screening
11. Complete Staff Roster
12. Specialized Staff
13. Contractors who have contact with the residents
14. Volunteers who have contact with the residents
15. Grievances made in the 12 months preceding the audit
16. Incident Reports in the 12 months preceding the audit
17. All allegations of sexual abuse and sexual harassment reported in the 12 months preceding the audit
18. Sexual abuse and sexual harassment incident reports and internal investigative files for the 12 months preceding the audit
19. Listing of residents the facility has determined to be at heightened risk of sexual victimization
20. Listing of all residents the facility has determined to be at heightened risk of sexual abusiveness

External Contacts

The following external contacts were made:

1. Just Detention International
2. The Center for Family Justice

3. Bridgeport Hospital

Agency Website Review

The auditor reviewed the CT Renaissance Website. The policy for referral of allegations is published. Annual PREA Reports and Facility PREA Audit Reports are published.

Research

No relevant information was discovered.

Onsite Audit Phase

Entrance Briefing

An entrance briefing was held with the Program Director, PREA Coordinator, and auditor. Introductions were made, the agenda for the two days was discussed, and the auditor began the site review accompanied by the Program Director and PREA Coordinator.

Site Review

The auditor had access to, and observed, all areas of the facility. The auditor was provided a diagram of the physical plant during the pre-onsite phase of the audit and was thus familiar with the layout of the facility. The auditor viewed the living units and physical plant.

Maple Steet House's is equipped with camera monitoring and recording. The cameras are placed throughout the facility in areas to enhance security.

Processes and Areas Observed

No residents were admitted during the onsite phase of the audit. The auditor observed intake and risk screening to better understand the process. A grievance box is located in the common area.

Phones for reporting sexual abuse, sexual harassment or for contacting external crisis intervention services are available to the residents. Most of the residents have personal cell phones. The staff conducting the site review described the showering process, pointed out the location of the cameras and PREA posters with telephone numbers for reporting sexual abuse and sexual harassment.

Specific Area Observations

The auditor observed no sleeping areas or bathrooms were in view of cameras. The Auditor observed that shower and bathroom areas allow residents to shower privacy from staff direct viewing.

Interviews

Interviews were held in a staff office. The location provided privacy and was centrally located to minimize disruption of daily activities and programing. Specialized staff were selected based on their respective duties in the facility. Specialized staff interviews were conducted remotely to reduce exposure to the SARS-CoV-2 virus. Twelve staff, randomly selected from every shift, were interviewed using the random staff interview protocol. The resident population was 49 on the first day of the audit. The auditor interviewed 10 residents.

Ten residents were randomly selected from all housing units. No targeted resident interviews were identified or discovered during random resident interviews.

1. Agency head or designee
2. Superintendent or designee
3. PREA coordinator
4. PREA compliance manager
5. Agency contract administrator
6. Randomly selected staff
7. Intermediate or higher level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
8. Medical and mental health staff
9. Non-medical staff involved in cross-gender strip or visual searches
10. Administrative (human resources) staff
11. Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff
12. Volunteers and contractors who have contact with residents
13. Investigative staff
14. Staff who perform screening for risk of victimization and abusiveness
15. Staff who supervise residents in segregated housing
16. Staff on the sexual abuse incident review team
17. Designated staff member charged with monitoring retaliation
18. First responders, both security and non-security staff
19. Intake staff
20. Randomly selected residents

Document Sampling and Review

The facility provided the auditor the requested listings of documents, files, and records. From this information, the auditor selected and reviewed a variety of files, records and documents summarized in the following table and discussed in detail below:

Personnel and Training Files. The auditor reviewed background record checks and training files for all staff members.

Resident Files. On the first day of the onsite phase of the audit, the resident population was 49. A total of 10 resident records were reviewed by the auditor.

Medical and Mental Health Records. During the past year, there were 0 residents that reported sexual abuse.

Grievances. In the past year, the facility received 4 grievances; the facility identified that 0 of those grievances alleged sexual abuse and 0 alleged sexual harassment. The auditor reviewed 4 grievances.

Incident Reports. The facility reported there were 112 incident reports for the 12 months prior to the audit. The auditor reviewed 20 incident reports.

Investigation Files. During the past 12 months, there was 1 total allegations of PREA related misconduct at the facility broken down as follows:

Administrative Investigations

- 0 Substantiated (0 sexual abuse allegations and 0 sexual harassment allegations)
- 1 Unfounded (1 sexual abuse allegations and 0 sexual harassment allegations)
- 0 Unsubstantiated (0 sexual abuse allegations and 0 sexual harassment allegations)
- 0 Pending (0 sexual abuse allegations and 0 sexual harassment allegations)

Criminal Investigations

- 0 referred for prosecution
- 0 indictments (cases pending)
- 0 prosecution refused

Sexual Abuse – Resident on Resident

- Hotline (0)
- Grievances (0)
- Reports to Staff (1)
- Anonymous, 3rd Party (0)
- Reports by Staff (0)
- Total Allegations (1)

Sexual Abuse – Staff on Resident

- Hotline (0)
- Grievances (0)
- Reports to Staff (0)
- Anonymous, 3rd Party (0)
- Reports by Staff (0)
- Total Allegations (0)

Sexual Harassment – Resident on Resident

- Hotline (0)
- Grievances (0)
- Reports to Staff (0)
- Anonymous, 3rd Party (0)
- Reports by Staff (0)
- Total Allegations (0)

Sexual Harassment – Staff on Resident

- Hotline (0)
- Grievances (0)
- Reports to Staff (0)
- Anonymous, 3rd Party (0)
- Reports by Staff (0)
- Total Allegations (0)

Exit Briefing

An exit briefing was held with the Facility Director and PREA Coordinator. The auditor discussed the onsite audit. In addition to documentation collected onsite, the auditor did have some additional requests for documentation. The PREA Coordinator provided documentation requested in a timely manner.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Characteristics Related to PREA and Sexual Safety

Introduction

Parent Agency: CT Renaissance

Other Significant Relationship: Connecticut Department of Correction

Facility Name: Maple Steet House

Facility Address: 575 Maple Street, Bridgeport, CT 06608

Total Facility Rated Capacity: 61

Resident Population Size and Makeup

Average daily population in the last 12 months: 50

Actual population on day 1 of the onsite portion of the audit : 49

Population Gender: Female

Population Ethnicity: Multiethnic

Age range of population: 18+

Average length of stay or time under supervision: 150 days

Staff Size and Makeup

Number of staff currently employed at the facility who may have contact with residents: 16
Types of Supervision Practiced: Direct Supervision

Number of staff hired by the facility during the past 12 months who may have contact with residents: 15

Number of Volunteers who may have contact with residents: 0

Number of contracts in the past 12 months for services with contractors who may have contact with residents: 0

Number of Contractors who may have contact with residents: 0

Number and Type of Housing Units

Number of resident housing units: 5

Number of single-occupancy cells: 2

Number of open-bay dorms: 0

Number of segregation or isolation cells or rooms: 0

Number of multiple occupancy rooms: 8

Number of closed units: 0

Facility Operations

Physical Plant Description

Maple Steet House is a 61 bed secured residential adult Community Release Program located at 575 Maple Street, Bridgeport, CT 06608 and all clients are still on inmate' status from the Connecticut Department of Correction community programs. Maple Steet House has been operating in at this location for over 25 years. Maple Steet House is an all-male re-entry facility. This facility serves men from greater Fairfield County who are transitioning back into the community following incarceration. The program is built around the Life After Incarceration program model, refers clients out for any needed treatment to a variety of programs in and around the city of Bridgeport and focuses on preparing the clients for a productive reentry into the community.

Services Available

Maple Street House clients are afforded the opportunity to establish vocational and educational skills, support systems and independent living skills prior to re-entering the community. The program begins with an intensive orientation program and introduction to the Evidence Based Model Life after Incarceration. The program is geared toward assisting clients in recognizing and addressing issues regarding institutionalization, program structure, regulations, client goals, vocational/educational opportunities, individual and group therapy, 12 step self-help programs, AIDs education, basic health issues, recreational therapy, and family systems re-establishment. Community access is available only with a staff escort. Once a client has received a positive evaluation from staff, he enters the work release portion of the program. This phase consists of a 90 to 120 day work release program along with continued Life after Incarceration programming. Each client secures employment and continues to attend group and individual counseling as well as self-help group meetings. Completion of the program is based on the client's participation level, employment, securing of appropriate residence, aftercare planning and legal status.

AUDIT FINDINGS**Summary of Audit Findings:**

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	1
Number of standards met:	40
Number of standards not met:	0

Standards Exceeded: 115.231

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 293 1086 322">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 376 356">Documents:</p> <ol data-bbox="242 362 979 524" style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Sexual Abuse & Other Unlawful Harassment 3. CT Renaissance Agency Organizational Chart 4. Maple Street Community Work Release Organizational Chart 5. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p data-bbox="242 555 363 582">Interviews:</p> <ol data-bbox="242 589 456 616" style="list-style-type: none"> 1. PREA Coordinator <p data-bbox="242 645 528 672">Site Review Observations:</p> <p data-bbox="242 678 761 705">Observations during on-site review of physical plant</p> <p data-bbox="242 734 505 763">Findings (By Provision):</p> <p data-bbox="242 770 360 797">115.211 (a)</p> <p data-bbox="242 804 1474 996">PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p data-bbox="242 1028 1489 1453">CT Renaissance has zero tolerance toward all forms of sexual abuse and sexual harassment. All Connecticut Renaissance employees, volunteers, or contractors who may have contact with individuals in the custody of the Judicial Branch or Department of Correction are responsible for helping to keep CT Renaissance facilities free of sexual abuse or sexual harassment.. The policy outlines the facility's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual misconduct, sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. Policies address prevention of sexual abuse and sexual harassment through the designation of a PREA Coordinator, supervision and monitoring, criminal background checks, staff training, resident education, PREA posters and educational materials. The policies address detection of sexual abuse and sexual harassment through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. The policies address responding to sexual abuse and sexual harassment through the various ways of reporting, investigations, disciplinary sanctions for residents and staff, victim advocacy, access to emergency medical treatment and crisis intervention services, sexual abuse incident reviews, data collection, and data review for corrective action.</p> <p data-bbox="242 1485 363 1512">115.211 (b)</p> <p data-bbox="242 1518 1453 1615">PAQ: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA Coordinator is in the agency's organizational structure.</p> <p data-bbox="242 1646 1477 1771">CT Renaissance employs an upper-level, agency-wide PREA Coordinator. The PREA Coordinator is identified in the CT Renaissance agency organizational chart as the Clinical Performance and Outcomes Director. The PREA Coordinator confirmed she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.</p> <p data-bbox="242 1803 376 1830">Conclusion:</p> <p data-bbox="242 1836 1437 1933">Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator. No corrective action is required.</p>

115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Contract Administrator <p>Findings (by provision):</p> <p>115.212 (a)</p> <p>PAQ: The agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the above contracts require contractors to adopt and comply with PREA Standards. Since the last PREA audit:</p> <ol style="list-style-type: none"> 1. The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies: 0 2. The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: N/A <p>CT Renaissance has not entered into or renewed a contract for the confinement of residents since the last PREA audit.</p> <p>115.212 (b)</p> <p>PAQ: All of the above contracts require the agency to monitor the contractor's compliance with PREA Standards. Since the last PREA audit the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA Standards: N/A</p> <p>115.212 (c)</p> <p>Since August 20, 2012, the agency has not entered into one or more contracts with a private agency or other entity that failed to comply with the PREA standards.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Supervision and Monitoring - Staffing 3. Maple Street Community Work Release PREA Staffing Report 4. Maple Street Community Work Release PREA Staffing Plan Assessment 5. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Program Director) 2. PREA Coordinator 3. Intermediate or Higher-Level Facility Staff <p>Site Review Observations: Observations during onsite review of facility</p> <p>115.213 (a)</p> <p>PAQ: For each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse.</p> <p>Since the last PREA audit:</p> <ol style="list-style-type: none"> 1. The average daily number of residents: 61 2. The average daily number of residents on which the staffing plan was predicated: 61 <p>Policy states each Connecticut Renaissance Residential Drug Treatment and Community Work Release facility contracted with CSSD or Dept. of Correction, shall maintain adequate staffing and supervision to ensure the safety and wellbeing of the residents. Each Program Director will develop a staffing plan. The staffing plan will be reviewed and assessed for resident sexual safety at least annually by the PREA Coordinator (or designee) and the Program Director. The staffing plan will be kept in the PREA binder at each site in the COD office and a copy will be submitted to the PREA Coordinator.</p> <p>The use of Video Monitoring Systems may be utilized to enhance supervision and monitoring of the residents and the facilities. Assessment of video monitoring needs shall also take place at least annually or more frequently as needs arise. Assessment shall include, analyzing the number of cameras, the placement of cameras, monitoring and dependability of monitoring systems.</p> <p>The auditor reviewed the facility staffing plan for verification. The staffing plan is fully inclusive of the standard provision requirements.</p> <p>The Program Director and PREA Coordinator confirmed the facility regularly develops a staffing plan, maintains adequate staffing levels to protect residents against sexual abuse, considers video monitoring as part of the plan, and documents the plan. When assessing staffing levels and the need for video monitoring, the staffing plan considers: the physical layout of each facility; the composition of the resident population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.</p> <p>115.213 (b)</p> <p>PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.</p> <p>Policy states each facility shall maintain a staffing plan based upon the determined staffing needs required to ensure a safe environment that is properly monitored and supervised. The plan will be maintained by the Program Director. Any deviations from the staff schedule or staffing plan shall be documented. This includes documentation of changes in personnel coverage, changes in assigned time frames and/changes in the required staffing pattern. Communication of staff changes will be made via email, in the staff communication log as well as posting in the "counselor-on-duty" office.</p> <p>The Program Director confirmed the facility maintains appropriate staffing ratios and documents deviations.</p> <p>115.213 (c)</p> <p>PAQ: At least once every year, the facility reviews the staffing plan to see whether adjustments are needed to:</p> <ol style="list-style-type: none"> 1. The staffing plan; 2. Prevailing staffing patterns; 3. The deployment of monitoring technology; or

4. The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Policy states whenever necessary, but no less frequently than once each year, Connecticut Renaissance shall assess for each Residential Drug Treatment and Community Work Release facility staffing patterns and determine if any adjustments need to be made. The assessment of the staffing plan will be documented. The assessment will be used to identify adjustments that need to be made to ensure sexual safety of residents and protection from retaliation if reports are received or an investigation conducted.

The PREA Coordinator confirmed she is consulted regarding any assessments of, or adjustments to, the staffing plan. She confirmed the assessment occurs annually and is documented.

The auditor reviewed the 2021 Facility Annual Staffing Report for verification it is inclusive of the standard provision requirements.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding supervision and monitoring. No corrective action is required.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Searches Facility and Person 3. CT Renaissance Training Curriculum: Cross-gender and Transgender Pat Searches 4. Cross-gender Pat-down Search Documentation Report 5. Cross-gender Pat-down Search Steps 6. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff 2. Random sample of Residents 3. Transgender or Intersex Residents <p>Site Review Observations: Observations during onsite review of facility</p> <p>Findings (By Provision):</p> <p>115.215 (a) PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0 2. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0 <p>Policy states the facility staff do not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.</p> <p>115.215 (b) PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of cross-gender pat-down searches of residents: 0 2. The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): 0 <p>Policy states cross-gender pat-down searches will be conducted only in exigent circumstances.</p> <p>Residents interviewed confirmed no staff of the opposite gender have performed a pat-down search of their body. Staff interviewed confirmed they are restricted from conducting cross-gender pat-down searches. No staff interviewed provided an example of a circumstance that would warrant such a search.</p> <p>115.215 (c) PAQ: Facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.</p> <p>When, in exigent circumstances, a cross gender pat down search occurs, documentation shall be completed and submitted to DOC and the Quality Department.</p> <p>The auditor reviewed the Cross-gender Pat-down Search Documentation Report used to document such searches.</p> <p>115.215 (d) PAQ: Facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit.</p> <p>Policy states all Agency staff is prohibited from viewing residents while dressing, showering, or performing bodily functions. Opposite gender staff will announce themselves prior to entering a resident's room or bathroom.</p>

Staff interviews confirmed staff of the opposite gender announce their presence when entering a housing unit that houses residents of the opposite gender. Interviews also confirmed residents are able to dress, shower and performing bodily functions without being viewed by staff of the opposite gender. Interviews with residents corroborated that staff announce their presence when entering a housing unit that houses residents of the opposite gender. All residents stated they are never fully naked in full view of staff of the opposite gender.

PREA Site Review:

Residents are able to shower, perform bodily functions, and change clothing in the privacy of an individual restroom and shower. Staff of the opposite gender announced their presence prior to entering a living unit where residents of the opposite gender are housed.

115.215 (e)

PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Zero (0) such searches occurred in the past 12 months.

Policy states all staff is prohibited from searching a transgender or intersex client for the purpose of determining genital status.

Interviews with staff confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex resident for the purpose of determining the resident's genital status.

115.215 (f)

The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 80%

Staff interviewed confirmed they have received training on how to conduct cross-gender pat down searches and searches of transgender residents in a professional and respectful manner, consistent with security needs. Training is accomplished using the Transgender and Intersex Search Procedure Training Curriculum. After being trained on the search procedures, staff take a posttest.

The auditor reviewed the CT Renaissance Training Curriculum: Cross-gender and Transgender Pat Searches, Cross-gender Pat-down Search Steps, and staff training records for verification the training is provided.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 295 1086 322">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 329 376 356">Documents:</p> <ol data-bbox="240 362 979 456" style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Admission and Orientation 3. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p data-bbox="240 488 363 515">Interviews:</p> <ol data-bbox="240 521 903 616" style="list-style-type: none"> 1. Agency Head (CEO) 2. Random Sample of Staff 3. Residents (with disabilities or who are limited English proficient) <p data-bbox="240 647 528 674">Site Review Observations:</p> <p data-bbox="240 680 679 707">Observations during onsite review of facility</p> <p data-bbox="240 739 505 766">Findings (By Provision):</p> <p data-bbox="240 772 360 799">115.216 (a)</p> <p data-bbox="240 806 1485 864">PAQ: The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p data-bbox="240 896 1485 990">Policy states in the case of a LEP client (limited English proficiency) or disabled person unable to read and/or understand the written PREA policy, a staff member will read the PREA policy and elicit responses to confirm that the person understands the policy. Someone who is severely disabled may meet our exclusionary criteria for admission.</p> <p data-bbox="240 1021 1474 1079">The CEO confirmed the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p data-bbox="240 1111 360 1137">115.216 (b)</p> <p data-bbox="240 1144 1461 1238">PAQ: The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p data-bbox="240 1270 1485 1462">Policy states the Agency will provide materials related to the zero-tolerance policy in the language of current limited English proficient residents. The agency will create a system for staff to access alternative language lines for additional interpretive services. Information regarding access to the Language Line is available in the PREA Binder available through the program Director or in the COD office. In the case of a LEP client (limited English proficiency) or disabled person unable to read and/or understand the written PREA policy, a staff member will read the PREA policy and elicit responses to confirm that the person understands the policy.</p> <p data-bbox="240 1494 448 1520">PREA Site Review:</p> <p data-bbox="240 1527 1082 1554">The auditor observed PREA educational materials available in English and Spanish.</p> <p data-bbox="240 1585 360 1612">115.216 (c)</p> <p data-bbox="240 1619 1474 1780">PAQ: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.</p> <p data-bbox="240 1812 1485 1906">In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations: 0</p> <p data-bbox="240 1937 1485 2031">Policy states the agency prohibits the use of residents as interpreters in matters regarding allegation of sexual abuse/harassment during an internal investigation unless the delay could compromise the resident's safety. The agency has identified a staff member for Spanish speaking individuals who would be able to provide interpreter assistance as needed.</p> <p data-bbox="240 2063 1461 2157">Staff interviews confirmed the agency would use a Spanish speaking staff member or a language service for interpretation. No staff interviewed had any knowledge of resident interpreters, resident readers, or any other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment.</p>

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. No corrective action is required.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 293 1086 320">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 329 376 356">Documents:</p> <ol data-bbox="240 360 979 622" style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Hiring 3. CT Renaissance Policy: Employment Background Checks 4. Employment Application 5. Internal Career Opportunity Form 6. PREA Employment Questionnaire 7. Employee Background Checks 8. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p data-bbox="240 654 363 680">Interviews:</p> <ol data-bbox="240 685 671 712" style="list-style-type: none"> 1. Administrative (Human Resources) Staff <p data-bbox="240 743 504 770">Findings (By Provision):</p> <p data-bbox="240 775 360 801">115.217 (a)</p> <p data-bbox="240 806 1453 871">PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:</p> <ol data-bbox="240 875 1465 1070" style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 2. 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 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. <p data-bbox="240 1102 1490 1296">Policy states CT Renaissance will not knowingly hire, appoint, or promote anyone who in the course of his/her employment could be expected to have contact with clients under the supervision of, or in the custody of, the Judicial Branch or the Department of Correction, if that individual (1) has been convicted of, or is known to have engaged in (or attempted to engage in) sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent; or (2) has been civilly or administratively adjudicated to have engaged in, or attempted to engage in, the activity described above.</p> <p data-bbox="240 1328 1490 1420">The auditor reviewed PREA Employment Questionnaire for persons hired in the 12 months preceding the audit and observed the three (3) questions regarding past conduct were asked and answered. The auditor also observed existing employees are asked the same questions about misconduct annually.</p> <p data-bbox="240 1451 1465 1543">The HR staff interview supported the documented evidence. The facility asks all applicants and employees about previous misconduct in written applications for hiring and promotions and in written self-evaluations conducted as part of reviews for current employees.</p> <p data-bbox="240 1574 360 1601">115.217 (b)</p> <p data-bbox="240 1606 1422 1671">PAQ: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p data-bbox="240 1702 1484 1827">Policy states CT Renaissance will consider any prior reported incidents of sexual harassment in determining whether to hire, appoint, or promote an individual who may have contact with a person in the custody of the Judicial Branch or the Department of Correction. CT Renaissance will not accept a volunteer or intern who has engaged in or has attempted to engage in, sexual abuse or sexual harassment.</p> <p data-bbox="240 1859 1433 1924">The HR staff confirmed the department considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents.</p> <p data-bbox="240 1955 360 1982">115.217 (c)</p> <p data-bbox="240 1986 1469 2112">PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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.</p>

During the past 12 months:

1. The number of persons hired who may have contact with residents who have had criminal background record checks: all
2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

Policy states criminal Record Checks shall be completed prior to hire or promotion and every 5 years thereafter for all potential employees, volunteers, and interns. The Reference Check will utilize the signed Reference Check Authorization and Release of Information Form which includes prior employers.

The HR staff confirmed the department performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with the residents and all employees.

The auditor reviewed records of background checks of personnel hired in the past 12 months for verification they are conducted in compliance with the standard provision.

115.217 (d)

PAQ: Agency policy requires that a criminal background records check be completed before enlisting the services of any contractor who may have contact with residents.

During the past 12 months:

1. The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 0
2. The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: N/A

Policy states upon entering into an agreement/contract, CT Renaissance shall perform a criminal background check. Criminal Record Checks shall be completed prior to hire or promotion and every 5 years thereafter for all potential employees, volunteers, and interns.

The HR staff confirmed the department performs criminal background record checks for all contractors who may have contact with the residents.

115.217 (e)

PAQ: Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Policy states criminal Record Checks shall be completed every 5 years for all potential employees, volunteers, and interns.

The interview with the HR staff confirmed background checks are completed every 5 years.

115.217 (f)

CT Renaissance will ask the following three questions from the PREA Employment Questionnaire of all potential employees, internal promotions, and annually for all existing employees who in the course of his/her employment could be expected to have contact with clients under the supervision of, or in the custody of, the Judicial Branch or the Department of Correction:

1. Have you engaged in any sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?
2. Have you been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, over, or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse?
3. Have you been civilly/administratively adjudicated to have engaged in any sexual misconduct?

The auditor reviewed PREA Employment Questionnaire for persons hired in the 12 months preceding the audit and observed the three (3) questions regarding past conduct were asked and answered. The auditor also observed existing employees are asked the same questions about misconduct annually.

115.217 (g)

PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Policy states omissions on the part of the employee, volunteer, intern or contractor or the provision of materially false information, shall be grounds for termination.

115.217 (h)

Policy states the Reference Check will utilize the signed Reference Check Authorization and Release of Information Form which includes an inquiry as to whether the candidate engaged in any substantiated allegations of sexual abuse or resigned during the pendency of an investigation of alleged sexual abuse.

The HR staff confirmed the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding hiring and promotion decisions. No corrective action is required.

115.218	<p>Upgrades to facilities and technology</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (CEO) 2. Superintendent or Designee (Program Director) <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.218 (a)</p> <p>PAQ: The agency or facility has acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p>The CEO and the Program Director both confirmed the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <p>115.218 (b)</p> <p>PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>The CEO and the Program Director both confirmed when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technologies. No corrective action is required.</p>
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Reviewing and Responding to allegations of Sexual Abuse and/or Sexual Harassment 3. CT Renaissance Policy: Medical and Mental Health Care for Victims of Sexual Abuse 4. CT Renaissance Policy: Data Collection & Review of Sexual Abuse and/or Sexual Harassment Incidents 5. State of Connecticut Judicial Branch Office of Victim Services (OVS) Sexual Assault Forensic Examiners (SAFE) Program 6. Memorandum of Understanding: The Center for Family Justice 7. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Random Sample of Staff 3. SAFEs/SANes (OVS SAFE Program) 4. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.221 (a) and (b)</p> <p>PAQ: The facility is responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>Policy states investigations into allegations of sexual abuse and sexual harassment shall be done so promptly, thoroughly, and objectively for all allegations including third-party and anonymous reports. Investigations shall be conducted by law enforcement for sexual abuse reports, internal reviews and investigations of reports of sexual harassment incidents will be reviewed and coordinated by the PREA Coordinator. PREA Coordinator, Program Director or designee shall contact the State Police Department to initiate a criminal investigation when appropriate.</p> <p>Staff interviews confirmed they are knowledgeable of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They were also knowledgeable that law enforcement is responsible for conducting sexual abuse investigations.</p> <p>115.221 (c)</p> <p>PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANes). When SANes or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.</p> <p>During the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of forensic medical exams conducted: 0 2. The number of exams performed by SANes/SAFEs: 0 3. The number of exams performed by a qualified medical practitioner: 0 <p>Forensic medical examinations are available through the State of Connecticut Judicial Branch Office of Victim Services (OVS) Sexual Assault Forensic Examiners (SAFE) Program</p> <p>The SAFE Program has caring sexual assault forensic examiners, called SAFEs, who work closely with:</p> <ul style="list-style-type: none"> • Emergency room nurses and doctors to give medical care; • Sexual assault victim advocates to give emotional support, information and referrals; • The police and prosecutor by collecting physical evidence that may be used in the police investigation and criminal court, if the victim decides to report the crime. <p>SAFE Program services are free, confidential, and available 24 hours a day, 7 days a week. By law, victims cannot receive a bill for the sexual assault forensic exam and evidence collection, even if they go to a non-participating health care facility.</p> <p>Participating Health Care Facilities:</p> <ol style="list-style-type: none"> 1. Connecticut Children's Medical Center 2. Hartford Hospital 3. The Hospital of Central Connecticut (New Britain campus)

4. Manchester Memorial Hospital
5. Middlesex Hospital
6. MidState Medical Center
7. Saint Francis Hospital
8. Windham Hospital
9. University of Connecticut Student Health Services

Bridgeport Hospital is a non-participating health care facility. Services would be available to resident victims of sexual abuse at Maple Street House.

115.221 (d) and (e)

(d) PAQ: The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

(e) PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Victim advocates are available from The Center for Family Justice. Their specially trained advocates/counselors provide trauma-informed crisis intervention, emergency counseling, support groups and advocacy for victims of sexual assault, rape, sexual harassment, human trafficking, or any other type of sexual contact without consent.

The auditor contacted staff at The Center for Family Justice and was told that if requested by the facility, they would provide victim advocacy services to a victim of sexual abuse. Services would be provided at no cost to the victim.

CT Renaissance has an MOU with The Center for Family Justice for outside support services. The auditor contacted The Center for Family Justice and confirmed victim advocacy is available to the residents at Maple Street House. The auditor reviewed the information for verification.

115.221 (f)

PAQ: If the agency is not responsible for administrative or criminal investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

Policy states CT Renaissance does not conduct criminal investigations. Law enforcement will take the lead role in investigations for sexual abuse.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment 3. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Head (CEO) <p>Findings (By Provision):</p> <p>115.222 (a)</p> <p>PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse and staff sexual misconduct).</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of allegations of sexual abuse and sexual harassment that were received: 1 2. The number of allegations resulting in an administrative investigation: 1 3. The number of allegations referred for criminal investigation: 1 <p>Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed.</p> <p>Policy states investigations into allegations of sexual abuse and sexual harassment shall be done so promptly, thoroughly, and objectively for all allegations including third-party and anonymous reports. Investigations shall be conducted by law enforcement for sexual abuse reports, internal reviews and investigations of reports of sexual harassment incidents will be reviewed and coordinated by the PREA Coordinator. PREA Coordinator, Program Director or designee shall contact the State Police Department to initiate a criminal investigation when appropriate.</p> <p>The CEO confirmed the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.</p> <p>The auditor reviewed one incident report for a sexual abuse allegation.</p> <p>115.222 (b)</p> <p>The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. Agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means.</p> <p>CT Renaissance Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment is published on the website: https://ctrenaissance.org/wp-content/uploads/2020/11/Reviewing-and-Responding-to-Sexual-Abuse-Harassment.pdf</p> <p>115.222 (c)</p> <p>If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p> <p>CT Renaissance Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment describes the responsibilities of both the agency and the investigating entities.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.</p>

115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Training Requirements 3. PowerPoint: PREA for the New Hire 4. PowerPoint: PREA 5. PowerPoint: Mandated Reporter 6. PowerPoint: Preventing and Responding to Corrections-Based Sexual Abuse and Harassment 7. Pamphlet: Preventing and Responding to Corrections-Based Sexual Abuse - A Guide for Community Corrections Professionals 8. Training Records 9. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff <p>Findings (By Provision):</p> <p>115.231 (a)</p> <p>PAQ: The agency trains all employees who may have contact with residents on the following matters:</p> <ol style="list-style-type: none"> 1. Zero-tolerance policy for sexual abuse and sexual harassment 2. Staff responsibility to prevent, detect, report, and respond to sexual abuse/harassment 3. Resident's right to be free from sexual abuse/harassment 4. Staff and resident's right to be free from retaliation for reporting sexual abuse/harassment 5. Dynamics of sexual abuse/harassment in community confinement 6. Common reactions of sexual abuse/harassment victims 7. Detecting and responding to signs of actual and threatened sexual abuse 8. Avoiding inappropriate relationships with residents in community confinement 9. Effective and professional communication with LGBTQI, or gender nonconforming residents 10. Compliance with mandatory reporting laws <p>Policy states Sexual Abuse and Harassment: Agency policies and procedures in conjunction with PREA must be attended annually by all staff and administration.</p> <p>The CT Renaissance annual training requirement exceeds the requirements of the standard.</p> <p>The auditor reviewed, PowerPoints, training curricula, and training records.</p> <p>Staff interviewed reported receiving the training topics annually.</p> <p>115.231 (b)</p> <p>PAQ: Training is tailored to the gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.</p> <p>115.231 (c)</p> <p>PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: Monthly</p> <p>The auditor reviewed the training curricula and staff training records.</p> <p>115.231 (d)</p> <p>PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>Policy states each employee shall sign a signature form to verify attendance.</p> <p>The auditor reviewed staff records. Staff sign that they have received training.</p> <p>Conclusion:</p>

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding employee training. Training is conducted annually and refresher training is available monthly. No corrective action is required.

115.232	Volunteer and contractor training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 293 1086 322">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 376 353">Documents:</p> <ol data-bbox="242 360 1142 488" style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Volunteers and interns 3. PREA Acknowledgement Form: Information for Visitors and Contractors Working at Site 4. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p data-bbox="242 521 363 546">Interviews:</p> <p data-bbox="242 553 839 577">Volunteers or Contractors who have Contact with Residents</p> <p data-bbox="242 611 504 636">Findings (By Provision):</p> <p data-bbox="242 642 360 667">115.332 (a)</p> <p data-bbox="242 674 1453 739">PAQ: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p data-bbox="242 768 1445 831">The number of volunteers and individual contractors who have contact with residents who have been trained in agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response: 0</p> <p data-bbox="242 835 1445 898">The percent of volunteers and individual contractors who have contact with residents who have been trained in agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response: N/A</p> <p data-bbox="242 925 1485 1055">Policy states a Volunteer or Intern is expected to comply with all of CT Renaissance's policies and procedures abiding by the Codes of Ethics and Unlawful Sexual Abuse and Sexual Harassment policies. During a volunteer or intern's orientation he/she shall be trained and informed, signing that he/she understands CT Renaissance's zero tolerance and PREA (Prison Rape Elimination Act) policies on unlawful sexual abuse and sexual harassment.</p> <p data-bbox="242 1081 1481 1144">The auditor reviewed the PREA Acknowledgement Form: Information for Visitors and Contractors Working at Site and found it to be inclusive of the training requirements.</p> <p data-bbox="242 1173 363 1198">115.232 (b)</p> <p data-bbox="242 1205 1469 1335">PAQ: The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p data-bbox="242 1361 1469 1525">Policy states all applicants accepted as Volunteers or Interns shall have a complete orientation and training period that includes at a minimum client rights, security and confidentiality regulations, emergency procedures, lines of communication and authority, information regarding insurance coverage, information about personal risks and liability, and all agency policies and procedures including the agencies zero-tolerance policy for sexual abuse or unlawful sexual harassment and PREA policies.</p> <p data-bbox="242 1554 363 1579">115.232 (c)</p> <p data-bbox="242 1585 1445 1648">PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p data-bbox="242 1675 1493 1776">Policy states a personnel chart shall be created for each volunteer or intern, which would include, contracts, understanding of policies and procedures, PREA Acknowledgement, Sexual Abuse and Other Unlawful Harassment form, criminal record check, application, reference checks, scope of duties and other information as required.</p> <p data-bbox="242 1803 1377 1832">The auditor reviewed the PREA Acknowledgement Form: Information for Visitors and Contractors Working at Site.</p> <p data-bbox="242 1861 376 1886">Conclusion:</p> <p data-bbox="242 1892 1465 1957">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding volunteer and contractor training. No corrective action is required.</p>

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Admission and Orientation 3. Client Acknowledgement: CT Renaissance Policy - Prison Rape Elimination Act (PREA) 4. Client PREA Brochure: Understanding The Prison Rape Elimination Act (English and Spanish) 5. Client Acknowledgement: Client PREA Brochure (English and Spanish) 6. Client Handbook 7. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Intake Staff 2. Random Sample of Residents <p>Site Review Observations: Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.233 (a) PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>Of residents admitted during the past 12 months:</p> <ol style="list-style-type: none"> 1. The number who were given this information at intake: 149 2. The percent who were given this information at intake: 100% <p>Policy states all clients who are approved for admission shall complete an intake process upon arrival at the facility and no later than 72 hours after arrival. Under staff supervision, the clients shall complete case record paperwork, PREA screening and a drug screening. Furthermore they shall be orientated to the facility, assigned a primary counselor, have an opportunity to review and discuss program rules and regulations, services available, program goals, rules governing conduct, possible disciplinary actions, and any limitations of available services. Clients in residential programs under the PREA standards will receive a brochure which will explain PREA and provide emergency and reporting procedures. Clients shall agree to abide by the rules, regulations, and general programming standards, and acknowledge such understanding by signing the Client Handbook Acknowledgement Form.</p> <p>Residents shall receive information explaining CT Renaissance's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and the review process.</p> <p>The auditor reviewed the client acknowledgement forms to verify residents have been provided PREA information at intake.</p> <p>115.233 (b) PAQ: The facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of residents transferred from a different community confinement facility: 0 2. The number of residents transferred from a different community confinement facility who received refresher information: 0 <p>Policy states such information shall be provided as a refresher whenever a resident is transferred to another facility.</p> <p>Residents interviewed confirmed they were told about their right not to be sexually abused and sexually harassed, how to report sexual abuse or sexual harassment, and their right to be free from retaliation for reporting such incidents. They stated they received PREA education upon admission to the facility, during orientation.</p> <p>115.233 (c) PAQ: Resident PREA education is available in accessible formats for all residents including those who are. The program shall provide orientation and information in a manner of which can be understood by the person served. Information shall be in formats that are accessible to those who are limited English proficient, deaf, visually impaired, or otherwise disabled as</p>

well as those who have limited reading skills.

Review: The auditor reviewed the CT Renaissance Policy: Prison Rape Elimination Act (PREA) (with signature page) and the Client PREA Brochure: Understanding The Prison Rape Elimination Act (English and Spanish).

115.233 (d)

PAQ: The agency maintains documentation of resident participation in PREA education sessions.

Policy states clients sign acknowledgment forms that they have received the brochure, PREA policy, and handbook.

Review: The auditor reviewed the client acknowledgement forms to verify residents have been provided PREA information.

115.233 (e)

PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

Review: The auditor reviewed education and informational materials (posters, resident handbook, etc.) in compliance with the standard. The auditor observed there are posters posted throughout the facility that contain information about PREA, including how to report sexual abuse and sexual harassment. Also, the residents are given the Client PREA Brochure: Understanding The Prison Rape Elimination Act and a Client Handbook.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident education. No corrective action is required.

115.234	Specialized training: Investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 295 1086 324">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 376 358">Documents:</p> <ol data-bbox="242 362 1134 557" style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Training Requirements 3. PowerPoint: PREA 4. Training Records 5. NIC Training Certificates - PREA: Investigating Sexual Abuse in a Confinement Setting 6. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p data-bbox="242 589 363 618">Interviews:</p> <ol data-bbox="242 622 914 651" style="list-style-type: none"> 1. Investigative Staff (Clinical Performance and Outcomes Director) <p data-bbox="242 678 505 707">Findings (By Provision):</p> <p data-bbox="242 712 360 741">115.234 (a)</p> <p data-bbox="242 745 1485 775">PAQ: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p data-bbox="242 801 1490 898">Policy states the agency PREA coordinator and any staff conducting PREA investigations will complete training in conducting sexual abuse investigations in confinement settings. (NIC PREA: Investigating Sexual Abuse in a Confinement Setting or equivalent).</p> <p data-bbox="242 925 1469 987">The auditor reviewed annual training required by § 115.231 and NIC certificate for PREA: Investigating Sexual Abuse in a Confinement Setting. The training was completed by the PREA Coordinator (Clinical Performance and Outcomes Director).</p> <p data-bbox="242 1014 1474 1144">An interview with the PREA Coordinator (Clinical Performance and Outcomes Director)/Investigator confirmed she received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. She stated she received the training required by §115.231 and completed NIC specialized training topics. The auditor reviewed training records for verification.</p> <p data-bbox="242 1171 363 1200">115.234 (b)</p> <p data-bbox="242 1205 1477 1301">Specialized training includes techniques for interviewing resident 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.</p> <p data-bbox="242 1328 1477 1424">Policy states training is accomplished through online training presented by the National Institute of Corrections. An interview with the PREA Coordinator (Clinical Performance and Outcomes Director)/Investigator confirmed she has received the required training. The auditor reviewed training records for verification.</p> <p data-bbox="242 1451 363 1480">115.234 (c)</p> <p data-bbox="242 1485 1477 1547">PAQ: The agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 1</p> <p data-bbox="242 1574 1453 1671">The auditor reviewed NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting and PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations. The training was completed by the PREA Coordinator (Clinical Performance and Outcomes Director)/Investigator.</p> <p data-bbox="242 1697 376 1727">Conclusion:</p> <p data-bbox="242 1731 1466 1794">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. No corrective action is required.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Training Requirements 3. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical Staff and Mental Health Staff <p>Findings (By Provision):</p> <p>115.235 (a) PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <ol style="list-style-type: none"> 1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 0 2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: N/A <p>There are no medical or mental health care practitioners at Maple Street House.</p> <p>115.235 (b) PAQ: Agency medical staff at this facility do not conduct forensic exams.</p> <p>115.235 (c) PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p>There are no medical or mental health care practitioners at Maple Street House.</p> <p>115.235 (d) Medical and mental health care practitioners shall also receive the training mandated for employees under §115.231 or for contractors and volunteers under §115.232, depending upon the practitioner's status at the agency.</p> <p>There are no medical or mental health care practitioners at Maple Street House.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for medical and mental health care. No corrective action is required.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Admission and Orientation 3. CT Renaissance Policy: Screening for Risk of Victimization and Abusiveness 4. Screening Assessment for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) 5. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Staff Responsible for Risk Screening 3. Random Sample of Residents <p>Findings (By Provision):</p> <p>115.241 (a)</p> <p>PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p>Policy states all residents will be assessed during and the intake and evaluation process for their risk of being sexually abused by other residents or sexually abusive toward other residents. CT Renaissance programs will utilize a screening tool to determine a level of risk for abusiveness and/or victimization.</p> <p>The auditor reviewed completed Screening Assessments for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) for verification.</p> <p>The Staff Responsible for Risk Screening confirmed they screen residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. They stated they screen residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The information is ascertained through conversations with residents during intake, and reviewing any relevant information.</p> <p>Ten (10) residents were interviewed with the random resident protocol. They confirmed they were asked questions like the following examples at intake:</p> <ol style="list-style-type: none"> 1. Have you been in jail or prison before? 2. Have you have ever been sexually abused? 3. Do you identify with being gay, bisexual, or transgender? 4. Do you think you might be in danger of sexual abuse at the facility? <p>115.241 (b)</p> <p>PAQ: The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 150 2. The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100% <p>Policy states the PREA Screening Assessment shall be conducted with the client within 72 hours of admission.</p> <p>The auditor reviewed completed Screening Assessments for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) for verification that residents are screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.</p> <p>115.241 (c)</p> <p>PAQ: Risk assessment is conducted using an objective screening instrument.</p> <p>Policy states the PREA Screening assessment shall consider prior acts of sexual abuse, prior convictions for violent</p>

offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents, for risk of being sexually abusive.

The auditor observed the objective screening instrument and examples for residents interviewed.

115.241 (d)

At a minimum, the agency shall attempt to ascertain information about:

- a. Prior sexual victimization or abusiveness;
- b. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- c. Current charges and offense history;
- d. Age;
- e. Level of emotional and cognitive development;
- f. Physical size and stature;
- g. Mental illness or mental disabilities;
- h. Intellectual or developmental disabilities;
- i. Physical disabilities;
- j. The resident's own perception of vulnerability; and
- k. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The auditor reviewed the Screening Assessment for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) and found it to be inclusive of the required information. Additionally, the Staff Responsible for Risk Screening confirmed the initial risk screening considers all aspects required by the standard.

115.241 (e)

The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.

Note:

Policy states the PREA Screening assessment shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents, for risk of being sexually abusive.

The auditor reviewed the Screening Assessment for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) and found it to be inclusive of the required information.

115.241 (f)

PAQ: The policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

In the past 12 months:

1. The number of residents entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 150
2. The percent of residents entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 100%

115.241 (g)

PAQ: The policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

Policy states a resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

The Staff Responsible for Risk Screening confirmed resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

115.241 (h)

PAQ:

The policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding:

1. Whether or not the resident has a mental, physical, or developmental disability;
2. Whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
3. Whether or not the resident has previously experienced sexual victimization; and
4. The resident's own perception of vulnerability.

Policy states residents may not be disciplined for refusing to answer, or for not disclosing complete information.

The Staff Responsible for Risk Screening confirmed residents may not be disciplined for refusing to answer such questions.

115.241 (i)

PAQ: The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Policy states information received during the screening / evaluation process shall uphold all of CT Renaissance's standards of confidentiality. Information received shall be used from a programmatic and treatment perspective in determining service needs and ensuring the safety of the resident.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed the sensitive information is used for programmatic and treatment decisions.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility fully meets this standard regarding screening for risk of victimization and abusiveness. No corrective action is required.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Screening for Risk of Victimization and Abusiveness 3. CT Renaissance Policy: Evaluation and the Intake Interview 4. Screening Assessment for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) 5. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Program Director) 2. PREA Coordinator 3. Staff Responsible for Risk Screening 4. Medical Staff - N/A 5. Mental Health Staff - N/A 6. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.242 (a)</p> <p>PAQ: The agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>Policy states the PREA Screening Assessment tool shall be scored and utilized to make informed housing, bed, work, education, monitoring and program treatment or service decisions, recommendations, or assignments.</p> <p>The PREA Coordinator and Staff Responsible for Risk Screening confirmed the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment by determining housing, bed, work, education, and programming assignments.</p> <p>115.242 (b)</p> <p>PAQ: The agency/facility makes individualized determinations about how to ensure the safety of each resident.</p> <p>Policy states each program shall develop a plan for making bed decisions when a determination has been made that a resident may be at risk for victimization or that a potential abuser is being housed.</p> <p>The PREA Coordinator and Staff Responsible for Risk Screening confirmed the facility makes individualized determinations about how to ensure the safety of each resident.</p> <p>115.242 (c)</p> <p>PAQ: The agency or facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.</p> <p>Policy states bed placements for transgender or intersex residents shall be based on concerns for the resident's health and safety.</p> <p>The PREA Coordinator confirmed housing and programming assignments for transgender or intersex residents are made on a case-by-case basis.</p> <p>115.242 (d)</p> <p>A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.</p> <p>Policy states a transgender or intersex resident's own view of safety needs shall be a serious consideration in making bed placements.</p> <p>The PREA Coordinator and Staff Responsible for Risk Screening confirmed transgender or intersex residents' views of their safety are given serious consideration.</p>

115.242 (e)

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Policy states transgender and intersex residents shall be given the opportunity to shower separately from other residents.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed transgender and intersex residents are given the opportunity to shower separately from other residents.

115.242 (f)

The agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.

Policy states the program shall not place lesbian, gay, bisexual, transgender or intersex residents in dedicated areas solely on the basis of such identification or status, unless such placement is in a dedicated area established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.

The PREA Coordinator confirmed LGBTQI residents are placed in areas solely on the basis of such identification or status.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding use of screening information. No corrective action is required.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 293 1086 320">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 329 376 356">Documents:</p> <ol data-bbox="240 360 983 490" style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Reporting of Sexual Abuse and/or Harassment 3. Orientation Checklist with Program Director/Supervisor 4. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p data-bbox="240 521 363 548">Interviews:</p> <ol data-bbox="240 553 683 683" style="list-style-type: none"> 1. PREA Coordinator 2. Random Sample of Staff 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse <p data-bbox="240 714 528 741">Site Review Observations:</p> <p data-bbox="240 745 762 772">Observations during on-site review of physical plant</p> <p data-bbox="240 804 504 831">Findings (By Provision):</p> <p data-bbox="240 835 363 862">115.251 (a)</p> <p data-bbox="240 866 1461 965">PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="240 996 1489 1122">Policy states clients/residents may make verbal or written reports of sexual abuse or harassment to their clinician, Program Director, PREA Coordinator, Director of Quality Improvement or any other employee they feel comfortable in reporting sexual abuse or sexual harassment; retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="240 1153 1481 1314">Staff interviews confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling the hotline number. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or calling the police.</p> <p data-bbox="240 1346 448 1373">PREA Site Review:</p> <p data-bbox="240 1377 1230 1404">The auditor observed posters with various ways for reporting sexual abuse and sexual harassment.</p> <p data-bbox="240 1435 363 1462">115.251 (b)</p> <p data-bbox="240 1467 1477 1529">PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.</p> <p data-bbox="240 1561 1485 1753">Policy states clients/residents may report concerns of sexual abuse or harassment to their parole officers or referral sources, who will then contact the agency's PREA Coordinator to corroborate and investigation. Clients/residents may contact Safe Haven, 29 Central Ave in Waterbury, CT at (203) 753-3613 (for sexual assault services) or The Center for Family Justice located at 753 Fairfield Ave., Bridgeport, 203-334-6154. The crisis centers shall forward reports of sexual abuse and sexual harassment to agency officials. Clients may remain anonymous if they desire. Client/residents also may call 911 for an immediate report to local and CT State Police.</p> <p data-bbox="240 1785 1489 1977">The PREA Coordinator identified The Center for Family Justice Hotline as a way residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. Calling the hotline enables receipt and immediate transmission of resident reports of sexual abuse or sexual harassment to agency officials and allows the resident to remain anonymous upon request. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or calling the police. Residents also could identify someone that does not work at the facility they could report to.</p> <p data-bbox="240 2009 363 2036">115.251 (c)</p> <p data-bbox="240 2040 1481 2139">PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The time frame that staff are required to document verbal reports: 24 hours</p>

Policy states employees shall accept reports made verbally, in writing, anonymously and from third parties. Any report received shall be promptly documented.

Staff interviewed confirmed verbal reports would be documented within 24 hours.

115.251 (d)

PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures in the following ways: program orientation, agency website, PREA brochures and policy and procedures

Staff interviews revealed they would privately report sexual abuse and sexual harassment of residents by calling the hotline.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident reporting. No corrective action is required.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.252 (a) PAQ: The agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>115.252 (b) -(g) N/A</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.</p>

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. Client Acknowledgement: CT Renaissance Policy - Prison Rape Elimination Act (PREA) 3. Client PREA Brochure: Understanding The Prison Rape Elimination Act (English and Spanish) 4. Client Acknowledgement: Client PREA Brochure (English and Spanish) 5. Memorandum of Understanding: The Center for Family Justice 6. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent of Designee (Program Director) 2. PREA Coordinator 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.253 (a)</p> <p>PAQ: The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:</p> <ol style="list-style-type: none"> 1. Giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations. 2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. <p>Policy states CT Renaissance will provide victims with access to external victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and phone numbers of such community resources. The programs shall enable communication between residents and such community resources in as confidential manner as possible.</p> <p>Contact information for outside victim advocate services for emotional support related to sexual abuse is included in the Client PREA Brochure: Understanding The Prison Rape Elimination Act (English and Spanish) provided at the time of admission.</p> <p>The Center for Family Justice:</p> <ol style="list-style-type: none"> 1. Phone: 203-334-6154 2. Address: 753 Fairfield Ave, Bridgeport, CT 06604 <p>The auditor reviewed the MOU to provide residents with emotional support services related to sexual abuse with The Center for Family Justice. The auditor contacted The Center for Family Justice and confirmed victim advocacy is available to the residents at the facility.</p> <p>Resident interviews revealed residents were aware there are services available outside of the facility for dealing with sexual abuse if they ever need it.</p> <p>115.253 (b)</p> <p>PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.</p> <p>Residents interviewed knew contacting the sexual abuse hotline or other outside services would be a free call, they could make a call when needed and their conversation would be private. Most of the residents had a personal cell phone. Even though the residents reported their correspondence would be private, they were knowledgeable about mandatory reporting rules if they were to share certain information that is required to be reported.</p> <p>115.253 (c)</p> <p>PAQ: The agency or facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.</p>

The auditor reviewed the MOU to provide residents with emotional support services related to sexual abuse with The Center for Family Justice. The auditor contacted The Center for Family Justice and confirmed victim advocacy is available to the residents at the facility.

Interviews with residents confirmed they were knowledgeable of mandatory reporting rules when having conversations with people from outside services.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. No corrective action is required.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 295 1086 322">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 376 358">Documents:</p> <ol data-bbox="240 367 1251 524" style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Website Publication: https://ctrenaissance.org/about/licensing-accreditation/prea/ 3. Client PREA Brochure: Understanding The Prison Rape Elimination Act (English and Spanish) 4. Client Acknowledgement: Client PREA Brochure (English and Spanish) 5. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p data-bbox="240 555 341 582">§115.254</p> <p data-bbox="240 591 1485 680">PAQ: The agency or facility provides methods to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.</p> <p data-bbox="240 712 1406 775">CT Renaissance has more than one method to receive third-party reports of sexual abuse and sexual harassment. If someone suspects sexual abuse has occurred at Maple Street House, they are instructed to:</p> <ol data-bbox="240 784 895 873" style="list-style-type: none"> 1. Contact the PREA Coordinator, at 203-336-5225, ext. 2344; or 2. Contact the Sexual Assault Hotline at 888-999-5545; or 3. Report directly to the Police Department. <p data-bbox="240 904 1449 967">This information is published on the agency's website at https://ctrenaissance.org/about/licensing-accreditation/prea/ and included in the Client PREA Brochure: Understanding The Prison Rape Elimination Act (English and Spanish).</p> <p data-bbox="240 999 376 1025">Conclusion:</p> <p data-bbox="240 1034 1406 1097">Based upon the review and analysis of the available evidence, the auditor has determined the facility fully meets this standard regarding third-party reporting. No corrective action is required.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 295 1086 322">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 376 353">Documents:</p> <ol data-bbox="240 362 983 456" style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Reporting of Sexual Abuse and/or Harassment 3. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p data-bbox="240 488 363 510">Interviews:</p> <ol data-bbox="240 519 743 645" style="list-style-type: none"> 1. Superintendent or Designee (Program Director) 2. PREA Coordinator 3. Random Sample of Staff 4. Medical and Mental Health Staff - N/A <p data-bbox="240 676 504 703">Findings (By Provision):</p> <p data-bbox="240 712 360 739">115.261 (a)</p> <p data-bbox="240 748 1126 775">PAQ: The agency requires all staff to report immediately and according to agency policy:</p> <ol data-bbox="240 784 1453 909" style="list-style-type: none"> 1. Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. 2. Any retaliation against residents or staff who reported such an incident. 3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. <p data-bbox="240 940 1477 1034">Policy states CT Renaissance requires all staff to report immediately and initiate a coordinated response to any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment that may have taken place against a client by another client, employee, volunteer, intern, or contractor.</p> <p data-bbox="240 1066 1477 1191">Interviews with staff confirmed the requirement to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="240 1223 360 1249">115.261 (b)</p> <p data-bbox="240 1258 1430 1352">PAQ: Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="240 1384 1437 1478">Policy states that apart from reporting to designated supervisors or the PREA Coordinator staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, review and other security and management decisions.</p> <p data-bbox="240 1509 1477 1603">Staff interviewed were knowledgeable that CT Renaissance policy prohibits them from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="240 1635 360 1662">115.261 (c)</p> <p data-bbox="240 1671 1477 1720">Policy states unless otherwise precluded by Federal, State or local law, agency staff shall be required to report sexual abuse and must inform client / residents of their duty to report, and the limitations of confidentiality at the initiation of services.</p> <p data-bbox="240 1751 360 1778">115.261 (d)</p> <p data-bbox="240 1787 1445 1881">Policy states if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, CT Renaissance shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.</p> <p data-bbox="240 1912 1493 2007">The Program Director and the PREA Coordinator stated the facility does not house clients who are 18 or under, but if an allegation was made by an individual 18 or under or by someone considered a vulnerable adult, the facility would report to the PREA Coordinator and the agency would follow the state mandated reporting laws.</p> <p data-bbox="240 2038 360 2065">115.261 (e)</p> <p data-bbox="240 2074 1461 2123">Employees shall accept reports made verbally, in writing, anonymously and from third parties. Any report received shall be promptly documented.</p>

The Program Director confirmed allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported to the Director. The Director would follow PREA protocol by informing the PREA Coordinator and Parole.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 295 1086 320">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 331 376 356">Documents:</p> <ol data-bbox="242 362 1377 488" style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment 3. CT Renaissance Policy: Screening for Risk of Victimization and Abusiveness 4. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p data-bbox="242 521 363 546">Interviews:</p> <ol data-bbox="242 553 743 647" style="list-style-type: none"> 1. Agency Head (CEO) 2. Superintendent or Designee (Program Director) 3. Random Sample of Staff <p data-bbox="242 680 347 705">Findings:</p> <p data-bbox="242 712 1481 804">PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p data-bbox="242 810 1492 871">In the past 12 months: The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0</p> <p data-bbox="242 904 1477 996">Policy states CT Renaissance requires all staff to report immediately and initiate a coordinated response to any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment that may have taken place against a client by another client, employee, volunteer, intern, or contractor.</p> <p data-bbox="242 1028 1477 1153">The CEO confirmed immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include moving a resident to another room to protect the victim. The program will provide additional monitoring and check-ins of this resident to ensure his safety. If the suspected abuser is a staff member, that employee is put on administrative leave while an investigation is conducted.</p> <p data-bbox="242 1184 1465 1276">The Program Director confirmed a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions such as assigning the resident to single bed living quarters. The resident would be monitored by staff to ensure protection.</p> <p data-bbox="242 1310 376 1335">Conclusion:</p> <p data-bbox="242 1344 1465 1404">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.</p>

115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CTDOC Policy 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention 2. Parole and Community Services Policy and Procedure Manual 3. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 4. CT Renaissance Policy: Reporting of Sexual Abuse and/or Harassment 5. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (CEO) 2. Superintendent or Designee (Program Director) <p>Findings (By Provision):</p> <p>115.263 (a)</p> <p>PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</p> <p>In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0</p> <p>Policy states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Director that received the allegation shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred.</p> <p>115.263 (b)</p> <p>PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>Policy states such notification must be done so as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>115.263 (c)</p> <p>PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p>Policy states the PREA Coordinator will maintain documentation of such reports and communication with other organizations.</p> <p>115.263 (d)</p> <p>PAQ: The agency or facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards.</p> <p>In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p>Policy states if CT Renaissance receives a report from another organization of an allegation of sexual abuse that supposedly occurred at a CT Renaissance facility. CT Renaissance shall follow up and initiate a review of the report.</p> <p>The CEO and Program Director confirmed the receiving Program Director would notify the Facility Director where the alleged incident occurred and report the allegation for investigation.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 293 1086 320">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 327 376 353">Documents:</p> <ol data-bbox="240 360 1377 456" style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment 3. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p data-bbox="240 486 363 512">Interviews:</p> <ol data-bbox="240 519 679 616" style="list-style-type: none"> 1. Staff First Responders 2. Random Sample of Staff 3. Residents who Reported a Sexual Abuse <p data-bbox="240 645 504 672">Findings (By Provision):</p> <p data-bbox="240 678 360 705">115.264 (a)</p> <p data-bbox="240 712 1493 1072">PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p data-bbox="240 1102 1114 1128">In the past 12 months, the number of allegations that a resident was sexually abused: 1</p> <p data-bbox="240 1135 451 1162">Of these allegations:</p> <ol data-bbox="240 1169 1493 1632" style="list-style-type: none"> 1. The number of times the first security staff member to respond to the report separated the alleged victim and abuser: 1 2. The number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 1 3. The number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 1; There were zero allegations of sexual abuse that required evidence preservation/collection. 4. The number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0; There were 0 allegations of sexual abuse that required evidence preservation/collection. 5. The number of times the first security staff member to respond to the report ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0; There were 0 allegations of sexual abuse that required evidence preservation/collection. <p data-bbox="240 1662 1493 1991">Policy states upon learning of an allegation that a resident was sexually abused, the first staff person to receive the report must notify the Program Director. Arrangements will immediately be made to separate the alleged victim and abuser. Law enforcement will immediately be called in the case of alleged sexual abuse. The crime scene will be closed off until the arrival of law enforcement. The alleged victim will be asked not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The alleged abuser will be asked to not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The Program Director or first responder if Director is not available shall make immediate notification to the PREA Coordinator and the referral source. The PREA Coordinator will take the lead, provide direction and coordinate the activities necessary to ensure care to the victim. Law enforcement will be called immediately to investigate the allegations.</p> <p data-bbox="240 2020 1477 2085">Interviews with staff confirmed they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.</p> <p data-bbox="240 2114 360 2141">115.264 (b)</p>

Maple Street House does not employ security staff.

Interviews with staff confirmed they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff first responder duties. Corrective action has been completed.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 295 1086 320">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 331 376 356">Documents:</p> <ol data-bbox="242 362 1377 490" style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment 3. Maple Street Sexual Abuse Incident Coordinated Response Plan 4. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p data-bbox="242 521 352 546">Interview:</p> <ol data-bbox="242 553 743 577" style="list-style-type: none"> 1. Superintendent or Designee (Program Director) <p data-bbox="242 609 347 633">Findings:</p> <p data-bbox="242 645 1461 703">PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="242 734 1449 792">Policy states the PREA Coordinator will take the lead, provide direction and coordinate the activities necessary to ensure care to the victim. Law enforcement will be called immediately to investigate the allegations.</p> <p data-bbox="242 824 1445 918">The Maple Street Sexual Abuse Incident Coordinated Response Plan is a written plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, shift supervisors, Program Director, and the PREA Coordinator. The plan has a checklist for staff completing tasks.</p> <p data-bbox="242 949 1485 1043">The auditor reviewed the plan and found it to be inclusive of the actions that would be taken if there were to be an incident of sexual abuse. The Program Director confirmed the facility has a Coordinated Response Plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders and facility leadership.</p> <p data-bbox="242 1075 376 1099">Conclusion:</p> <p data-bbox="242 1111 1468 1169">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="229 318 1509 349">Documents:</p> <ol data-bbox="229 349 1509 425" style="list-style-type: none"> <li data-bbox="229 349 1509 380">1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) <li data-bbox="229 380 1509 425">2. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p data-bbox="229 425 1509 456">Interview:</p> <ol data-bbox="229 456 1509 533" style="list-style-type: none"> <li data-bbox="229 456 1509 533">1. Agency Head (CEO) <p data-bbox="229 533 1509 564">Findings (By Provision):</p> <p data-bbox="229 564 1509 595">115.266 (a)</p> <p data-bbox="229 595 1509 672">PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p data-bbox="229 672 1509 703">The CEO confirmed Maple Street House has not entered into or renewed any collective bargaining agreements.</p> <p data-bbox="229 703 1509 734">Conclusion:</p> <p data-bbox="229 734 1509 810">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 293 1086 320">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 327 376 353">Documents:</p> <ol data-bbox="240 360 979 423" style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p data-bbox="240 452 363 479">Interviews:</p> <ol data-bbox="240 486 887 613" style="list-style-type: none"> 1. Agency Head (CEO) 2. Superintendent or Designee (Program Director) 3. Designated Staff Member Charged with Monitoring Retaliation 4. Residents who Reported a Sexual Abuse <p data-bbox="240 642 505 669">Findings (By Provision):</p> <p data-bbox="240 676 360 703">115.267 (a)</p> <p data-bbox="240 710 1474 772">PAQ: The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.</p> <p data-bbox="240 801 1289 828">The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.</p> <p data-bbox="240 835 756 862">The name(s) of the staff member(s): Cedric Burden</p> <p data-bbox="240 869 762 896">The title(s) of the staff member(s): Program Director</p> <p data-bbox="240 925 1481 1122">Policy states any employee, contractor, intern, volunteer, or individual in the custody of the Judicial Branch or Department of Correction whom reports an incident of sexual abuse or sexual harassment or cooperates in a sexual abuse or sexual harassment investigation must not be retaliated against. Any complaint of retaliation by an employee, contractor, intern, volunteer, or individual in the custody of the Judicial Branch or Department of Correction will be reported and investigated in accordance with the procedures and instruction provided in this policy. Any individual who is found to have been in violation of this policy will be subject to appropriate disciplinary action and/or referred to the State Police for criminal investigation.</p> <p data-bbox="240 1151 363 1178">115.267 (b)</p> <p data-bbox="240 1184 1481 1279">Policy states CT Renaissance will take necessary measures to ensure protection of those reporting or assisting in the investigation of sexual abuse or sexual harassment. Such measures may include changing of residential assignment or staff assignment or offering emotional support services.</p> <p data-bbox="240 1308 1453 1402">The interview with the CEO confirmed the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations through increases monitoring of a resident alleging sexual abuse or harassment. This includes in-person and video surveillance monitoring. The resident may be moved to another room for further protection.</p> <p data-bbox="240 1431 1481 1494">The Program Director would transfer a resident to another facility for client safety, remove alleged abusers, separate alleged victims and perpetrators, and monitor for retaliation. Trauma and support services are offered through affiliates.</p> <p data-bbox="240 1523 1474 1650">The Designated Staff Member Charged with Monitoring Retaliation (Program Director) stated the role he plays in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment investigations includes meeting with clients periodically to assess for signs of distress and monitoring staff treatment of clients during the remaining duration of admittance in the program.</p> <p data-bbox="240 1688 360 1715">115.267 (c)</p> <p data-bbox="240 1722 1474 1816">PAQ: The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The length of time that the agency and/or facility monitors the conduct or treatment: 90 days</p> <p data-bbox="240 1845 1465 1939">The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The number of times an incident of retaliation occurred in the past 12 months: 0</p> <p data-bbox="240 1968 1493 2134">Policy states for at least 90 days following a report of sexual abuse, CT Renaissance shall monitor the conduct and treatment of clients / residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Monitoring shall continue beyond 90 days if initial monitoring indicates a continued need. Efforts to fulfill monitoring obligations will be documented and controlled by the PREA Coordinator.</p>

The Program Director stated measures he would take when he suspects retaliation would be to report to management staff, the Human Resource Department and PREA Coordinator for investigation.

The Designated Staff Member Charged with Monitoring Retaliation (Program Director) stated things he looks for to detect possible retaliation includes changes in client/staff behavior and interactions. He stated he would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse throughout the duration of the time the client is in the program.

115.267 (d)

In the case of residents, such monitoring shall also include periodic status checks.

Policy states efforts to fulfill monitoring obligations will be documented and controlled by the PREA Coordinator.

The Designated Staff Member Charged with Monitoring Retaliation (Program Director) stated things he looks for to detect possible retaliation includes changes in client/staff behavior and interactions. He stated he would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse throughout the duration of the time the client is in the program.

115.267 (e)

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Policy states the agency's PREA Coordinator in cooperation with the appropriate Program Director or designee will develop and document a plan to prevent and/or monitor any acts of retaliation against someone who reports an incident or cooperates in an investigation of an allegation of sexual harassment or sexual abuse.

The CEO stated if an individual who cooperates with an investigation expresses fear of retaliation, measures the agency takes to protect that individual against retaliation includes increasing monitoring of the resident alleging sexual abuse or harassment. This includes in-person and video surveillance monitoring. The resident may be moved to another room for further protection.

The Program Director would transfer a resident to another facility for client safety, remove alleged abusers, separate alleged victims and perpetrators, and monitor for retaliation. Trauma and support services are offered through affiliates.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. No corrective action is required.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 295 1086 322">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 329 376 356">Documents:</p> <ol data-bbox="240 362 979 423" style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p data-bbox="240 454 363 481">Interviews:</p> <ol data-bbox="240 488 1118 582" style="list-style-type: none"> 1. Superintendent or Designee (Program Director) 2. Investigative Staff - PREA Coordinator (Clinical Performance and Outcomes Director) 3. Residents who Reported a Sexual Abuse <p data-bbox="240 611 504 638">Findings (By Provision):</p> <p data-bbox="240 645 360 672">115.271 (a)</p> <p data-bbox="240 678 1217 705">PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.</p> <p data-bbox="240 734 1485 929">Policy states the Connecticut State Police shall serve as the investigating authority for all allegations of sexual abuse that occur within a CT Renaissance facility. All allegations of sexual abuse that occur within a CT Renaissance facility and/or program must be reported as soon as practical to the Connecticut State Police, the agency's PREA Coordinator and the Chief Executive Officer. If involving another employee, HR personnel would be involved as well. CT Renaissance will assist the CT State Police as needed. The PREA Coordinator will work with CSSD and/or the Department of Correction and the CT State Police when an allegation of sexual abuse has been made.</p> <p data-bbox="240 958 1449 1153">All internal administrative investigations of allegations of sexual harassment will be conducted promptly, thoroughly and objectively. The PREA Coordinator shall initiate and coordinate the investigation process. The Human Resources Department shall serve as the reviewing authority for all allegations of, sexual harassment, or retaliation involving a CT Renaissance employee and an individual in the custody of the Judicial Branch or Department of Correction. The internal administrative investigation will include whether the alleged incident of sexual harassment, or retaliation was the result of employee misconduct or negligence.</p> <p data-bbox="240 1182 1469 1310">The PREA Coordinator (Clinical Performance and Outcomes Director)/Investigator confirmed an investigation following an allegation of sexual abuse or sexual harassment is initiated immediately upon report of an allegation of sexual abuse or sexual harassment and are conducted promptly. Anonymous or third-party reports of sexual abuse and sexual harassment are investigated in the same manner as all investigations.</p> <p data-bbox="240 1339 360 1366">115.271 (b)</p> <p data-bbox="240 1373 772 1400">The agency does not conduct criminal investigations.</p> <p data-bbox="240 1429 1417 1491">Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.224.</p> <p data-bbox="240 1520 1485 1715">Policy states the Connecticut State Police shall serve as the investigating authority for all allegations of sexual abuse that occur within a CT Renaissance facility. All allegations of sexual abuse that occur within a CT Renaissance facility and/or program must be reported as soon as practical to the Connecticut State Police, the agency's PREA Coordinator and the Chief Executive Officer. If involving another employee, HR personnel would be involved as well. CT Renaissance will assist the CT State Police as needed. The PREA Coordinator will work with CSSD and/or the Department of Correction and the CT State Police when an allegation of sexual abuse has been made.</p> <p data-bbox="240 1744 1469 1839">The auditor reviewed annual training required by § 115.231 and NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting. The training was completed by the PREA Coordinator (Clinical Performance and Outcomes Director)/Investigator.</p> <p data-bbox="240 1868 1469 1930">The PREA Coordinator (Clinical Performance and Outcomes Director)/Investigator confirmed she received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings.</p> <p data-bbox="240 1960 360 1986">115.271 (c)</p> <p data-bbox="240 1993 1485 2157">Policy states the Connecticut State Police shall serve as the investigating authority for all allegations of sexual abuse that occur within a CT Renaissance facility. All allegations of sexual abuse that occur within a CT Renaissance facility and/or program must be reported as soon as practical to the Connecticut State Police, the agency's PREA Coordinator and the Chief Executive Officer. If involving another employee, HR personnel would be involved as well. CT Renaissance will assist the CT State Police as needed. The PREA Coordinator will work with CSSD and/or the Department of Correction and the CT</p>

State Police when an allegation of sexual abuse has been made.

Maple Street house does not conduct criminal investigations. The Connecticut State Police shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. Any evidence the PREA Coordinator gathers, and preserves would be readily available to Connecticut State Police as requested.

The PREA Coordinator (Clinical Performance and Outcomes Director)/Investigator stated the process includes the PREA Coordinator initiating and coordinating the investigation process, which takes into account physical, testimonial and documentary evidence gathered from interviews, records, electronic equipment and any relevant source. The internal administrative investigation will include whether the alleged incident of sexual harassment, or retaliation was the result of employee misconduct or negligence. The investigation is documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The Human Resources Department serves as the reviewing authority for all allegations of, sexual harassment, or retaliation involving a CT Renaissance employee, following the full HR investigative process. Only law enforcement would gather physical and DNA evidence.

The auditor reviewed one incident/investigation report.

115.271 (d)

When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The PREA Coordinator (Clinical Performance and Outcomes Director)/Investigator confirmed upon a report of any possible criminal conduct or prosecutable crime, State Police are immediately contacted. State Police would confer with prosecutors in the handling of allegations that appears to be criminal. Connecticut State Police would conduct compelled interviews.

115.271 (e)

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Policy states the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual harassment are substantiated.

The PREA Coordinator (Clinical Performance and Outcomes Director)/Investigator stated she judges the credibility of an alleged victim, suspect, or witness based on the preponderance of evidence. She confirmed that a resident who alleges sexual abuse is not required to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

115.271 (f)

Policy states the internal administrative investigation will include whether the alleged incident of sexual harassment, or retaliation was the result of employee misconduct or negligence. The PREA Coordinator must compile a full review / incident report and submit to the affected program's contracted funder.

The PREA Coordinator (Clinical Performance and Outcomes Director)/Investigator stated efforts made during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse would include reviewing video and interviewing staff and residents. She confirmed administrative investigations are documented.

115.271 (g)

Criminal investigations are conducted by the Connecticut State Police. Police reports are documented written reports that contain a thorough description of physical, testimonial, and documentary evidence.

115.271 (h)

PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: 0

The Connecticut State Police refers substantiated allegations that appear to be criminal for prosecution.

115.271 (i)

PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Policy S 3.14 states the agency shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The auditor reviewed one incident/investigation report.

115.271 (j)

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

The PREA Coordinator (Clinical Performance and Outcomes Director)/Investigator confirmed an investigation would proceed when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct. The Connecticut State Police would be the investigating entity. She stated when a victim alleging sexual abuse or sexual harassment leaves the facility prior to a completed investigation into the allegation she would continue to work with law enforcement and the investigation would continue.

115.271 (l)

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Policy states the PREA Coordinator will work with CSSD and/or the Department of Correction and the CT State Police when an allegation of sexual abuse has been made.

The Program Director confirmed if an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation through the designated parole Officer or direct contact through state police. The PREA Coordinator stated the Facility Director and they proactively communicate with any outside agency investigation into allegations of sexual abuse. Criminal investigations are handled by the State Police, with whom the agency remains in contact until receipt of a final report.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Investigator - PREA Coordinator (Clinical Performance and Outcomes Director) <p>Findings:</p> <p>PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Policy states the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual harassment are substantiated.</p> <p>The interview with the PREA Coordinator (Clinical Performance and Outcomes Director)/Investigator confirmed this policy.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 295 1086 322">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 376 356">Documents:</p> <ol data-bbox="242 362 1377 490" style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment 3. Investigative Outcome Notification 4. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p data-bbox="242 521 363 548">Interviews:</p> <ol data-bbox="242 555 1058 649" style="list-style-type: none"> 1. Superintendent or Designee (Program Director) 2. Investigator - PREA Coordinator (Clinical Performance and Outcomes Director) 3. Residents who Reported a Sexual Abuse <p data-bbox="242 678 501 705">Findings (by provision):</p> <p data-bbox="242 712 360 739">115.273 (a)</p> <p data-bbox="242 745 1485 840">PAQ: The agency has a policy requiring that any resident who makes an allegation that he or he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p data-bbox="242 871 469 898">In the past 12 months:</p> <ol data-bbox="242 904 1474 1032" style="list-style-type: none"> 1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 1 2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: 1 <p data-bbox="242 1064 1485 1158">Policy states following a review into a client/resident's allegation of sexual abuse suffered while receiving services in a CT Renaissance facility, the PREA Coordinator shall inform the client/resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="242 1189 1474 1247">The Program Director confirmed the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="242 1279 1430 1373">The PREA Coordinator (Clinical Performance and Outcomes Director)/Investigator confirmed she is aware that when a resident makes an allegation of sexual abuse, the resident must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.</p> <p data-bbox="242 1404 1461 1498">The auditor reviewed an Investigative Outcome Notification for verification residents are informed, in writing, as to whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p data-bbox="242 1529 363 1556">115.273 (b)</p> <p data-bbox="242 1563 1461 1621">PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.</p> <p data-bbox="242 1653 469 1680">In the past 12 months:</p> <ol data-bbox="242 1686 1490 1780" style="list-style-type: none"> 1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 1 2. Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 1 <p data-bbox="242 1812 1474 1906">Policy states following a review into a client / resident's allegation of sexual abuse suffered while receiving services in a CT Renaissance facility, the PREA Coordinator shall inform the client / resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="242 1937 360 1964">115.273 (c)</p> <p data-bbox="242 1971 1485 2065">PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility has determined that the allegation is unfounded) whenever:</p> <ol data-bbox="242 2072 1430 2166" style="list-style-type: none"> 1. The staff member is no longer posted within the resident's unit; 2. The staff member is no longer employed at the facility; 3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the past 12 months.

Policy states the client shall be informed (unless the alleged sexual abuse was determined to be unfounded) whenever:

1. The staff member is no longer assigned within the resident's unit;
2. The staff member is no longer employed at the facility;
3. CT Renaissance learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.273 (d)

PAQ: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy states following a clients allegation that he/she has been sexually abused by another resident, CT Renaissance shall subsequently inform the alleged victim whenever:

1. CT Renaissance learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility

The auditor reviewed an Investigative Outcome Notification for verification notifications to residents include the standard provision requirements.

115.273 (e)

PAQ: The agency has a policy that all notifications to residents described under this standard are documented.

In the past 12 months:

1. The number of notifications to residents that were made pursuant to this standard: 1
2. The number of those notifications that were documented: 1

Policy states all notifications or attempted notification shall be documented and maintained in a file by the PREA Coordinator.

The auditor reviewed an Investigative Outcome Notification for verification notifications to residents include the standard provision requirements.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.

115.276	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 293 1086 322">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 376 356">Documents:</p> <ol data-bbox="242 360 1377 456" style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment 3. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p data-bbox="242 486 501 515">Findings (by provision):</p> <p data-bbox="242 519 360 548">115.276 (a)</p> <p data-bbox="242 553 1445 613">PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="242 642 1477 703">Policy states staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="242 732 360 761">115.276 (b)</p> <p data-bbox="242 766 467 795">In the past 12 months:</p> <ol data-bbox="242 799 1477 896" style="list-style-type: none"> 1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0 2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0 <p data-bbox="242 925 1382 954">Policy states termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.</p> <p data-bbox="242 983 360 1012">115.276 (c)</p> <p data-bbox="242 1016 1477 1178">PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0</p> <p data-bbox="242 1207 1493 1303">Policy states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p data-bbox="242 1332 360 1361">115.276 (d)</p> <p data-bbox="242 1366 1493 1527">PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p data-bbox="242 1556 1493 1653">Policy states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="242 1682 376 1711">Conclusion:</p> <p data-bbox="242 1715 1461 1776">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment 3. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Program Director) <p>Findings (by provision):</p> <p>115.277 (a)</p> <p>PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>Policy states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>115.277 (b)</p> <p>PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Policy states the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The Program Director stated actions the facility would take in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer would include suspension of access to facility grounds. A report to parole and community services would be made.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 295 1086 322">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 329 376 356">Documents:</p> <ol data-bbox="240 362 1377 456" style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment 3. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p data-bbox="240 488 363 515">Interviews:</p> <ol data-bbox="240 521 743 548" style="list-style-type: none"> 1. Superintendent or Designee (Program Director) <p data-bbox="240 580 501 607">Findings (by provision):</p> <p data-bbox="240 613 360 640">115.278 (a)</p> <p data-bbox="240 647 1461 770">PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p data-bbox="240 801 469 828">In the past 12 months:</p> <ol data-bbox="240 835 1385 898" style="list-style-type: none"> 1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0 2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0 <p data-bbox="240 929 1497 1021">Policy states clients/residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p data-bbox="240 1052 363 1079">115.278 (b)</p> <p data-bbox="240 1086 1449 1149">Policy states sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed from comparable offenses by other residents with similar histories.</p> <p data-bbox="240 1180 1465 1272">The Program Director stated sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.</p> <p data-bbox="240 1303 363 1330">115.278 (c)</p> <p data-bbox="240 1337 1461 1400">Policy states the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="240 1431 1294 1458">The Program Director stated mental disability or mental illness is considered when determining sanctions.</p> <p data-bbox="240 1489 363 1516">115.278 (d)</p> <p data-bbox="240 1523 1490 1646">PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.</p> <p data-bbox="240 1677 1490 1769">Policy states CT Renaissance may impose upon the abuser therapy, counseling and other interventions as appropriate designed to address and correct underlying reasons or motivations for the abuse. When recommended interventions shall be required as a condition in receiving continued services with the agency.</p> <p data-bbox="240 1800 363 1827">115.278 (e)</p> <p data-bbox="240 1834 1490 1897">PAQ: The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.</p> <p data-bbox="240 1928 1490 1991">Policy states CT Renaissance may impose disciplinary sanctions on a client / resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p data-bbox="240 2022 363 2049">115.278 (f)</p> <p data-bbox="240 2056 1490 2148">PAQ: 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, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p>

Policy states for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if a review does not establish evidence sufficient to substantiate the allegation.

115.278 (g)

PAQ: The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Policy states CT Renaissance prohibits all sexual activity between residents and will follow up with disciplinary action for such activity. CT Renaissance will not deem such activity to constitute sexual abuse if it is determined that the activity is not coerced.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Medical and Mental Health Care for Victims of Sexual Abuse 3. State of Connecticut Judicial Branch Office of Victim Services (OVS) Sexual Assault Forensic Examiners (SAFE) Program 4. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff - N/A 2. Residents who Reported a Sexual Abuse 3. Staff First Responders <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.282 (a)</p> <p>PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>Policy states victims of sexual abuse shall 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.</p> <p>Forensic medical examinations are available through the State of Connecticut Judicial Branch Office of Victim Services (OVS) Sexual Assault Forensic Examiners (SAFE) Program</p> <p>The SAFE Program has caring sexual assault forensic examiners, called SAFEs, who work closely with:</p> <ul style="list-style-type: none"> • Emergency room nurses and doctors to give medical care; • Sexual assault victim advocates to give emotional support, information and referrals; • The police and prosecutor by collecting physical evidence that may be used in the police investigation and criminal court, if the victim decides to report the crime. <p>SAFE Program services are free, confidential, and available 24 hours a day, 7 days a week. By law, victims cannot receive a bill for the sexual assault forensic exam and evidence collection, even if they go to a non-participating health care facility.</p> <p>Participating Health Care Facilities:</p> <ol style="list-style-type: none"> 10. Connecticut Children's Medical Center 11. Hartford Hospital 12. The Hospital of Central Connecticut (New Britain campus) 13. Manchester Memorial Hospital 14. Middlesex Hospital 15. MidState Medical Center 16. Saint Francis Hospital 17. Windham Hospital 18. University of Connecticut Student Health Services <p>Bridgeport Hospital is a non-participating health care facility. Services would be available to resident victims of sexual abuse at Maple Street House.</p> <p>115.282 (b)</p> <p>If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to §115.262 and shall immediately notify the</p>

appropriate medical and mental health practitioners.

Policy states upon receiving a report of alleged sexual abuse or sexual harassment, CT Renaissance shall promptly connect the victim with emotional support services including a mental health evaluation and, as appropriate treatment planning, recommended treatment services and referrals for continued care following discharge. A referral for treatment services shall be provided to the victim. The Agency does not provide specialized treatment services for victims of sexual assault, victims will be referred to outside source for medical and mental health services.

115.282 (c)

PAQ: Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis.

A referral for treatment services shall be provided to the victim. The Agency does not provide specialized treatment services for victims of sexual assault, victims will be referred to outside source for medical and mental health services.

Bridgeport Hospital would provide sexually transmitted infections prophylaxis.

115.282 (d)

PAQ: Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Policy states CT Renaissance shall offer all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention 2. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 3. CT Renaissance Policy: Medical and Mental Health Care for Victims of Sexual Abuse 4. Memorandum of Understanding: The Center for Family Justice 5. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff - N/A 2. Residents who Reported a Sexual Abuse <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (by provision):</p> <p>115.283 (a)</p> <p>PAQ: The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>Policy states a referral for treatment services shall be provided to the victim. The Agency does not provide specialized treatment services for victims of sexual assault, victims will be referred to outside source for medical and mental health services.</p> <p>Forensic medical examinations are available through the State of Connecticut Judicial Branch Office of Victim Services (OVS) Sexual Assault Forensic Examiners (SAFE) Program</p> <p>The SAFE Program has caring sexual assault forensic examiners, called SAFEs, who work closely with:</p> <ul style="list-style-type: none"> • Emergency room nurses and doctors to give medical care; • Sexual assault victim advocates to give emotional support, information and referrals; • The police and prosecutor by collecting physical evidence that may be used in the police investigation and criminal court, if the victim decides to report the crime. <p>SAFE Program services are free, confidential, and available 24 hours a day, 7 days a week. By law, victims cannot receive a bill for the sexual assault forensic exam and evidence collection, even if they go to a non-participating health care facility.</p> <p>Participating Health Care Facilities:</p> <ol style="list-style-type: none"> 19. Connecticut Children’s Medical Center 20. Hartford Hospital 21. The Hospital of Central Connecticut (New Britain campus) 22. Manchester Memorial Hospital 23. Middlesex Hospital 24. MidState Medical Center 25. Saint Francis Hospital 26. Windham Hospital 27. University of Connecticut Student Health Services <p>Bridgeport Hospital is a non-participating health care facility. Services would be available to resident victims of sexual abuse at Maple Street House.</p> <p>115.283 (b)</p> <p>Policy states a referral for treatment services shall be provided to the victim. The Agency does not provide specialized treatment services for victims of sexual assault, victims will be referred to outside source for medical and mental health services.</p> <p>115.283 (c)</p> <p>Policy states a referral for treatment services shall be provided to the victim. The Agency does not provide specialized treatment services for victims of sexual assault, victims will be referred to outside source for medical and mental health services.</p>

115.283 (d) N/A

Maple Street is an all-male facility.

115.283 (e) N/A

Maple Street is an all-male facility.

115.283 (f)

PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Policy states a referral for treatment services shall be provided to the victim. The Agency does not provide specialized treatment services for victims of sexual assault, victims will be referred to outside source for medical and mental health services.

Bridgeport Hospital medical personnel would provide information and treatment for sexually transmitted infections.

115.283 (g)

PAQ: 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.

Policy states CT Renaissance shall offer all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate.

115.283 (h)

PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Policy states a referral for treatment services shall be provided to the victim. The Agency does not provide specialized treatment services for victims of sexual assault, victims will be referred to outside source for medical and mental health services.

CTDOC policy states all facilities shall attempt to conduct a mental health evaluation of all known inmate-on-inmate aggressors within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 295 1086 322">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 329 376 356">Documents:</p> <ol data-bbox="240 362 1461 524" style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: CT Renaissance Policy: Data Collection & Review of Sexual Abuse and/or Sexual Harassment Incidents 3. PREA Sexual Abuse/Harassment Review Form 4. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p data-bbox="240 555 363 582">Interviews:</p> <ol data-bbox="240 589 727 680" style="list-style-type: none"> 1. Superintendent or Designee (Facility Director) 2. PREA Coordinator 3. Incident Review Team <p data-bbox="240 712 501 739">Findings (by provision):</p> <p data-bbox="240 745 360 772">115.286 (a)</p> <p data-bbox="240 779 1485 873">PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0</p> <p data-bbox="240 904 1485 999">Policy states CT Renaissance shall conduct a sexual abuse incident review at the conclusion of every sexual abuse report and administrative investigation of sexual harassment allegations, including where the allegation has not been substantiated, unless the allegation has been unfounded.</p> <p data-bbox="240 1030 360 1057">115.286 (b)</p> <p data-bbox="240 1064 1418 1122">PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.</p> <p data-bbox="240 1153 1473 1211">In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0</p> <p data-bbox="240 1243 1118 1270">Policy states the review shall occur within 30 days of the conclusion of the investigation.</p> <p data-bbox="240 1301 360 1328">115.286 (c)</p> <p data-bbox="240 1335 1414 1393">PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="240 1424 1473 1482">Policy states the review team shall include the Clinical Director, PREA Coordinator, Program Director, Direct Care staff and medical or mental health practitioners.</p> <p data-bbox="240 1514 1450 1572">The Program Director confirmed the facility has a sexual abuse incident review team; the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="240 1603 360 1630">115.286 (d)</p> <p data-bbox="240 1637 1481 1731">PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager.</p> <p data-bbox="240 1762 596 1792">Policy states the review team shall:</p> <ol data-bbox="240 1798 1485 2157" style="list-style-type: none"> 1. Consider whether the allegation or administrative review indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; 3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4. Assess the adequacy of staffing levels in that area during different shifts; 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; 6. Prepare a report of its findings, including but not necessarily limited to determinations made by the review team along with any recommendations for improvement. The report shall be submitted to the Chief Executive Officer, Board of Directors and

PREA Coordinator.

The PREA Coordinator reported she is a part of the sexual abuse incident review team. She confirmed the team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area is assessed for different shifts. She confirmed the team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The auditor reviewed the PREA Sexual Abuse/Harassment Review Form.

115.286 (e)

PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.

Policy states CT Renaissance shall implement recommendations for improvement or document reasons for not doing so.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.

115.287	Data collection
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 295 1085 324">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 331 375 360">Documents:</p> <ol data-bbox="242 365 979 459" style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Data Review For Corrective Action 3. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p data-bbox="242 488 501 517">Findings (by provision):</p> <p data-bbox="242 521 387 551">115.287 (a)/c)</p> <p data-bbox="242 555 1436 680">PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.</p> <p data-bbox="242 710 1485 873">Policy states CT Renaissance shall collect accurate, uniform data for every allegation of sexual abuse at facilities. A set of standards shall be established to track occurrences and their circumstances. Data will be aggregated quarterly and reviewed by the agency's Safety Committee. Annually, the data will be submitted to the Board of Directors for review. The incident based data collected shall include at a minimum the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.</p> <p data-bbox="242 902 1383 963">The auditor reviewed the Incident Report Form and Survey of Sexual Victimization Substantiated Incident Form for verification.</p> <p data-bbox="242 992 362 1021">115.287 (b)</p> <p data-bbox="242 1025 1094 1086">PAQ: The agency aggregates the incident-based sexual abuse data at least annually. The auditor reviewed the aggregated data from 2017-2020.</p> <p data-bbox="242 1115 362 1144">115.287 (d)</p> <p data-bbox="242 1149 1453 1209">PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="242 1214 1485 1274">Policy states CT Renaissance shall maintain, review and collect data as needed from all available incident based documents including reports, investigation files sexual abuse incident reviews.</p> <p data-bbox="242 1303 1067 1332">The auditor reviewed incident reports and internal investigation files for verification.</p> <p data-bbox="242 1361 405 1391">115.287 (e) N/A</p> <p data-bbox="242 1395 1420 1491">PAQ: The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with SSV reporting regarding content. Maple Street House does not contract for the confinement of its residents.</p> <p data-bbox="242 1520 400 1550">115.287 (f) N/A</p> <p data-bbox="242 1554 1345 1583">The agency was not requested to provide the Department of Justice with data from the previous calendar year.</p> <p data-bbox="242 1612 1477 1673">Policy states CT Renaissance will provide all aggregated data from the previous calendar year to the Department of Justice, upon request.</p> <p data-bbox="242 1702 375 1731">Conclusion:</p> <p data-bbox="242 1736 1466 1796">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data collection. No corrective action is required.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 293 1086 322">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 329 376 353">Documents:</p> <ol data-bbox="240 360 1155 490" style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Data Review For Corrective Action 3. Annual Reports (2017-2020) https://ctrenaissance.org/about/licensing-accreditation/prea/ 4. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p data-bbox="240 519 363 544">Interviews:</p> <ol data-bbox="240 551 475 613" style="list-style-type: none"> 1. Agency Head (CEO) 2. PREA Coordinator <p data-bbox="240 642 501 669">Findings (by provision):</p> <p data-bbox="240 676 360 703">115.288 (a)</p> <p data-bbox="240 710 1386 772">PAQ: The agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:</p> <ol data-bbox="240 779 1453 904" style="list-style-type: none"> 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and 3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. <p data-bbox="240 934 1493 1061">Policy states CT Renaissance shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices, and training. Including: Identifying problem areas; Taking corrective action on an ongoing basis; Preparing an annual report of its findings and corrective actions for each facility as well as the agency as a whole.</p> <p data-bbox="240 1090 1469 1285">Annual reports are published on the agency's website at: https://ctrenaissance.org/about/licensing-accreditation/prea/. Reports are published for 2017 through 2020. The reports are inclusive of annual data comparison and statistical analysis, and corrective actions. The CEO and PREA Coordinator confirmed the agency reviews data collected and aggregated pursuant to § 115.287 in order to assess, and improve the effectiveness, of its sexual abuse and prevention, detection, and response policies, and training. The auditor reviewed the published annual reports and found them to be inclusive of the requirements of the standard provision.</p> <p data-bbox="240 1314 360 1341">115.288 (b)</p> <p data-bbox="240 1348 1469 1411">PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.</p> <p data-bbox="240 1440 1453 1503">Policy states such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.</p> <p data-bbox="240 1532 1433 1594">The auditor reviewed the annual reports and determined they are inclusive of the standard provision. Tables and charts easily show the reader a comparison of the current year's data and corrective actions to those from prior years.</p> <p data-bbox="240 1624 360 1650">115.288 (c)</p> <p data-bbox="240 1657 1449 1720">PAQ: The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.</p> <p data-bbox="240 1727 1386 1753">The auditor observed the published annual reports at: https://ctrenaissance.org/about/licensing-accreditation/prea/.</p> <p data-bbox="240 1783 1442 1845">Policy states data and associated annual reports shall be reviewed by CT Renaissances' leadership and made available through the agency's website. CT Renaissance shall post annually all aggregated sexual abuse data.</p> <p data-bbox="240 1874 1466 1937">The reports are approved by the CEO. This was corroborated by interviewing the CEO and reviewing the published annual reports.</p> <p data-bbox="240 1966 360 1993">115.288 (d)</p> <p data-bbox="240 2000 1477 2063">PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.</p> <p data-bbox="240 2092 1086 2119">Policy states prior to making data available, all personal identifiers shall be removed.</p>

The auditor reviewed the annual reports and observed no identifying information.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data review for corrective action. No corrective action is required.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CT Renaissance Policy: Prison Rape Elimination Act (PREA) 2. CT Renaissance Policy: Data Review For Corrective Action 3. Annual Reports (2017-2020) https://ctrenaissance.org/about/licensing-accreditation/prea/ 4. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <p>Findings (by provision):</p> <p>115.289 (a)</p> <p>PAQ: The agency ensures that incident-based and aggregate data are securely retained.</p> <p>Policy states data and associated reports on sexual abuse and sexual harassment shall be securely retained.</p> <p>The PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained.</p> <p>115.289 (b)</p> <p>PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p>Policy states CT Renaissance shall post annually all aggregated sexual abuse data from its programs readily available to the public through its website.</p> <p>Aggregated sexual abuse data is readily available to the public at least annually through its website at https://ctrenaissance.org/about/licensing-accreditation/prea/. Reports are published for 2017-2020.</p> <p>The auditor reviewed published annual reports on the agency website.</p> <p>115.289 (c)</p> <p>PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>Policy states prior to making data available, all personal identifiers shall be removed.</p> <p>The auditor reviewed the published annual reports and observed personal identifiers were not included in the reports.</p> <p>115.289 (d)</p> <p>PAQ: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.</p> <p>Policy states CT Renaissance shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data storage, publication, and destruction. No corrective action is required.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 304 979 499" style="list-style-type: none"> 1. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) 2. Interviews 3. Research 4. Policy Review 5. Document Review 6. Observations during onsite review of facility <p data-bbox="240 533 347 560">Findings:</p> <p data-bbox="240 566 1453 658">During the three-year period starting on August 20, 2013, and the current audit cycle, CT Renaissance ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. Also, one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited.</p> <p data-bbox="240 692 1453 884">The auditor was given access to, and the ability to observe, all areas of Maple Street House. The auditor was permitted to conduct private interviews with residents at the facility. The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.</p> <p data-bbox="240 918 376 945">Conclusion:</p> <p data-bbox="240 952 1437 1010">Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="229 318 1509 501" style="list-style-type: none"> <li data-bbox="229 318 1509 353">1. Maple Street Community Work Release Pre-Audit Questionnaire (PAQ) <li data-bbox="229 353 1509 389">2. Policy Review <li data-bbox="229 389 1509 425">3. Documentation Review <li data-bbox="229 425 1509 461">4. Interviews <li data-bbox="229 461 1509 501">5. Observations during onsite review of facility <p data-bbox="229 501 1509 564">Findings:</p> <p data-bbox="229 564 1509 627">All CT Renaissance PREA Audit Reports are published on the agency's website at: https://ctrenaissance.org/about/licensing-accreditation/prea/.</p> <p data-bbox="229 627 1509 689">Conclusion:</p> <p data-bbox="229 689 1509 752">Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes